

**PSYCHO-SOCIAL ADJUSTMENTS OF
THE RETIRED PERSONS IN BHAWARANA
BLOCK OF DISTRICT KANGRA (H.P.)**

THESIS

By

NAVITA SOOD

Submitted to



**CHAUDHARY SARWAN KUMAR HIMACHAL PRADESH
KRISHI VISHVAVIDYALAYA PALAMPUR-176 062 (H.P.) INDIA**

IN

Partial fulfilment of the requirements for the degree

OF

MASTER OF SCIENCE IN HOME SCIENCE

(HUMAN DEVELOPMENT & FAMILY STUDIES)

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Dr. (Mrs.) Shubhangna Sharma
Scientist & Head

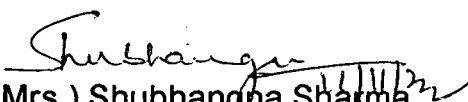
*Deptt. of Human Development &
Family Studies, College of Home Science,
CSK HP Krishi Vishvavidyalaya,
Palampur - 176 062 (H.P) INDIA*

CERTIFICATE - I

This is to certify that the thesis entitled "**Psycho-social adjustments of the retired persons in Bhawarana block of district Kangra (H.P.)**", submitted in partial fulfilment of the requirements for the award of the degree of **Master of Science (Home Science)** in the subject of **Human Development & Family Studies** of Chaudhary Sarwan Kumar Himachal Pradesh Krishi Vishvavidyalaya, Palampur is a bonafide research work carried out by **Ms. Navita Sood** daughter of **Sh. Bal Krishan Sood** under my supervision and that no part of this thesis has been submitted for any other degree or diploma.

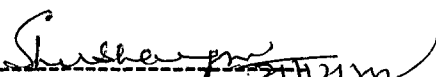
The assistance and help received during the course of this investigation have been fully acknowledged.

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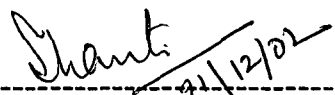

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Advisory Committee

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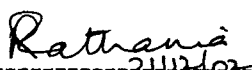
This is to certify that the thesis entitled "**Psycho-social adjustments of the retired persons in Bhawarana block of district Kangra (H.P.)**", submitted by **Ms. Navita Sood** daughter of **Sh. Bal Krishan Sood** to the Chaudhary Sarwan Kumar Himachal Pradesh Krishi Vishvavidyalaya, Palampur in partial fulfilment of the requirements for the degree of **Master of Science (Home Science)** in the subject of **Human Development & Family Studies** has been approved by the Advisory Committee after an oral examination of the student in collaboration with an External Examiner.




Dr. (Mrs.) Shubhangna Sharma
Chairperson
Advisory Committee




External Examiner



Mrs. Raj Pathania
(Member)




21.12.2002
Dr. C.R. Sharma
(Dean's Nominee)



21/12/2002
Dr. Anup Katoch
(Member)



Head of the Department
PALAMPUR



Dean
Post Graduate Studies

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Place: Palampur

Dated: the 1st November, 2002.

*Navita Sood
(Navita Sood)*

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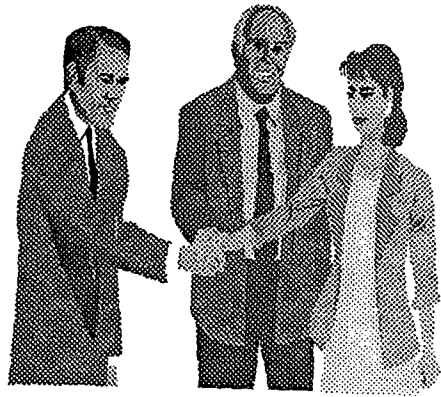
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Introduction

Chapter-I

INTRODUCTION

Aging is a process that takes place during the entire life span of the organism. Though old age in a man is often associated with disease, loneliness and uselessness, but truth about aging is that it is a natural and universal process. It is not at all a crisis, which hits us suddenly and abruptly in the middle age. It is a continuous unfolding cycle of change that begins to operate even before our birth. Aging is an inevitable developmental phenomenon bringing along a number of changes in the physical, psychological, hormonal and the social conditions (Neuhaus and Neuhaus, 1982). Birren and Renner (1977) define aging in terms of the biology, referring to "the regular changes that occur in mature genetically representative organisms living under representative environmental conditions as they advance in chronological age,"

Aging is a natural phenomenon, which every organism has to pass through as a biological imperative of life. It is an achievement in a sense that an individual manages to survive in the face of disease scarcity and wants. It should be taken as a triumph of civilization that we have score over death, by providing wholesome food, effective medical care in short a higher quality of life.

So for that, the United Nations had designated 1999 as the "International Year of older persons". Through out the world, in the both developed and developing countries, there has been shift in the age structure of the aged population because of combination of increased longevity and decreased mortality. The population aged 60 plus in India as per the 1991 census was 56.7 million which is 6.67 per cent of the total population and is projected to grow to 96 million in 2011 (Patil 2000). With the number of the elderly on the increase, at a rate faster than the general population, the greying of India has become more visible then ever.

An individual is not considered old as long as he is in the occupation or holding a job. It is often seen that the individual is engaged in his occupation during the middle years of his life. Thus, his job become a silent aspect of his identity which ranks in importance along with his name, sex and citizenship. The job's success and satisfaction derived from all the achievements and accomplishments in occupation reaffirms the individual's sense of identity and also provides social recognition (Kimmel, 1974).

But by the end of the occupational cycle, the individual is enforced with his retirement. Retirement generally refers to separation from paid employment, which has had the character of an occupation or a career over a period of time. Due to its psychological complexities, it could be viewed in several ways as a process, as an

event, as a social role or as a phase of life. The concept of retirement as a societal institution was first formalized in Germany in 1988. Legislation permitted workers to leave the labour force at 70 years of age with a degree of guaranteed economic support. Retirement is a social inversion and conceptually, it can be viewed as a social process where an individual withdraws from the labour force sometime after 55 or 60 years of age and enters a new stage of life. In return for this withdrawal, the individual receives economic benefits in the form of social security from the government or from the public or private sector. The retirement process is made up of many stages and involves adaptive strategies by the individual and by the society.

On one hand, retirement offers freedom from one's long time career, activities, after routine and confining in nature, relief from stresses of job and opportunities to develop new interests and activities, with room for wider range of choice than the ones the individual has enjoyed at any earlier point in his life. On the other hand, retirement generally results in loss of routine, with regard to utilization of one's working hours, reduction in income, reduced challenge to one's physiological performance potential, loss of status as a contributor to the economy and broken contacts with customary associates.

Retirement is both a legal right and a social act and it involves a total withdraw from the working force some time between about 55 and 65 years of age. In most countries, the mandatory retirement age is 65 to 70 years of age and in India it is 58 or 60 years of age.

Just as widowhood was seen as a significant transition for women, the onset of retirement was thought to be significant event for employees in the later years. Retirement is an adjustment for almost every family, involving strains of caring and stresses of intergenerational interactions. It becomes an important socio-psychological adjustment in the community. With longevity on the rise "the empty" years at the end have increased, with its attendant problem of disease, disability and psychophysical deterioration. These and many more reasons to justify the urgency to examine this multifaceted and multipronged psychosocial issue of the retirees.

The adjustments after retirement are special and unique. In Indian society, gradually adjustments of retirees are related to the problem of health, financial and socio-psychological aspects. It has also been argued that retirement leads to declining health or an early death, to marital disharmony, to decreased levels of social intervention and activity and to the onset of economic hardships and poverty. Research data indicates that there is a high incidence of both physical and mental health problems among the aged (Sharma 1989). The

mental difficulties of aged are more acute than the physical. Persons, who are just retired from the service, experience severe problems. Retirement is a crucial phase in one's life. There is sudden change occurring at this stage and these have far reaching consequences.

People in active service get on income, are kept busy for the major part of the day have a standing in society and family because of their working status. But with the onset of partial or, complete retirement, the amount of unstructured free time increase dramatically. This time can be filled up by continuing some form of work, by expanding the time used to complete daily personal tasks or by leisure time activities. Though the suggestion is often made that leisure role is the major role in the retirement years, relatively few people adopt new patterns or pursuits after retirement or, increase the number or frequency of activities. The leisure time activities most frequently reported by those above 65 years of age are socializing with friends and relatives, watching television, gardening, reading newspapers, sitting and thinking, etc, (Schmitz Scherer 1979, Mors and Lawton 1982).

The range of activities initially show increase but gradually gets restricted as retirement goes on. These restrictions may occur due to decline health and energy, loss of morbidity and transportation, lack of social norms and reinforcement that encourage continued involvement. The other dark side of retirement those retirees not only

have to survive with less income but also have to cope with lowered status. They may not get the same respect either from their own family members or from society. Added to it they also have to cope with their failing health. These changes take place rather more or less suddenly and many persons are not prepared to face them. Prior to retirement individuals are useful members of society. But after retirement the same persons are regarded as useless with nothing to do and quite nuisance. In case of self employed person or housewives the effect of old is gradual, therefore the retired people might have to make more adjustments than old people who do not retire (business). The most important aspect of this challenge comprises of socio-economic and psychological status of the elderly. If their social, psychological and economic well being were properly taken care of, then only it would be possible to tackle much of the adjustments from all aspect. With the necessity to address the needs of retired people, this study was formulated and it is restricted to retired persons between 58-70 years or above with following specific objectives:

1. To assess the number of retired persons falling under aged.
2. To study the leisure time utilization of retired persons.
3. To investigate the psychosocial distress of retired persons.
4. To document the mental and physical health problems of retired persons

Operational definitions

Age : It is the number of calendar years a person has completed from the time of his/ her birth.

Aging : It is a basic, universal, progressive, inescapable, intrinsic and inevitable phenomenon of life characterized by growth, development and maturation (Sinha, 1989)

Old Age: It is a part of aging which is associated with different conditions of changes occurring in ones life (Nair, 1982). It refers to the aged or individuals that are in the sixty plus age group. It also includes persons who retire from services at this age.

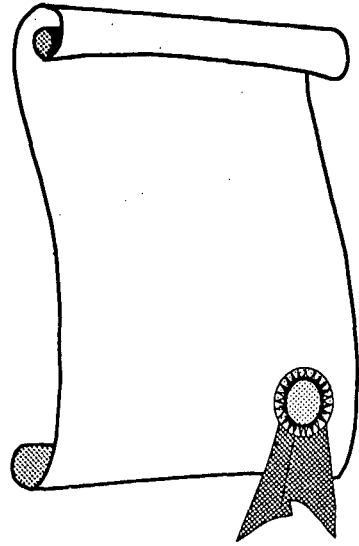
Retirement: It is a major social turning point in ones life. Retirement generally refers to separation from paid employment, which has had the character of an occupation or a career over a period of time.

Quality of life: The term quality of life (usually measured as satisfaction) indicates general well being. It has been defined as the function of the physical, psychological and social well being.

In other words, quality of life is the physical fitness(actual and perceived by an individual) and psychological health (low on loneliness, helplessness and high on life satisfaction) as well as the leisure time activities and social support network derived from the environment by an individual.

Leisure: According to international dictionary of English (1996) leisure is 'the time when you are not working or doing other duties'. In the dictionary of sociology, leisure is defined as 'the time free from work and routine domestic responsibilities and available for use in recuperation, relaxation, hobbies, recreation, cultural and artistic pursuits'.

Psychosocial Distress: Psychosocial distress refers as propensity inborn or acquired to have maladjusted pattern of behavior during time of stress.



Review
of
Literature

REVIEW OF LITERATURE

A comprehensive review of past studies is necessary in any research endeavour. Besides reviewing the previous work done in the fields related to this study. The main functions of citing of literature are to provide base for developing a frame work, provide insight into the methodology and suggest operational definitions of concepts and finally to work out a basis for interpretation of findings.

Thus, this chapter is devoted to review of literature relevant to the topic of the study. An endeavour has been made to present here a review of such of the studies or pertinent literature which is likely to have direct bearing on this study. Keeping in view the objectives of the study, the review has been presented under the following sub-heads:

2.1 Leisure time utilization of retired persons

2.2 Psychosocial distress and adjustment of retired persons.

2.3 Mental and physical health problem of retired persons.

2.1 Leisure time utilization of retired persons

Anatharaman (1979) analysis that the correlation between activity and adjustment was found to be 0.85. Regression analysis reveals that more number of activities lead to better adjustment in old-age.

Chang (1985) observed that activity was not highly related to psychological well being. Higher levels of activity were somewhat more related to successful ageing in terms of physiological well being.

Mishra (1993) concluded that the active type of life style, prescribed by the activity theory is much more desired and enjoyed by the retired people. They do not want to disengage themselves from the rest of the society and a rocking chair pattern of life (well equipped resourceful returns, capable of keeping themselves busy as the alternate to middle age employment) have no problem of passing leisure time and hence enjoy the later years of their life. But the ill equipped, idle retirees, apart from leading a dull and boring life quite often create conflicting situations at home and consequently become a problem for other family members as well as for themselves.

Jayakumari (1993) found that the time spent in recreational activities, in general tends to increase after 55 years in the case of males, the time spent in recreational activities like reading, prayer, viewing television, gardening and farming increases significantly after 55 years and there is significant decrease in time spent for viewing movie, drama and sports, whereas in case of females, the time spent in reading and prayer increases after 55 years, but the time spent in cattle rearing and cooking decreases. However, the difference in the total time spent for recreation before 55 years and after 55 years is

not statistically significant. It can be concluded that nature of recreation changes after 55 years in case of the aged.

Clarke *et al.* (1994) focused on the state's and the market's changing responses to the elderly as a new market niche, or client groups. A survey of respondents following their retirement, which was conducted in Tslington, North London, UK, sought to establish whenever access to leisure increases as a result of being unchallenged by their commitments and being unrestrained by work. Only 37% of respondents revealed that their leisure opportunity had indeed increased as a result of the retirement. These findings seem to suggest that the older person has to be addressed very carefully in terms of provision because the differences with in this group are as great as those in the rest of the population put together. The results from this survey may be used as a means for providers to meet the demand from all potential users, based around four basic styles of delivery : social welfare, therapeutic welfare, targeted and market led.

Laidler (1994) explored the relationship between physical activity and aging and presents a rationale for intervention by physical education profession in the lives of older adults. It discusses the importance and benefits of physical activities for this age groups for improving their well being helping them to develop a positive image of their own body, helping them to find environments in which they are stimulated and nodulated, encouraging them to enjoy other people's

company. Also discussed the importance of providing adequate opportunities for older adults to participate in physical activity.

Clarke and Hollands (1995) provided ideas and information on the diverse activity which could make up imaginative recreation and leisure activities programme for elderly people in residential care home in UK. The central aim was to enable residents of homes to be happy and feel valued, giving them the chance to participate in both familiar and new activities and lead stimulated and fulfilling lives.

Arora (1996) found that the respondents living in their own homes spent their leisure time by performing activities like viewing television, going for walk and teaching children whereas those residing in oldage homes preferred performing activities (like worshipping, going for walks, participating in religious talks, viewing and listening to mass media, playing indoor games, involving in literacy work and sitting idle).

Kohli and Verma (1997) felt that there had been shift from little personal freedom in life style and little formal leisure time to freedom in selecting a range of life style and the initiation of formal structured periods of leisure. As a result, leisure was no longer the exclusive right of the upper class, nor was viewed as the 'leftovers of life' - after work and maintenance responsibilities have been met. There was increase in the significance of leisure to personal identity and quality of life-particularly in case of elderly.

Jayashree (2000) showed that 45.3 per cent of the respondents are working after retirement. Similarly existence of financial obligations and work after retirement go together. The study reveals that respondents who have obtained re-employment took less time to adjust to non-working life as compared to those who are not working after retirement. This study further probed into the work pattern of the respondents. Out of 45.3 per cent working respondents, 28.7 per cent are working as part time employees and 16.7 per cent are working as full time employees. This pertinent issue is related to the respondents' contentment in passing leisure time, health, financial obligations and adjustments after retirement.

Patil (2000) concluded that age had a significant positive relationship with physiological distress and significant negative relationship with attitude towards physical changes. Subsequently a significant positive relationship was observed between per capita income and social relationship. Further, a significant positive relationship was noticed between leisure time utilization and social security.

Mohanty (2001) concluded that a number of older men who are retired from formal institutions and are settled in their native villages after retirement, feel more lonely as compared to others, like their spouses and family pension holders and the aged male

non-pensioners or those who have not served any organization. However, irrespective of any category of aged, majority of aged men spend their leisure time mostly in gossiping with their counterparts with whom they can share their sorrow and happiness at various places like village tea stalls, meeting pendals etc. and in playing cards. There is also a category of a good number of aged men as well as aged women who simply sit at home and spend their time.

2.2 Psychosocial distress and adjustments

Ramamurti (1970) stated that life satisfaction decline significantly around the retirement period. This decline in satisfaction constituent later probably due to psychological and physical effects of old age.

Butter and Lewis (1973) observed that emotional problems were rooted in aged related reactions to life crises e.g. widowhood, marital tensions, sexual problems, retirement, sensory loss, life crises reacted through various forms of expression such as guilt, brief timeliness and depression.

Havinghurst (1974) found that the major disadvantage of retirement is a moral or spitteral one since the meaning attached to one's work have numerous non-economic significance, such as loss of status.

Rao (1975) investigated that the emotionally disturbing influences affected the aged and they suffered from psychological trauma like death of near ones or dear ones, fear of death, conflicts with younger generation, disappointments of sons or daughters failure to line up to their expectations.

Narain (1979) critically evaluated the various problems of the aged people, who were increasing in number day by day because of medical facilities and environmental sanitation. To have correct attitude towards the elderly and skills to perform task of assessing their problems would help in formulating suitable training programme for the elderly subjects.

Sethna (1979) said that aging begins at different ages in different humans. With aging there is decline in many functions which lead to feelings of inadequacy and insecurity. There is increasing somatic preoccupation. Grief and depression are easily precipitated. Investigation and treatment aspects are described in addition to the problems of the old.

Anantharaman (1980) found that older subjects with positive self-concept living with their children and enjoying good health were better adjusted than those who had negative self concept were living isolated life and were not enjoying good health.

Menon (1980) reported that retirement was not intended to take a person out of circulation but to indicate a change of pace. However, it was a turning point in one's life and reactions differ from person to person. It was a psychological hurdle that must be crossed.

Peterson and Botton (1980) said that upon retirement elderly faced difficulty in maintaining their self-image, self-esteem and self-motivation. Social security benefits and pensions were unable to keep with the inflation of prices.

Anantharaman (1981) stated that elderly people endorsed more negative self-concepts which indicated their negative self-concept. The changes in one's life in old age such as retirement, loss of income, more free time, friendship, work environment and loss of spouse or friends or relatives due to death may be reasons for negative self-concept in old age.

Menachery (1982) concluded that nature of occupation that nature of occupations is an intervening variable that determines the level of satisfaction of the persons in retirement. Examination of life-satisfaction of the retired on the basis of their nature of occupations showed that those whose occupations were professional/managerial in nature are more satisfied in life than other groups. The lowest life satisfaction score is found among those who are untrained/unskilled.

Bhatia (1983) concluded that as a social and economic event most of the retired people faced retirement without any planning preparation. The retirees were not found happy about their retirement as most of them wanted to continue employment. Income had been stated as the greatest deprivation after retirement.

Majumdar (1985) concluded that after retirement there was a feeling among the aged that everyone's attitude toward them had changed. The old people felt lonely and perceived avoid in their life. Almost all had financial problems they perceived a loss of status accompanied by a sense of alienating and hopelessness.

Balduzy (1986) found the differences in the effect of need and formal or informal supports on self assessed well being of the old. It was observed that in two groups, increasing need was a significant predictor of decreasing self rated mental or emotional health and increasing feelings of loneliness. The health status variable showed a strong independent relationship with both measures of well being regardless of need, i.e., the better the health status, the better the mental or emotional health and the fewer the feelings of loneliness. This feeling of loneliness and lack of work was more in salaried people while the professional and people working in the fields in villages, continued to work until they were physical incapable.

Menachery (1986) stated that the socio economic status of individuals was an influencing factor in post retirement adjustment. Those who were higher in socio-economic status found to be better in adjustment than those who were in lower socio-economic status. Among different areas of adjustments family adjustments was better than the rest, social adjustment was the worst which was an indicative of retired persons gradual withdrawal from social life.

William (1986) generated the relationship between physical illness and depression. It was found that increased levels of income, social support, subjective health and internal locus of control for health and life expectancy were associated with decreased levels of depression. Conversely, increased level of pain, physical dependency, progressiveness of the disease, death anxiety, external locus of control for health and worry about medicinal resources were associated with increased levels of depression.

Rashid (1987) indicated that the self concept scores of post-retirement group is higher than pre-retirement group. The results support the hypothesis that men after retirement exhibit a more negative self-concept than men in their pre-retirement years.

Mohan (1988) the paper attempts to reveal dimensions pertaining to the aging process. Aging could not just be defined in terms of years alone. It had biological, physical, intellectual and social

concomitants. Various theories had been put forth to explain the phenomenon of aging. Perhaps the biological and physiological took the care in systematically and rationally explaining aging e.g. genetic theory. Wear and tear theory the deprivation diffusion explanation/accumulation theories etc. The intervention or counselling programme had to take care of certain needs of the aged and they may be grouped as physical, psychological, community and social interventions. Physical include drugs (antipsychotic, antidepressants, ECT, antianxiety, sedatives, hypnotics, etc.), Psychological (e.g. analytic, nondirective, existential, behaviouristic, gestalt, family therapy approach etc.), community and social intervention include active and positive participation of the community and to their social institutional help, vocational, counselling, day care centre, club, home for aged, etc. In terms of Maslow's need hierarchy we all have the need for self esteem and a retired should never be made to feel he is useless, worthless and a burden on others.

Nag and Kumar (1988) analysed the deterioration in speed of performance. Symptoms of anxiety and depression were present in 50 per cent of the cases, intellectual impairment was observed in 25 per cent of the cases. Social isolation and loneliness were proportional to depression social isolation alone was not contributory in depression if subjects had religious habits.

Vijayakumar and Suryanarayana (1989) observed that as the age advances, the earning capacity decreases and hence, care takers become care seekers. The economic dependent life gradually spoils the interpersonal relations between the aged and the younger generations which ultimately gives rise to conflicts, disrupting the peace of solace of the family.

Oberoi *et al.* (1991) showed that satisfaction level of urban aged living with families or alone was higher as compared to rural aged by same category. Rural aged have placed food and clothing at the top most level of their satisfaction. They were highly satisfied with these needs. They were, however, not found very much satisfied from their needs like care given by family members, marital adjustments and their importance in family social and religious ceremonies. Similar observations were made to urban aged living with facilities and alone. They were highly satisfied for their needs like food, clothing, housing and medical care however their level of satisfaction was low for the needs like care given by family members and their importance in social and religious ceremonies. The reasons given by the urban aged for their satisfaction were sufficient earning, getting good quality food, good health, respect and importance from family members and support and care by children and other family members etc. whereas rural old people gave the reason of satisfaction as getting good food and clothing.

Prasad (1991) concluded that while considering the problems of the old men the differences in the cultural, social, economic and political milieu of not only the different societies should be taken into account for the commanding policy framework but also the differences existing in the same society on the basis of class orientation and accessibility to the existing benefits by different groups should be minutely considered for planning programmes and schemes of welfare of the aged. The aged people need care, protection, love, affection, regard and respect which can certainly be not given in the homes for the old persons. The family is the only place for them.

Rathore (1992) observed that aged men have poor quality of life, low self-esteem and poor subjective well being as compared with middle aged men.

Chadha *et al.* (1993) studied the quality of life of the aged with reference to their residential settings i.e. institutionalized and non-institutionalized with a view to provide better understanding of the problems and complexities of the elderly to the government, policy makers and voluntary organizations. The results employ that emphasis should be given on more systematic and family based setting rather than on secluded old age homes.

Junks *et al.* (1993) confirmed that financial responsibilities for child(ren) and parent(s), members of the sandwich generation (40-65

years) indicated that their parent care responsibilities would influence the timing of their retirement, the use of their retirement income, and their need for post-retirement employment. The sandwich group also reported a significantly higher degree of task assistance to their aging parents than the non-sandwich group. The research also indicated that those in the sandwich generation may not experience the retirement lifestyle for which they have hoped.

Ramachandran (1993) found that working women on the whole adjust better to retirement than men. There appeared to be several reasons for this. First the role change is not as radical in the case of women workers because in spite of having been employed women always play a domestic role throughout their working years. So at retirement domestic chores keep them engaged and it suits them well. Secondly work provides to women fewer psychological benefits and social support and in consequence retirement is less traumatic for them than men. Thirdly in comparison to male work force few women hold executive positions so they do not feel that they have suddenly lost all their power and prestige.

Ramamurthi and Jamuna (1993) shows that self-acceptance of aging changes, self-perception of health, satisfaction with marital and financial relations are source of the factors that predict life satisfaction among the elderly and also explain the phenomenon of loneliness.

Prakash (1996) states that widowhood weakens the kinship network from the husband's side. Loss of wife's role restricts certain social interactional patterns. Quite often, they tend to be ignored, tolerated, rejected or viewed as liability. Doubtless this adversely affects their sense of worth and self esteem.

Rayanagoudar and Gaonkar (1994) showed that income of elderly women was positively and significantly related with life satisfaction. It showed statistically non-significant difference in the life satisfaction of the elderly women according to the educational level. Further, elderly women belonged to Hindu religion were more satisfied in life than Christians.

Arora (1996) revealed that the elderly men living in their own homes were more adjusted, happier and satisfied as compared to the elderly men residing in the old age homes who were found to be more lonely, sad, depressed, frustrated and dissatisfied with regard to their physical, social and emotional needs. A significant association of age, type of family, marital status and education of the retired elderly men with the physical, social and emotional needs was also reported. A highly significant difference was determined in all the physical, social and emotional needs of the elderly men residing in their own homes and in the old age homes which a non-significant difference was found to exist with regard to their sexual life, social work, expectation from

children, desire for others company and in moments of grief i.e. with regard to some of the social and emotional needs.

Reddy (1996) said that the system of social security for the elderly in India was devoid of respect, compassion, and gratitude to the elderly who gave their best during their productive career in the country. It needs reforms, pensions, gratuity, CPF contributions need be indexed for inflation. If indexation was not possible they must be delinked from government management, and must be put in charge of a trust say National Pension Board or Central Provident Fund and be managed like any commercial organisation.

Kumar (1997) found that most of the individual perception on retirement was they were entering into non-production old age which was full of socio-psychological and economic problems. Every individual was aware that one day he or she had to retire. However, the basic question was how many of them were preparing plans at pre-retirement stage and leading a happy post-retirement life. Such issues had to be studied thoroughly to prepare proper guidelines for individuals who were in pre-retirement stage. Keeping this in mind a modest attempt was made to study the detail pre-retirement plans and post-retirement adjustments of retired person.

Mathew (1997) studied the main causes leading to institutionalization in old age, self-perception of the inmates regarding

institutional life and their expectations about the ideal old age home. The results indicate that the emotional bond which places family as a unit was gradually shaking. The elderly constitute a heterogeneous group with varied orientations, needs and resources. Hence it was not wise to draw any generation as whether to encourage or discourage institutionalisation. Promotion of physical, mental and social well-being of the elderly residents would be the final goal in starting an ideal old age home.

Prakash (1998) found that a significant worry for Indian elderly was not so much that they become economically dependent on their children, but the fear of physical dependence. Being sick, disabled, losing the sensory facilities caused more stress and anxiety than difficult life conditions.

Katyal (1999) showed that old people living with their families have cordial relations with their children and spouse, their social interactions were good and they had a positive frame of mind. But this could not be said about people living in institutions as they did not have cordial relations with their children and spouse, they did not feel good about themselves and they did not have peace of mind.

Soneja and Tyagi (1999) found that major issues like living conditions deteriorated as the financial status declined. Respondents felt that they had seen a change in the attitude of the younger generation.

They felt that they had a respectable place in the society only if they interfered less regarding all issues and gave their advice only when sought. Majority of the rural elderly also felt that they were accepted in the family only if they were financially independent. The need for having informal core was felt by a large number of elderly in the upper class followed by the rural elderly, though that need was not felt by the rest of the economic groups.

Jayashree (2000) found that respondents who had obtained re-employment took less time to adjust to non-working life as compare to those who are not working after retirement. Further study revealed the positive and affirmative relationship between the health status of the respondents and work after retirement.

2.3 Mental and physical health problems

Narang (1978) studied that the health and economic conditions were closely related to each other. Lack of money was the main thing by which old people mostly suffered. It was found that the aged wanted to be supported by themselves by close relatives and upon charity given by institution. Women were found to be greater victims of disease as compared to men in old age. Many aged did not consult the doctor due to lack of funds and also lack of faith in allopathic treatment.

Ramachandran *et al.* (1979) was found prevalence rate to be 350 per 1000 population. Of the various variables recorded (correlation

of 33 variables), 17 factors were found to correlate significantly with psychiatric diagnosis. High correlations were obtained with widowed state and functional diagnosis. Problems of physical health also increased the chances of psychiatric problems. Authors isolated three factors namely general disease factor, isolation factor, family cohesion factor.

Anantharaman (1980) selected 172 older people from the voter's list, age ranged from 55-89 years. He found that those who are young (below 65), active, good in adjustment belonging to professional occupation and upper social class rated health to be good. Those who were old (above 65), less active, poor in adjustment, belonging to unskilled occupations and lower social class rated their health to be poor among the subjects.

Anantharaman (1980) selected 50 older men staying in the homes for the aged in Bangalore city, in the age range 59-73 years and found that the elderly respondents staying with their children seem to be better in adjustment, more active and to perceive their health as better than institutionalized subjects.

Mani (1980) reported in his study that the elderly living in enforced retirement not only suffer from chronic diseases and frailties of age but also from the unhappiness caused by the feeling of uselessness, loneliness and despair. The psychological impression of

retirement makes the man dependent, dull and lonely inspite of what the health he possessed. This was universally characterized by a sequence of events like cultural rejection, anxiety and panic, psychophysiological exhaustion, isolation and unrealistic preoccupation.

Anantharaman (1981) found that those who rated their health to be good, those who saw no change in their health when compared to 45 years of their age and those who do not have any physical problems were found to have better adjustment.

Anantharaman (1981) observed that those rated their health to be good, those who saw no change in their health and those who did not have any physical problem were better in adjustment than others.

Joshi (1981) observed that differential aging phenomena both physical and mental appear to depend environmental and social factors such as diet, type of education, occupation, adjustment to family, professional life and consumption of tobacco and alcohol. The elderly persons suffers from ineffective and parasitic diseases, diseases of respiratory system, symptoms of ill defined similarity arthritis and rheumatism, hyper-tension, congestion, heart failure and diabetes melitus.

Ananthalakshmi *et al.* (1986) analysis that there will be a more rapid decline among those aged who have less education, less exposure to environment, less mental activity and greater awareness of the decline with age.

Kumar (1986) observed that the percentage of the aged population decreased with advancing age and a downward trend for weight was observed in males and with age particularly after the age of seventy to seventy five years. He also observed that the systolic and diastolic blood pressures tended to be low in extreme old age. Diseases in old age were found to have a higher prevalence rate which were usually chronic in nature and multiple in number. The common causes of illness were cataract, bronchitis, arthritis, corneal sparsity and anaemia.

Oberoi *et al.* (1991) showed that rural aged people place physical problem on the top of other problems. Other problems viz. economic, social and psychological, are felt but not as adequately as physical problems. It was also observed that urban aged have less problems as compared to rural aged. Urban aged are physically better off, have less number of diseases, are not fully dependent for their economic needs. They are also members of some organisations due to which they are not feeling socially rejected. However, the psychological problems of urban aged are not less than the rural aged.

Christopher (1992) found that sickness was common among the aged. They used government hospitals or just ignored the disease and lived with it as they could not afford to go for treatment even to the government hospitals. Some of the respondents required regular

medical help as they were suffering from asthma, diabetes and eye problems. He also observed that loneliness and fear of death were some of the aspects which have psychological effects on elders.

Foster (1992) calculated that there was positive and significant relationship between perceived current health, promoting behaviours, socio-economic status, age and life satisfaction.

Kabir (1992) found that those who lived in nuclear families were very vulnerable. Implying that they could get very little care and support in case of need. With rapid urbanization and modernization the traditional value system was undergoing radical changes. With time, the aged faced various health problem including those of mental health, compounded by nutrition problems. Loneliness among elderly was aggravated by their perceived attention there were no separate health and medical facilities for the elderly population. The most crucial factor influencing the conditions of the elderly were culture, traditions and values.

Singh (1995) found that most of the aged suffer from one ailment or another and they were unanimous in demanding better medical services. Some retired persons seek the involvement of the society in the care of the aged. They wanted that committed youngmen come forward and provide specialized medical help at a reasonable price, others desired that Punjab Government give them more time after

retirement to vacate official accommodation, other special facilities be created for the old in all offices, some demanded pension scheme to be implemented in autonomous institutions too and a lot expected that the society make a better use of the retired persons by taking the services of qualified and mentally sound senior citizen.

Ramamohan *et al.* (2000) concluded that social nutrition becomes an important feature of the aged more than the conventional nutrition as perceived all along by scientists. The atmosphere while dealing in terms of friendliness, cordiality, affection, serving of food by family members, sharing of meals, eating together, preparation of foods liked by the elders, regular meal timings, misconceptions about food have all been found to affect the food consumption. All the respondents had stated that meals when shared with family members were more enjoyable and kept them in a happy frame of mind, also they felt satiated. Whereas when they had to eat alone, or at rare hours, then, they experienced poor appetites and imaginary ailments too. The ailments became acute when the respondents felt lonely and emotionally dependent.

Dilip (2001) analysed that the demand for medical attention in the later stage of life is very high and is likely to increase substantially in future in Kerala. Since this is an inevitable phenomenon in a rapidly ageing population, the health care costs would probably increase due

to ageing. Improvement in quality of life of ever increasing elderly population could be achieved only if we readjust health care services and resources to accommodate ageing population. This is an aspect, which health planners need to take into account while planning investment in the central and state government budgets in coming years.

Dharmalingam (2001) concluded that the elderly widows were now more in number and face triple jeopardy that of being old, being female and being widow. It was patriarchy, which controls and marginalize them to the periphery makes them powerless through discrimination, dependence, oppression. Hence patriarchy as an ideological constructed interacts with capitalist processes to give specific constraints on the autonomy of elderly widows physically as well as mentally.

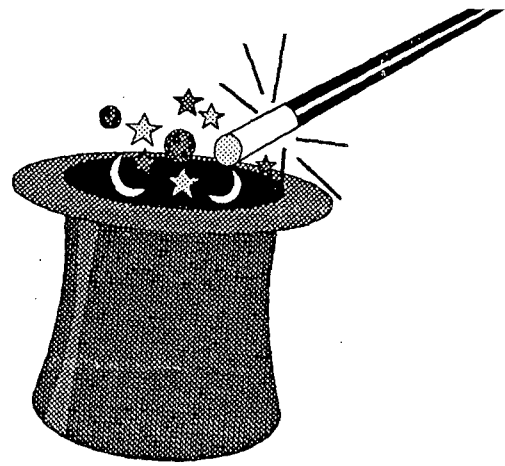
Mehta (2001) concluded that perceptions of old age were associated with physical changes, health deterioration and social events such as marriage of their children and birth of a grandchild, which gave them a new status in life, their health problems were seen as a part of onset of old age. It was also linked to lack of health facilities for minor preventable health problems. Some of them felt that the health problems made an impact on their contribution to the family, yet a majority contribution to the family either financially or by participating in

the routine activities of the household. Their self worth was determined by their present as well as past contributions to the family, which influence their status in family. As far as satisfaction with life was concerned there seemed to be no difference between those who had achieved something concrete and those who had not.

Ranganath (2002) stated that most of the medical insurance schemes cover only organized sector, which is about 11 per cent of the working population. Ways and means would have to be found to cover the unorganized sector as quickly as possible. The opening of the insurance sector has brought in new private players and the medical insurance cover is expected to increase. With the introduction of the third party administrators (TPAs) it was expected that the TPAs would act as intermediaries between the health providers and this would give a boost to the health coverage.

Sivaraju (2002) found that while the poor elderly largely attribute their health problems, on the basis of easily identifiable symptoms, like chest pain, shortness of breath, prolonged cough, breathlessness asthma eye problems, difficulty in movements, tiredness and teeth problems. The upper class elderly in view of their greater knowledge of illnesses, mentioned blood pressure, heart attacks, and diabetes which are largely diagnosed through clinical examination.

Subrahmanya (2002) concluded that the elderly persons were a high vulnerable group in society. Their vulnerability increases with age. The vulnerability lies mainly in lack of employment, financial insecurity, ill health and neglect by society. Any system of social security of the elderly should address all these vulnerabilities. It had therefore, to be a multiple dimensional programme providing income security, health security, long term care as well as emotional support. While the family could provide the basic security to the elderly the major responsibility for providing social security to the elderly lies on the community and the state.



Material
and
Methods

MATERIAL AND METHODS

The major objectives of the present investigation were to study the leisure time utilization, investigate the psychosocial distress and document the mental and physical health problems of retired person in Bhawarana block of district Kangra (H.P.). The relevant literature on the subject was studied and a systematic procedure was designed for conducting the investigations, analyzing the data and interpreting the results.

In the present investigation the research procedures have been described under the following methodological steps with detailed discussion on each of the following :

3.1 Research Design

3.1.1 Locale of the study

3.1.2 Sampling procedure

3.1.3 Selection of the respondents

3.2 Selection and measurement of variables

3.2.1 Independent variables

3.2.2 Dependent variable

3.3 Data collection

3.3.1 Tool description

3.4 Procedure for data collection

3.5 Tabulation of data

3.6 Analytical frame work

3.6.1 Descriptive analysis

3.6.2 Statistical Analysis

3.1 Research Design

The research design is a systematic design of pre-test and post-test of questionnaire for retired people of age 58-70 years or above. *standardized scale was used.*

3.1.1 Locale of the study

The study was conducted in Bhawarana block of district Kangra of Himachal Pradesh.

3.1.2 Sampling Procedure

Descriptive type survey design was considered appropriate for conducting this study. Purposive-cum-random sampling procedure was adopted for selection of district, block and the respondents. Kangra district was purposively selected as the investigator belonged to the same district and was well versed with language and culture of the area of Kangra district. Kangra district consisted of 13 blocks. Out of total blocks, Bhawarana block was purposively

SAMPLING PROCEDURE

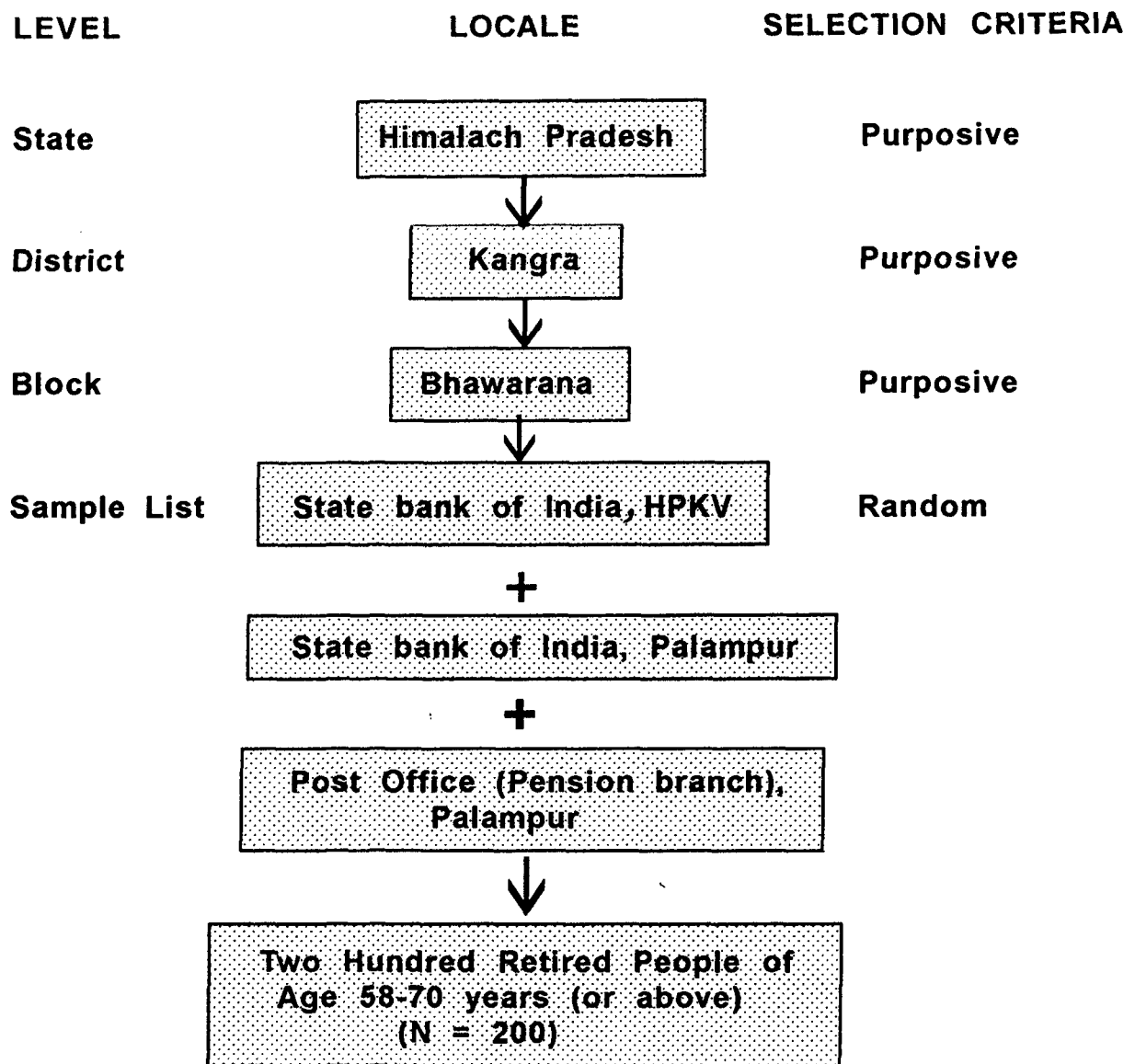


Fig. 1. Sampling procedure of the study area

selected. The sample of 200 retired people of age 58-70 years or above was randomly selected, from the list obtained from banks and post-office records, located in Palampur. Door to door survey was conducted in this block to get desired Information from the retired person (Fig. 1).

3.1.3 Selection of the respondent

As the study was confined to retirees, the list of retired person was obtained from 2 banks viz. State bank of India, HPKV; State bank of India, Palampur and pension branch of post office, Palampur. The sample of two hundred retirees was randomly selected from this list. This sample consisted of 25 retired women and 175 retired men, out of which 35 were army personnel.

3.2 Selection and measurement of variables

There were two types of variables in the present study i.e. the dependent variables (effects) and the independent variables (causes). The independent variables can be controlled and manipulated as to certain their impact on observed phenomena. Dependent variables effected by independent variables as they change with a change in the independent variables.

3.2.1 Independent variables

Independent variables were classified into following four categories:

1. Personal variables : Age , occupation after retirement
2. Social variable : Marital status
3. Family variables : Family type
4. Economic variable : Income of the respondent

1. Personal Variables

Age: Age was considered in full years completed by the retirees at the time of interview. Age of the respondents were 58-82 years which was divided into following four groups:

58 - 64 years

64 - 70 years

70 - 76 years

76 - 82 years

Occupation after retirement: The occupation is the kind of work performed by the individual and the status of employment of the individual. It refers to the means of livelihood and classification of occupation were as follows.

Service

Business

Agriculture
Self - Employment
Social service
Not Applicable

2. Social Variable

Marital status: The marital status refers to the position of respondent whether respondent was

Single
Married
Widowed

3. Family variable

Family type : It refers to the type of family i.e.

Nuclear family
Joint family

4. Economic Variable

Income of Respondent: It refers to the monthly income of the respondent from all the sources. Income was divided in following groups (in rupees):

Upto 5,000
5,000 -8,000

8,000 - 11,000

11,000 - 14,000

14,000 - 17,000

Above 17,000

3.2.2 Dependent Variable

Psychosocial Distress: Psychosocial distress refers as propensity inborn or acquired to have maladjusted pattern of behavior during time of stress.

3.3 Data collection

The data collection on different aspect's of the study were prepared as given below:

3.3.1 Tools description

A door to door survey was conducted in order to meet the requirement of the various objectives of the present study. The retirees were interviewed to get required information. The following tools were used for collecting data:

a) General Information

The general information section included questions related to personal information of the respondents such as age, sex,

education, marital status, occupation before and after retirement, monthly income of respondent and information related to family background characteristics e.g. family type, family demographic features, family income etc.

b) Specific Information

Specific information section included modified questionnaire as well as self-designed schedule which was divided into mainly three-sub section viz. Leisure time utilization, Physical and mental health problem and psychosocial distress. The former two sub-sections were self-designed to obtain required information, whereas modified P.G.I. health questionnaire N-1. (S.K. Verma. N.N. wig and D. Pershad) was used. It was a set of 30 questions regarding psychosocial distress.

3.4 Procedure for data collection

In order to ensure good response, rapport was established with the selected retirees and were assured that the information provided by them would be used exclusively for the research purpose. The data were collected through personal interview method by visiting each household. Responses were filled personally by the investigator preferably in one sitting

3.5 Tabulation of data

After collection of field data, the entire questionnaire was arranged systematically and master tables were prepared. From these master tables various sub-tables were generated on the basis of objectives of the study.

3.6 Analytical frame work

To achieve the objectives of the study, the following analytical frame work was followed:

3.6.1 Descriptive analysis

It was carried out on the general information, leisure time utilization and physical and mental health problems. Description included finding in percentage and their presentation in tables, bars and pie diagrams.

3.6.2 Statistical Analysis

a) Regression

To know the individual effect of selected socio-economic variables on the dependent variables multiple regression was carried out using the formula:

$$Y = a + b_1x_1 + b_2x_2 + b_3x_3 + \text{-----} + b_nx_n$$

where,

$x_1, x_2, x_3, \dots, x_n$ = Independent variables

$b_1, b_2, b_3, \dots, b_n$ = Regression coefficients

b) Multiple regression

Coefficient of determination was calculated to know the combined effect of the variables viz. age, marital status, occupation after retirement, income of respondent, family type on psychosocial distress.

$$R_2 = \frac{\text{Sum of the squares due to multiple regression}}{\text{Total sum of the squares}}$$



Results

Chapter-IV

RESULTS

The present study was conducted to study the leisure time utilization, investigating the psychosocial distress of retired persons and documentation of the mental and physical health problems of retired persons. The collected data was analyzed to achieve the objectives of the study. The results have been presented under the following sections:

4.1 General information regarding respondent.

4.2 Leisure time utilization.

4.2.1 Time spent by the respondents in leisure time activities.

4.2.2 Leisure time spent by the respondents in entertainment.

4.2.3 Leisure time spent by the respondents in conversation.

4.2.4 Leisure time spent by the respondents in religious deeds.

4.2.5 Respondents spent leisure time in play activities and physical fitness.

4.2.6 Respondents spent leisure time in reading.

4.2.7 Respondents spent leisure time in writing

4.2.8 Leisure time spent by the respondents in indoor activities.

4.2.9 Leisure time spent by the respondent in outing.

4.2.10 Leisure time spent by the respondents in social work.

4.2.11 Leisure time spent by the respondents in gardening.

4.3 Psychosocial distress.

4.3.1 Distribution of Psychosocial distress in respondents.

4.3.2 Regression analysis for psychosocial distress with independent variables.

4.3.3 Combine effect of independent variables on psychosocial distress.

4.4 Physical and mental health problems.

4.4.1 Proportion of respondents suffering from various diseases.

4.4.2 Respondents suffering from disorders of respiratory system.

4.4.3 Respondents suffering from disorders of digestive system.

4.4.4 Respondents suffering from disorders of circulatory system.

4.4.5 Respondents suffering from disorders of skeletal system.

4.4.6 Respondents suffering from disorders of Nervous system.

4.4.7 Respondents suffering from disorders of senses.

4.4.8 Respondents suffering from disorders of endocrine system.

4.4.9 Respondents suffering from different types of pains.

4.1 General Information regarding respondents

Age

The age wise break up of all the sampled respondents presented in table 4.1 shows that majority (61.00 %) of them belonged to the age group of 58-64 years which included 70.49 per cent civilian male respondents, 18.03 per cent army personals and

11.47 per cent of female respondents. Sixty-four to seventy years was another important age group, which included 27.5 per cent sampled respondents, 20 per cent army personnel and 12.72 per cent of female respondents. Least member of respondents (2 %) belonged to the age group of 76-82 years which consisted of 50 per cent civilian males 25 per cent army personnel and 25 per cent female respondents (Fig. 2).

Education

It is evident from the table 4.1 that on an average, majority (32.5 %) of respondents had matriculation level of education where the proportion of army personnel is less (4.61 %) than civilian males and females respondents i.e. 61.23 per cent and 26.15 per cent respectively. About 28.5 per cent of respondents consisting of 64.91 per cent civilian males, 31.57 per cent army personnel and 3.5 per cent female respondents had graduation level of education followed by post graduation (19.5 %) which comprised of (66.66 %) of civilian males, 9.09 per cent of army personnel and 18.18 per cent of female respondents. As for as technical diploma was concerned, out of 14.5 per cent of respondents 89.65 per cent were civilian males, 3.44 per cent were army personals and 6.89 per cent were female respondents. About 5 per cent of the respondents were having professional education (Fig. 3).

Table 4.1 General Information regarding respondents

Sr. No.	Variable	Category	Females	Male		Total
				Army	Civil	
1.	Age	58-64	14 (56.00)	22 (62.85)	86 (61.45)	122 (61.00)
		64-70	7 (28.00)	11 (31.45)	37 (26.42)	55 (27.50)
		70-76	3 (12.00)	1 (2.85)	15 (10.71)	19 (9.50)
		76-882	1 (4.00)	1 (2.85)	2 (1.42)	4 (2.00)
		Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
2.	Education	Matric	17(68.00)	3(8.58)	45(32.14)	65(65.50)
		Technical diploma	2(8.00)	1(2.88)	26(18.58)	29(14.50)
		Graduate	2(8.00)	18(51.42)	37(26.42)	57(28.50)
		Post Graduate	2(8.00)	11(31.42)	26(18.58)	39(19.50)
		Professional	2(2.80)	2(5.70)	6(4.28)	10(5.00)
		Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
3.	Family type	Nuclear	15 (60.00)	29 (82.85)	85 (60.72)	129 (65.50)
		Joint	10 (40.00)	6 (17.15)	55(39.28)	71 (35.50)
		Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
4.	Marital status	Single	2 (8.00)	1 (2.85)	4 (2.86)	7 (3.56)
		Married	14 (56.00)	31 (88.57)	118(84.28)	163 (81.50)
		Widowed	9 (36.00)	3 (8.58)	18 (12.86)	30 (15.00)
		Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
5.	Occupation after retirement	Service	-	6(17.15)	10 (7.14)	16 (8.00)
		Business	-	1 (2.85)	32 (22.86)	33 (16.50)
		Agriculture	-	-	4 (2.86)	4 (2.00)
		Self- Employment	2(8.00)	8 (22.85)	12 (8.57)	22 (11.00)
		No Occupation	23(92.00)	20 (57.14)	82 (58.57)	124 (62.00)
		Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)

Contd.....



Sr. No.	Variable	Category	Females	Male		Total
				Army	Civil	
6.	Monthly Income of Respondents (Rs)	Upto 5000	14 (56.00)	1 (2.86)	33 (23.57)	48(24.00)
		5000-8000	10(40.00)	5(14.29)	55(39.30)	70(35.00)
		8000-11000	1(4.00)	5(14.29)	30(21.43)	36(18.00)
		11000-14000	-	13(37.14)	9(6.42)	22(11.00)
		14000-17000	-	9(25.71)	13(9.28)	22(11.00)
		above 17000	-	2(5.71)	-	2(1.00)
		Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
7.	Means of income after retirement	Pension	25(100.00)*	35(100.00)*	140(100.00)*	200(100.00)*
		Property on their own name	1(4.00)*	2(5.71)*	9(6.42)*	12(6.00)*
		FDS, Saving PF	-	6(17.14)*	-	6(3.00)
		Business	-	1(2.85)	32(22.85)*	33(16.50)*
		Service	-	6(17.14)*	10(7.14)*	16(8.00)*
		Self Employ-ment	2(8.00)*	8(22.85)	12(8.57)*	22(11.00)*
		Agriculture	-	-	4(2.85)*	4(2.00)*
		Dependent	-	-	-	-
8.	Monthly family income (Rs.)	Upto 5000	1 (4.00)	1 (2.86)	4 (2.86)	6 (3.00)
		5000-15,000	14 (56.00)	19 (54.29)	76 (54.28)	109 (54.50)
		15000-25000	8 (32.00)	12 (34.28)	39 (27.86)	59 (29.50)
		23000-35000	1 (4.00)	1 (2.86)	11 (7.60)	13 (6.50)
		35000-45000	-	1 (2.86)	6 (4.28)	7 (3.50)
		above 45000	1 (4.00)	1 (2.86)	4 (2.86)	6 (3.00)
		Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)

* Multiple choice

Figures in parenthesis indicate percentage of total sample in each aspect.

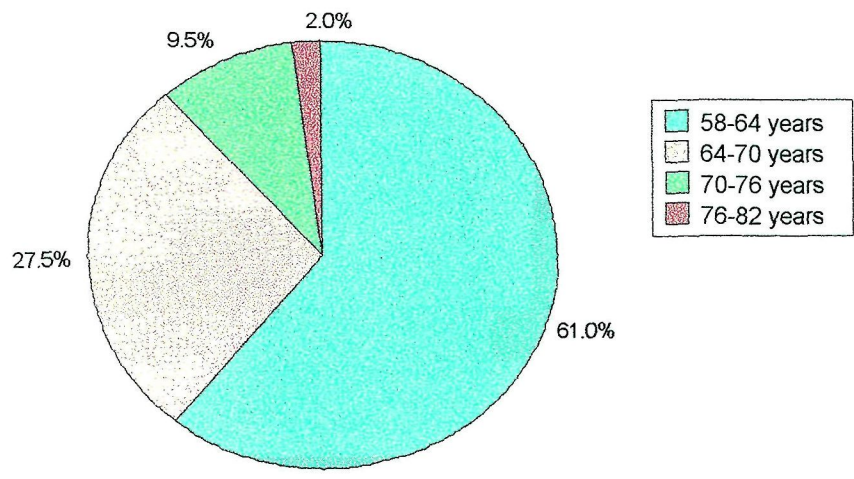


Fig.2. Information regarding age of the respondents

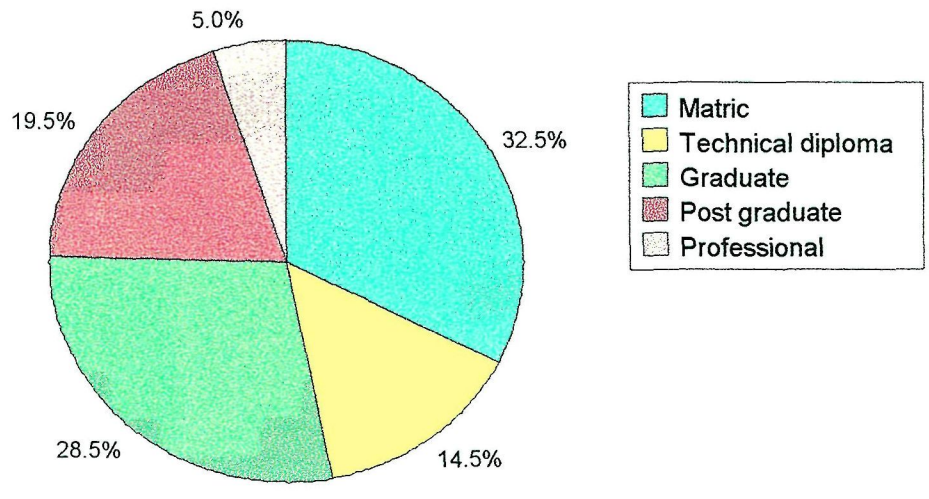


Fig.3. Information regarding education of the respondents

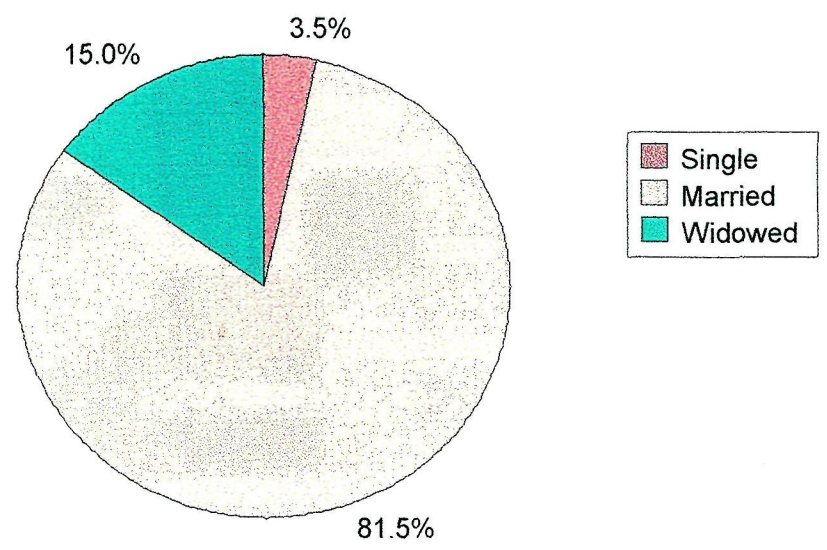


Fig.4. Information regarding marital status of the respondents

Family type

Majority (64.50 %) of respondents belonged to nuclear family type, out of which 65.89 per cent were civilian male respondents, 22.48 per cent were army personals and 11.62 per cent were female respondents. 35.5 per cent of the sampled respondents belonged to joint type of family in which the proportion of civilian males, army personals and female respondents was 77.46, 8.45 and 14.08 per cent, respectively.

Marital Status

About the marital status of civilian males respondents majority (84.28%) of them were married, while 12.85 per cent were widowed and 2.85 per cent were single similarly for army personals 88.57 percent were married where as 8.57 per cent and 2.85 per cent were widowed and single respectively. Maximum of female respondents (56 %) were married where as 36 per cent were widowed and 8 per cent were single (Fig. 4).

Occupation After Retirement

Distribution pattern of respondents according to their occupation after retirement is displayed in Table 4.1. It can be observed from the table that majority (62 %) of respondents were

doing nothing after retirement, where as 16.5 per cent of male respondents were having business. Business was followed by self - employment (5.5 %) and service class (8 %). Minority (2 %) of the respondents having agriculture as an occupation after retirement. Over all it was found that none of the female respondents were preferred service, business, agriculture as an occupation after retirement (fig. 5).

Monthly income of respondents

Most of respondents (35.00 %) had monthly income between 5000 - 8000 Rs. Out of which maximum population was belonged to male civilians (68.75 %) than female respondents (29.16 %) and army personals (2.08 %). Twenty four percent of the respondents fall in the group upto 5000 Rs, in which proportion of male civilian (78.57 %) is more than female respondents (14.28 %) and army personals (7.11 %). Rs 8,000-11,000 was another important group consisted of 36.00 percent of respondents which was followed by groups Rs11,000 - 14,000 and Rs 14,000-17,000, both consisted 22.00 per cent of respondents and it was found that no female respondent was falling in this group. Only 1.00 per cent of respondents had monthly income more then 17000 Rs. which was exclusively belonged to army personnel (Fig. 6).

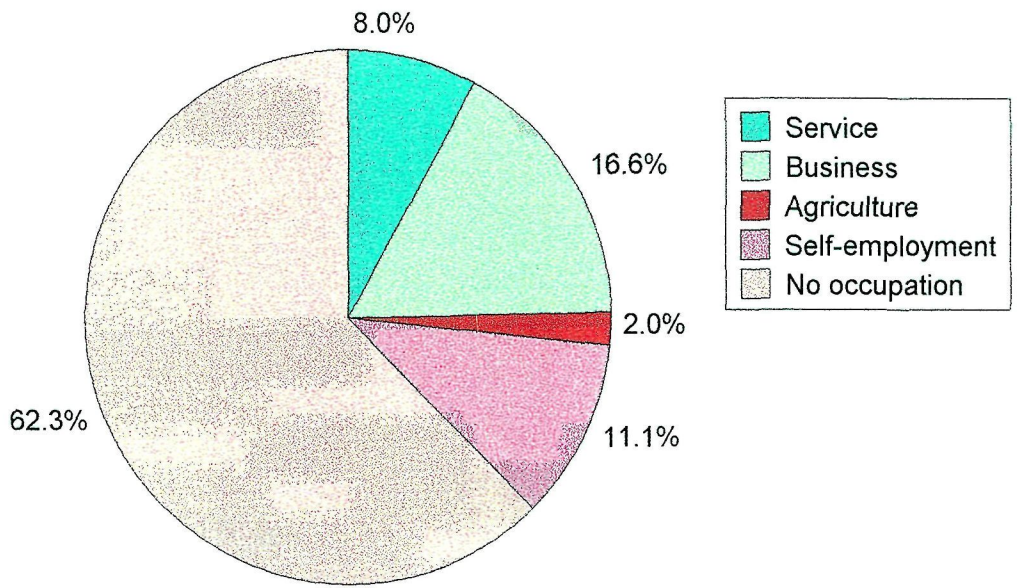


Fig.5. Information regarding occupation after retirement of the respondents

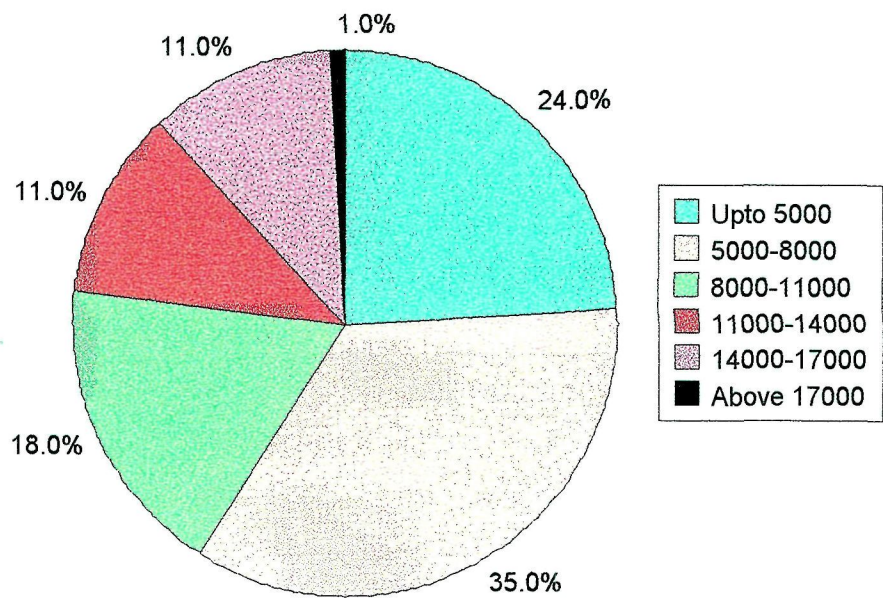


Fig.6. Information regarding monthly income of the respondents in rupees.

Means of income after retirement

Cent per cent of the respondents had pension as one of the sources of income. Majority of the respondents (16.50 %) had business as means of income where the proportion of male civilian respondents is more than army personals where as no female respondents was engaged in business. Business was followed by self-employment (11.00 %) and service (8.00 %). Other means of income after retirement were property on their (respondents) own name (6.00 %), FDs, saving, provident fund (3.00 %) and agriculture (2.00 %). It was found that no respondent was financially dependent on others.

Monthly family income (Rs.)

It is evident from the table 4.1 that on an average, majority of the respondents (54.5 %) had monthly income between Rs. 5000-15000 which was followed by income group Rs. 15,000-25,000 i.e. 29.50 per cent. Thirteen per cent of the respondents were belonged to group Rs. 25000-35000. Minority of the population of respondent (3.50 %) belonged to group Rs. 35000-45000 and it was found that no female respondent belonged to this group. Only three per cent of the respondents belonged to groups, upto Rs. 5000 and more than Rs. 45,000.

4.2 Leisure time utilization

The meaning of word 'leisure' varies from person to person depending upon one's age, culture and social standing. In the dictionary of sociology, leisure is defined as 'the time free from work and routine domestic responsibilities and available for use in recuperation, relaxation, hobbies, recreation, cultural and artistic pursuits'. According to international dictionary of English (1996) leisure is 'the ^{time} when you are not working or doing other duties'.

4.2.1 a) Time spent in leisure Activities :

Leisure has been called as "the best of all possessions" (Socrates), as the mother of philosophy" (Hobbes) and leisure with dignity as the "Supremely desirable object of all same and good men" (Cicero). As table 4.2 shows that cent per cent of respondents had leisure time and maximum of them (43.00 %) had half the day for their leisure activities. Only 25.50 per cent of respondents spent all the day for their leisure time activities. The proportion of civilian male respondents (29.30 %) was higher than the army personals (25.71 %) and female respondent (4.00 %) who spent all the day for leisure activities (Fig. 7).

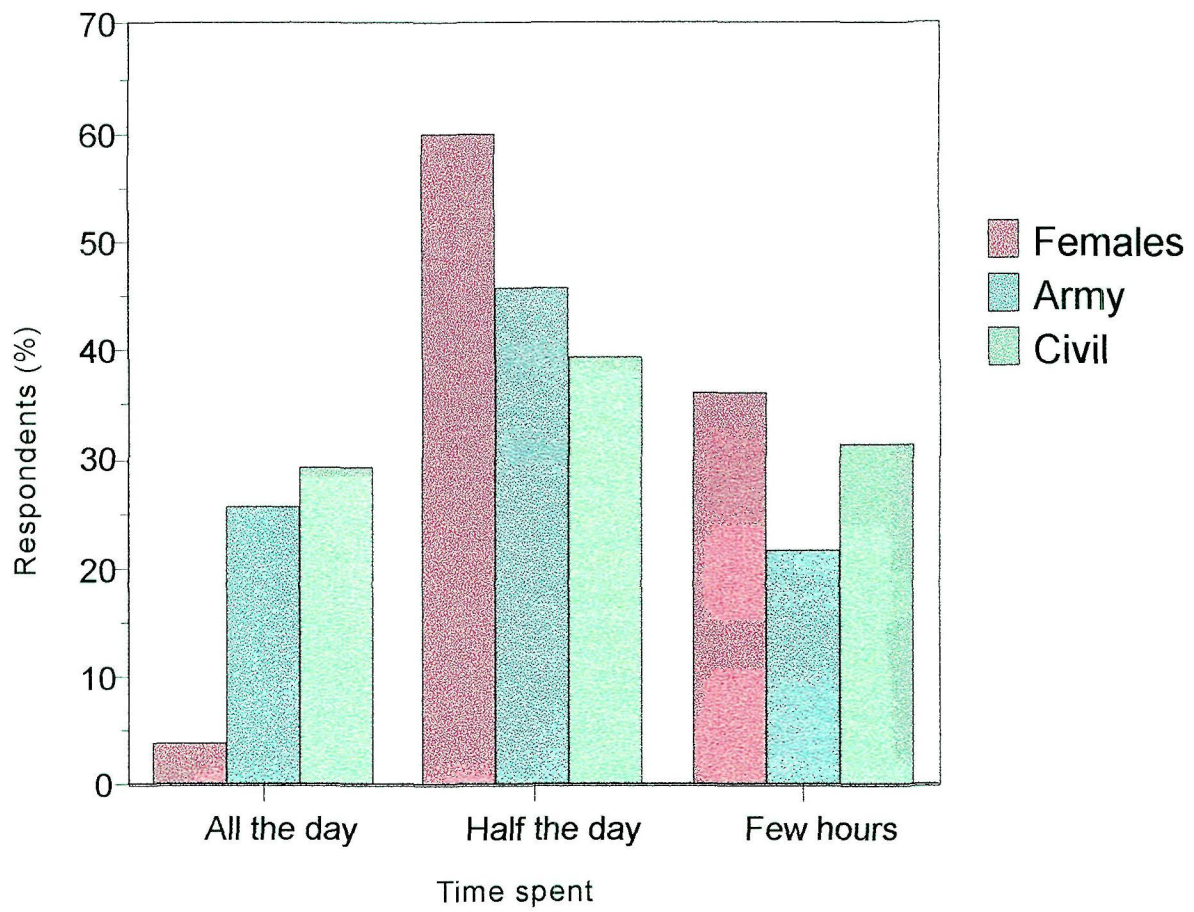


Fig.7. Time spent by the respondents in leisure time activities

Table 4. 2 Time spent by the respondents in leisure time activities.

Time	Females	Male		Total
		Army	Civil	
All the day	1 (4.00)	9 (25.71)	41 (29.30)	51(25.50)
Half the day	15 (60.00)	16 (45.71)	55(39.28)	86(43.00)
Few Hours	9 (36.00)	10 (21.58)	44 (31.42)	63(31.50)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)

Figures in parenthesis indicate percentage of total sample in each aspect.

b) Leisure time spent in various Activities

Table 4.3 indicates that majority of the respondents (58.50 %) spent their one to two hours in worship where as majority of the respondents (44.50 %) spent more then three hours in watching television. Table further shows that majority of the respondents (46.00 %) spent two to three hours in reading newspaper, religion books or other books where as maximum respondents (63.00 %) spent one to two hours in gardening either, the morning or evening. Further majority of the respondents (68.5 %) spent two to three hours in conversation with friends or other persons (Fig. 8).

4.2.2 Leisure time spent by respondents in entertainment

Television is the most frequently selected medium by the elderly for entertainment and information. Listening music was also an

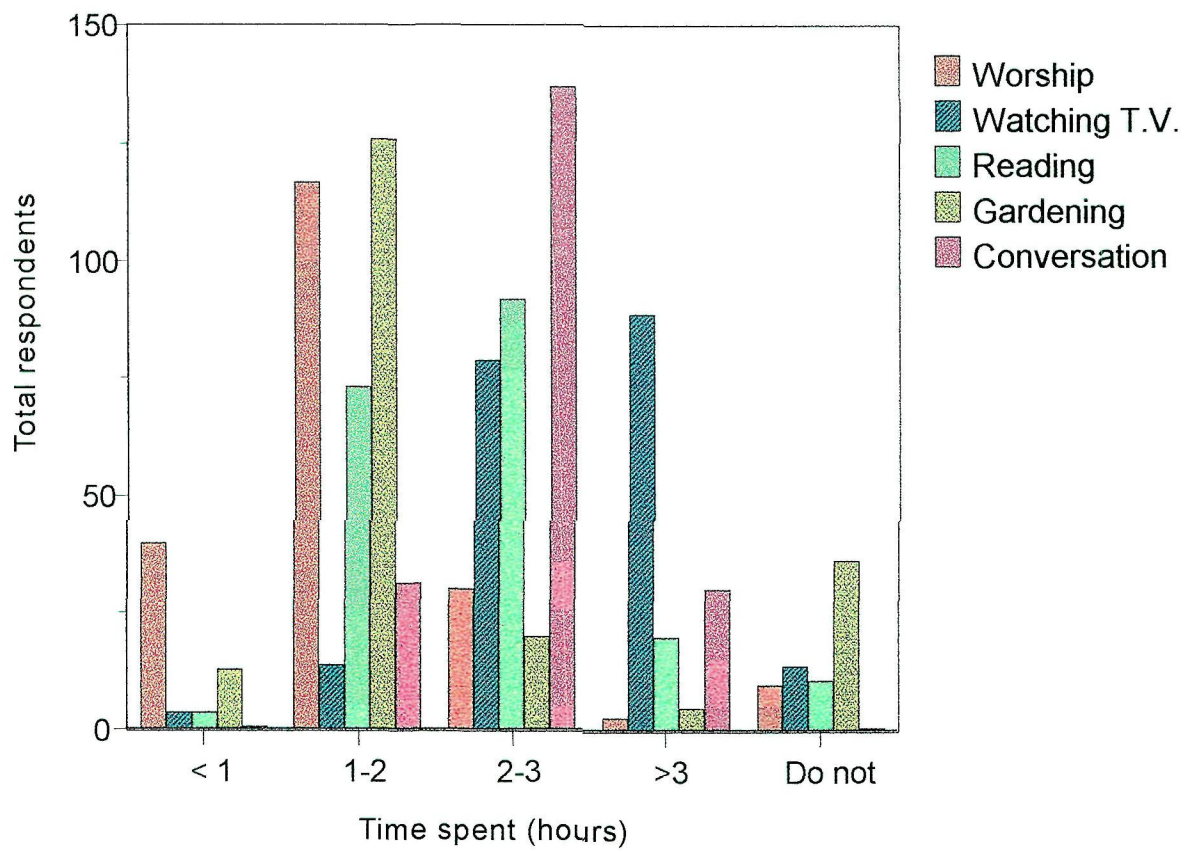


Fig.8. Leisure time spent in various activities

other form of entertainment, as they preferred to listen religious or folk music.

Table 4.3 Leisure time spent in various activities

Time spent (hrs.)	Male				
	Worship	Gardening	Discussion	Watching T.V.	Reading
> 1	40(20.00)	4 (2.00)	4 (2.00)	13(6.50)	1(.500)
1 -2	117(58.50)	14 (7.00)	73(36.50)	126 (63.00)	31(15.50)
2-3	30(15.00)	79(39.50)	92(46.00)	20(10.00)	137(68.30)
3<	3(1.50)	89(44.50)	20(10.00)	5(2.50)	30(15.00)
Do not	10(5.00)	14(7.00)	11(5.50)	36(18.00)	1(.500)
Total	200 (100.00)	200 (100.00)	200 (100.00)	200 (100.00)	200 (100.00)

Figures in parenthesis indicate percentage of total sample in each aspect

Leisure time spent in watching television

Table 4.4 reveals that majority of respondents (94.5 %) were considered television as main leisure time activity and source of entertainment. About 92.07 per cent of the respondents were watched television daily where as only 7.93 per cent of respondents watched television occasionally (Plate 1).

Table 4. 4 Leisure time spend in watching television

Response Category	Female	Male Army	Civil	Total
Yes	23 (92.00)	34 (37.15)	132 (94.28)	189(94.5)
No	2 (8.00)	1 (2.85)	8 (5.72)	11(5.5)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
Frequency				
Routine	22 (95.65)	31 (88.57)	121 (91.67)	174(92.06)
Occasionally	1(4.35)	3 (8.83)	11 (8.33)	15(7.94)
Sub total	23 (100.00)	34 (100.00)	132 (100.00)	189 (100.00)

Figures in parenthesis indicate percentage of total sample in each aspect.

Leisure time spent in listening music

Music is a good source of entertainment and table 4.5 shows that about 16.00 per cent of respondent listen it in their leisure time. The female respondents (24.00 %) listen more music than army personals (17.14 %) and civilian male respondents (1.42 %). Only 9.37 per cent of respondents listened music daily i.e. 33.33 percent of civilian males and 66.67 per cent of female respondent. Maximum respondents (90.63%) preferred listening music occasionally.

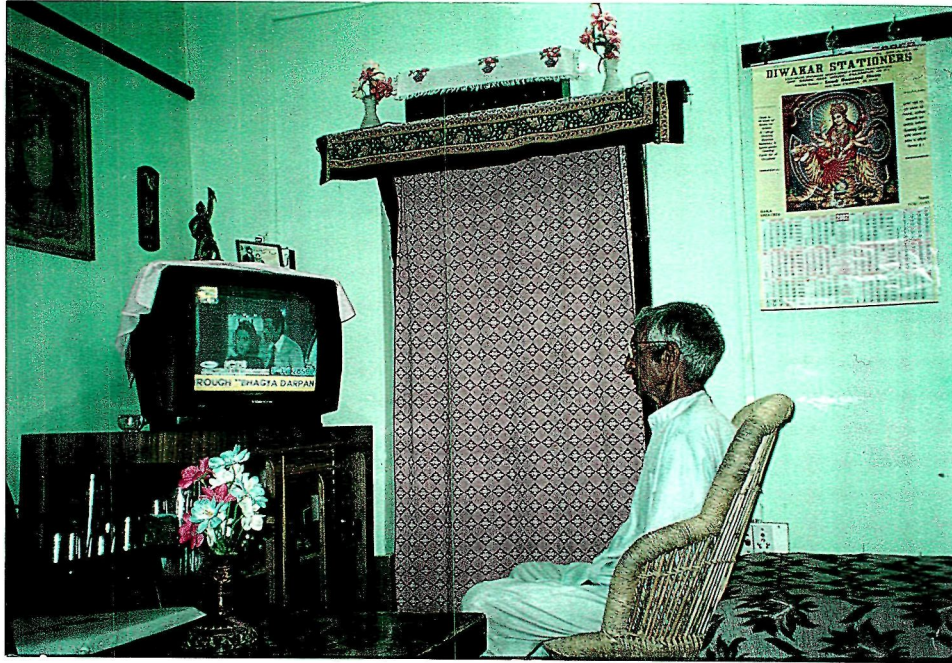


Plate 1. Respondent watching television



Plate 2. Respondents spending their time in gossiping

Table 4.5 Leisure time spent in listening music

Response category	Female	Male		Total
		Army	Civil	
Yes	6(24.00)	6(17.14)	20(14.29)	32(16.00)
No	19(76.00)	29 (82.86)	120 (85.71)	168(84.00)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
Frequency				
Routine	2(33.33)	-	1(5.00)	3(9.37)
Occasionally	4 (66.67)	6 (100.00)	19 (95.00)	29(90.63)
Sub total	6 (100.00)	6 (100.00)	20 (100.00)	32 (100.00)

Figures in parenthesis indicate percentage of total sample in each aspect.

4.2.3 Leisure time spent by respondent in conversation

Conversation is most liked leisure time activity by retirees. They loved to discuss their life experiences, their problems, and their thoughts with others. Telephone is a popular means of communication for retirees, whose children lived away from them used this medium more frequently.

Leisure time spent in gossiping

Majority of the respondents (94.5 %) spent their time in gossiping (Plate 2). Cent per cent army personal liked gossiping where as 96.42 per cent of civilian male respondents liked gossiping

and 76.00 per cent female respondent did the same. Out of this 86.24 per cent respondents gossiped in routine. (Table 4.6).

Table 4.6 Leisure time spend in gossiping

Response category	Female	Male		Total
		Army	Civil	
Yes	19(76.00)	35 (100.00)	135 (96.43)	189 (94.50)
No	6(24.00)	-	5 (3.57)	11(5.50)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
Frequency				
Routine	14 (73.68)	31(88.57)	118 (87.41)	163 (86.24)
Occasionally	5 (26.32)	4(11.43)	17(12.59)	26 (13.76)
Sub total	19 (100.00)	35 (100.00)	135 (100.00)	189 (100.00)

Figures in parenthesis indicate percentage of total sample in each aspect.

Leisure time spent in gossiping on telephone

Maximum of respondents (76.50 %) liked gossiping on telephone but only 8.49 per cent of respondents were gossiped on telephone in routine, maximum of them (91.51 %) were gossiped on telephone occasionally (Table 4.7).

Table 4.7 Leisure time spent in gossiping on telephone

Response category	Female	Male		Total
		Army	Civil	
Yes	20(80.00)	31(88.57)	102(77.85)	153(76.50)
No	5(20.00)	4(11.43)	38(27.15)	47 (23.50)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
Frequency				
Routine	1(5.00)	2(6.45)	10(9.98)	13 (8.45)
Occasionally	19(95.00)	29(93.55)	92(90.02)	140 (91.55)
Sub total	20 (100.00)	31 (100.00)	102 (100.00)	153 (100.00)

Figures in parenthesis indicate percentage of total sample in each aspect.

4.2.4 Leisure time spent by the respondents in religious deeds

During this age of life when people were free from their responsibilities and achieved life satisfaction, most of them turned to religious path. Maximum time of their morning and evening was spent in religious activities.

Leisure time spent in religious activities

According to table 4.8, 85.00 per cent of the respondents spent their morning and evening time in religious activities. Cent per cent of females liked to perform leisure time activities, Maximum (86.31 percent) performed religious activities in routine as cent per cent female respondents did religious activities in routine (Plate 3).

Table 4.8 Leisure time spent in religious activities

Response category	Male			Total
	Female	Army	Civil	
Yes	25 (100.00)	32 (91.43)	133 (95.00)	190 (95.00)
No	-	3 (8.57)	7 (5.00)	10 (5.00)
Total	25 (100)	35 (100)	140 (100)	200 (100.00)
Frequency				
Routine	25 (100.00)	30 (93.75)	109 (81.95)	164 (86.32)
Occasionally	-	2 (6.25)	24 (18.05)	26 (13.68)
Sub total	25 (100.00)	32 (100.00)	133 (100.00)	190 (100.00)

Figures in parenthesis indicate percentage of total sample in each aspect

Leisure time spent in participation in religious talks/ lectures/ discussion

About 40.00 per cent of respondents participated in religious talks/lectures/discussions out of which maximum civilian male respondents 40.72 per cent, female respondents 40.00 per cent and army personnel 37.15 per cent participated. Only one female respondent participated in routine where as other preferred occasionally participation (Table 4.9).



Plate 3. Respondent performing religious activity



Plate 4. Respondents going out for walk

Table 4.9 Leisure time spent in participation in religious talks/ lecture/discussion

Response category	Female	Male		Total
		Army	Civil	
Yes	10 (40.00)	13 (37.15)	57 (40.72)	80 (40.00)
No	15 (60.00)	22 (62.85)	83 (59.28)	120 (60.00)
Total	25 (100)	35 (100)	140 (100)	200 (100.00)
Frequency				
Routine	1 (10.00)	-	-	1 (1.25)
Occasionally	9 (90.00)	13 (100.00)	57 (100.00)	79 (98.75)
Sub total	10 (100.00)	13 (100.00)	57 (100.00)	80 (100.00)

Figures in parenthesis indicate percentage of total sample in each aspect

4.2.5 Leisure time spent by respondents in play activities and physical fitness

Playing games play very important roles in ones developments. It keeps person physically fit in any age. Playing games also help to maintain good mental health.

Leisure time spent in exercise and play games to keep fit

On an average 57.00 per cent of the respondents exercised and played games to keep fit. Higher percentage (88.51 %) belonged to army personnel, than civilian male respondents (57.14 %) and female respondents (12.00 %) Majority of the respondent (61.40 %) exercised in routine to keep themselves fit (Table 4.10).

Table 4.10 Leisure time spent exercise and play games to keep fit

Response category	Female	Male		Total
		Army	Civil	
Yes	3 (12.00)	31 (88.58)	80 (57.15)	114 (57.00)
No	22 (80.00)	4 (11.42)	60 (42.85)	66 (43.00)
Total	25 (100)	35 (100)	140 (100)	200 (100.00)
Frequency				
Routine	1 (33.33)	25 (80.65)	44 (55.00)	70 (61.41)
Occasionally	2 (66.67)	6 (19.35)	36 (45.00)	44 (38.59)
Sub total	3 (100.00)	31 (100.00)	80 (100.00)	114 (100.00)

Figures in parenthesis indicate percentage of total sample in each aspect

Leisure time spent in going out for walk

On an average 92.00 per cent of the respondents went out for walk to keep themselves fit. Higher percentage belonged to army

Table 4.11 Leisure time spent in going out for walk

Response category	Female	Male		Total
		Army	Civil	
Yes	21(84.00)	33 (94.28)	130(92.85)	184 (92.00)
No	4(16.00)	2(5.72)	10(7.15)	16 (8.00)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
Frequency				
Routine	15(71.43)	33(100.00)	109(83.85)	157(85.33)
Occasionally	6(28.57)	0	21(16.15)	27 (14 .67)
Sub total	21 (100.00)	33 (100.00)	130 (100.00)	184 (100.00)

Figures in parenthesis indicate percentage of total sample in each aspect

personnel and civilian male respondents (94.28 and 92.85%) than female respondents (84.00 %) (Plate 4). Majority of the respondent (85.33 %) were went out for walk in routine to keep themselves fit (Table 4.11).

4.2.6 Respondents spent leisure time in reading

Reading is very good feed for brain and good literature pleased reader physically as well as psychologically. As someone says hat books are the very good friend of human being and at this age one need good friends.

Leisure time spent in newspaper reading

Newspaper is very popular channel of information and entertainment. Table 4.12 also show that majority of the respondents

Table 4.12 Leisure time spent in newspaper reading

Response category	Female	Male		Total
		Army	Civil	
Yes	25 (100.00)	35 (100.00)	133 (95.00)	193 (96.50)
No	0	0	7 (5.00)	7 (3.50)
Total	25 (100)	35 (100)	140 (100)	200 (100.00)
Frequency				
Routine	20 (80.00)	35 (100.00)	132 (99.24)	187 (96.89)
Occasionally	5 (20.00)	0	1(0.76)	6 (3.11)
Sub total	25 (100.00)	35 (100.00)	133 (100.00)	193 (100.00)

Figures in parenthesis indicate percentage of total sample in each aspect

(96.5 %) read newspaper out of which cent per cent of army personals and female respondents read newspaper and 95.5 per cent of male respondents read it (Plate 5). Further majority of the respondents (96.89 %) read it in routine where as only 3.11 per cent read it occasionally.

Leisure time spent in reading religious books

At these years of life maximum of the elderly develop very keen interest in religion and religious activities. Reading religious books is also one of it Table 4.13 reveals that majority of the respondents (68.00 %) spent their some of the leisure time in reading religious books., It was seen that majority of the female

Table 4.13 Leisure spent in reading religious books

Response category	Female	Male		Total
		Army	Civil	
Yes	23 (92.00)	23 (65.72)	90 (64.28)	136 (68.00)
No	2 (8.00)	12 (34.28)	50 (35.71)	64 (32.00)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
Frequency				
Routine	19 (82.60)	5 (21.73)	42 (46.66)	66(48.53)
Occasionally	7 (17.39)	18 (78.26)	48 (53.33)	70 (51.47)
Sub total	23 (100.00)	23 (100.00)	90 (100.00)	136 (100.00)

Figures in parenthesis indicate percentage of total sample in each aspect



Plate 5. Respondent spending their time in reading newspaper

respondents (92.00 %) spent their leisure time in reading religious books than army personals and civilian male respondents. About half of sampled population (51.47 %) read religious books occasionally.

Leisure time spent in reading other books

Reading various books, magazine etc is another hobby develops during later years of life. Table 4.14 indicates that majority of the respondents (68.00 %) spent their leisure time in reading other books like novels, journals, magazines etc. It was found that the male respondents were more interested in reading books than the female respondents. Further the table 4.14 shows that three fourth the sampled population read other books occasionally.

Table 4.14 Leisure time spend in reading other books

Response category	Female	Male		Total
		Army	Civil	
Yes	7 (28.00)	26 (74.28)	103 (73.57)	136 (68.00)
No	18 (72.00)	9 (25.71)	37 (26.42)	64 (32.00)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
Frequency				
Routine	3 (47.85)	7 (26.92)	24 (23.30)	34 (25.00)
Occasionally	4 (57.14)	19 (73.07)	79 (76.69)	102 (75.00)
Sub total	7 (100.00)	26 (100.00)	103 (100.00)	136 (100.00)

Figures in parenthesis indicate percentage of total sample in each aspect

4.2.7 Leisure time spent by the respondents in writing

Writing is very good hobby after retirement and one has lot of time to satisfy one's writing desire. But writing is not very popular habit, as writing letters is also not in fashion now, e-mail is modern from of letter but it is also not very popular in elderly people.

Leisure time spent in writing letters

Telephone and other fast medium of communication effects the popularity of letters. Table 4.15 also show the same, that only 19.50 per cent of the respondents spent their leisure time in writing letters, where as 80.50 per cent of the respondents did not like to

Table 4.15 Leisure time spent in writing letter

Response category	Male			Total
	Female	Army	Civil	
Yes	6 (24.00)	9 (25.71)	24 (17.14)	39 (19.50)
No	19 (76.00)	26 (74.28)	116 (82.85)	161 (80.50)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
Frequency				
Routine	-	-	-	-
Occasionally	6 (100.00)	9 (100.00)	24 (100.00)	39 (100.00)
Sub total	6 (100.00)	9 (100.00)	24 (100.00)	39 (100.00)

figures in parenthesis indicate percentage of total sample in each aspect

write letters. Further 19.50 per cent of the respondents liked writing letters occasionally.

Leisure time spent in internet surfing (e- mails)

Internet is very popular and a fastest medium of information, communication and entertainment, but it is not as much popular in elderly persons. As table 4.16 also show that only 12 per cent of the respondents spent leisure time in internet surfing or in e- mail.

Table 4.16 Leisure time spent in internet surfing (e-mail)

Response category	Female	Male		Total
		Army	Civil	
Yes	-	7 (20.00)	17 (12.15)	24 (12.00)
No	25 (100.00)	28 (80.00)	123 (87.85)	176 (88.00)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
Frequency				
Routine	-	1 (14.28)	-	1 (4.17)
Occasionally	-	6 (85.72)	17 (100.00)	23 (95.83)
Sub total	-	7 (100.00)	17 (100.00)	24 (100.00)

Figures in parenthesis indicate percentage of total sample in each aspect

4.2.7 Leisure time spent by the respondents in indoor activities

After retirement, retirees spent maximum of their time at home. They perform various indoor activities instead of routine activities, such as taking care of grand children, playing indoor games etc.

Leisure time spent in taking care of grand children

Grand parents love to spend their time with their grand children. Table 4.17 also shows that 42.50 per cent of the respondents spent their leisure time in taking care of grand children. The proportion of female respondents was high (52.00 %) than the male respondents. Further majority of the respondents (65.88 %) spent their leisure time with their grand children in routine.

Table 4.17 Leisure time spent in taking care of grand children

Response category	Female	Male		Total
		Army	Civil	
Yes	13(52.00)	10(28.58)	62(44.28)	85 (42.50)
No	12(48.00)	25(71.42)	78(55.71)	115(57.50)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
Frequency				
Routine	11(84.61)	5(50.00)	40(64.51)	56 (65.88)
Occasionally	2(15.38)	5(50.00)	22(35.48)	29 (34.12)
Sub total	13 (100.00)	10 (100.00)	62 (100.00)	85 (100.00)

Figures in parenthesis indicate percentage of total sample in each aspect

Leisure time spent in playing indoor games

Another indoor activity is playing indoor games. Table 4.18 reveals that very few respondents (12.5 %) liked indoor games. Out of which majority were army personals (28.57 %). Further majority of the respondents (64.00 %) played indoor occasionally. It was found that none of the female respondents liked to play indoor game in routine.

Table 4.18 Leisure time in spent in playing indoor games

Response category	Male			Total
	Female	Army	Civil	
Yes	4 (16.00)	10 (28.53)	11 (7.85)	25 (12.50)
No	21 (84.00)	25 (71.47)	129 (92.14)	175 (87.50)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
Frequency				
Routine	0	4 (40.00)	5 (45.45)	9 (36.00)
Occasionally	4 (100.00)	6 (60.00)	6 (54.54)	16 (64.00)
Sub total	4 (100.00)	10 (100.00)	11 (100.00)	25 (100.00)

Figures in parenthesis indicate percentage of total sample in each aspect.

4.2.9 Leisure time spent by the respondents in outing

After retirement, as retirees spend their maximum time at home but they manage to go for outing also. Shopping, picnic are the various forms of outing for retirees.

Leisure time spent in shopping

As retirees has lot of time at their disposal, they go for shopping daily for household requirements such as vegetables, milks, etc. Table 4.19 also reveals that 87.50 per cent of the respondents liked to go out for shopping out of which, proportion of male respondents was quite high than the female respondents (Plate 6). Further majority of the respondents (74.29 %) liked to go out shopping in routine specially in morning or evening time.

Table 4.19 Leisure time spent in shopping

Response category	Female	Army	Male Civil	Total
Yes	16 (64.00)	32 (91.42)	127 (90.71)	175 (87.50)
No	9 (36.00)	3 (8.57)	13 (9.28)	25 (12.50)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
Frequency				
Routine	7 (43.75)	16 (50.00)	107 (84.25)	130 (74.29)
Occasionally	9 (56.25)	16 (50.00)	20 (15.74)	45 (25.71)
Sub total	16 (100.00)	32 (100.00)	127 (100.00)	175 (100.00)

Figures in parenthesis indicate percentage of total sample in each aspect

Leisure time spent in picnic

Picnic makes the person relax and help him/her to leave the daily routine worries for some time. But table 4.20 shows that very few respondents 17.5 per cent went out for picnic, out of which proportion for army personals (45.71 %) was quite high than civilian male and female respondents. Further, all of the respondents liked to go out for picnic occasionally.

Table 4.20 Leisure time spent in picnic

Response category	Female	Male		Total
		Army	Civil	
Yes	2 (8.00)	16 (45.71)	17 (17.14)	35 (17.50)
No	23 (92.00)	19 (54.28)	123 (87.85)	165 (82.50)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
Frequency				
Routine	-	-	-	-
Occasionally	2 (100.00)	16 (100.00)	17 (100.00)	35 (100.00)
Sub total	2 (100.00)	16 (100.00)	17 (100.00)	35 (100.00)

Figures in parenthesis indicate percentage of total sample in each aspect

4.2.10 Leisure time spent by the respondents in social works

Table 4.21 shows that about half of the sampled population (48.00 %) spent their leisure time in social work out of which proportion of army personal was quite high (82.85 %) than the civilian



Plate 6. Respondent spending their time in shopping



Plate 7. Respondent doing kitchen gardening

male and female respondents. Further, maximum of the respondents (88.33 %) did social work occasionally. Out of these respondents some were the members of the different associations which performed different type of social works.

Table 4.21 Leisure time spent in social work

Response category	Female	Male		Total
		Army	Civil	
Yes	5(20.00)	29(82.85)	62(44.28)	96 (48.00)
No	20(80.00)	6(17.14)	78(55.71)	104 (52.00)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
Frequency				
Routine	0	7(24.13)	9(14.51)	16 (16.67)
Occasionally	5(100.00)	22(75.86)	53(85.48)	80 (88.33)
Sub total	5 (100.00)	29 (100.00)	62 (100.00)	96 (100.00)

Figures in parenthesis indicate percentage of total sample in each aspect

4.2.11 Leisure time spent by the respondents in gardening

(Kitchen gardening)

Gardening /kitchen grading is another most popular hobby of retirees (Plate 7). Table 4.22 also reveals that 82.00 per cent of the respondents spent their leisure time in gardening (kitchen gardening). Out of which maximum population belonged to army personal (91.92

%) where as least population was of female respondents did gardening. Further, majority of the respondents (70.73 %) did gardening in routine.

Table 4.22 . Leisure time spent in gardening (kitchen gardening)

Response category	Male			Total
	Female	Army	Civil	
Yes	17(68.00)	32(91.42)	115(82.14)	164 (82.00)
No	8(32.00)	3(8.57)	25(17.85)	36 (18.00)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
Frequency				
Routine	9(52.94)	29(90.62)	78(67.82)	116 (70.73)
Occasionally	8(47.05)	3(9.37)	37(32.18)	48 (29.27)
Sub total	17 (100.00)	32 (100.00)	115 (100.00)	164 (100.00)

Figures in parenthesis indicate percentage of total sample in each aspect

4.3 Psychosocial distress

Psychosocial problems include senile dementia, emotional, disorders. These arise due to reduction in income, change in social status, due to retirement, hormonal changes and senile changes. In the present study psychosocial distress was measured by modified PGI - Health questionnaire N- 1.

4.3.1 Distribution of psychosocial distress in respondents

It is evident from the table 4.23 that majority (99.00 %) of the respondents agreed to the statement, "The people of my society find me experienced and matured and respect me" in which the proportion of army personnel's was higher than civilian male and female respondents. Another striking point about this statement is that it got highest percentage in all categories viz., female respondents (96 %), army personnel's (100 %) and male civilian respondents (99.28 %). Further army personnel were cent per cent agreed with the statement, "I am as social as earlier" where as 88.00 per cent of female respondents and 87.83 per cent of civilian male agreed to this statement.

From the table 4.23 it was seen that only female respondents (12.00 %) found their life useless where as no male respondent either civilian or army personnel felt that way. Neither the female respondents nor army personnel's ever agree to the statement that they feel nervous and anxious before superiors where as 4.28 per cent of male civilian agreed to the given statement.

None of the army personal agreed to the statement that he got disturbed meeting new persons or going new places but 9.28 per cent of civilian males and 16.00 per cent of female respondents were

Table 4. 23 Distribution of psycho-social distress in respondents

Se. No.	Statements	Male			N=200 Total
		Female* n=25	Army* n=35	Civil* n=140	
1.	I am of shy nature	6(24.00)	3(8.57)	33(23.57)	42(21.00)
2.	I am very sensitive	19(76.00)	23(65.71)	124(88.57)	166(83.00)
3.	I get easily upset	7(28.00)	2(5.71)	22(15.71)	31(15.5)
4.	I worry a lot	10(40.00)	2(5.71)	39(27.85)	51(25.5)
5.	I usually ask for advise	5(20.00)	6(17.14)	28(20.00)	39(19.5)
6.	I cannot take decision quickly	6(24.00)	2(5.71)	19(13.57)	27(13.5)
7.	I get upset by slight criticism	3(12.00)	2(5.71)	9(6.42)	14(7.00)
8.	I get upset if I am ask to hurry	9(36.00)	7(20.00)	42(32.00)	58(29.00)
9.	I deliberately work slowly because of fear of mistakes in my work	8 (32.00)	7 (20.00)	8 (5.71)	23 (11.50)
10.	I get disturbed meeting new persons or going new places	4 (16.00)	0 (0.00)	13 (9.28)	17 (8.50)
11.	I usually feel depressed	4 (16.00)	0 (0.00)	2 (1.42)	6 (3.00)
12.	I cry easily	1 (4.00)	0 (0.00)	6 (4.28)	7 (3.50)
13.	I feel hopeless and despair	4 (16.00)	0(0.00)	4 (2.85)	8 (4.00)
14.	I am fearful of loud noise	12 (48.00)	10 (28.57)	60 (42.85)	82 (41.00)
15.	I get upset easily when some one appears suddenly before me	3 (12.00)	1 (2.85)	5 (3.57)	19 (9.50)
16.	I feel nervous and anxious before superiors	0(0.00)	0(0.00)	25 (17.85)	31(15.50)
17.	I get easily irritated	6 (24.00)	0 (0.00)	25 (17.85)	31 (15.50)
18.	I often loose my temper	5 (20.00)	4 (11.42)	47 (33.57)	56 (28.00)
19.	I am afraid of darkness	2 (8.00)	1 (2.85)	3 (2.14)	6 (3.00)
20.	I get frighten dreams	1 (4.00)	0 (0.00)	4 (2.85)	5 (2.50)

Contd

Se No.	Statements	Male			N=200 Total
		Female* n=25	Army* n=35	Civil* n=140	
21.	My life seems useless	3 (12.00)	0 (0.00)	0 (0.00)	3 (1.50)
22.	It is better to die than to live	2 (8.00)	1 (2.85)	2 (1.42)	5 (2.50)
23.	I still feel myself well establish in the society as earlier	17 (68.00)	32 (91.42)	19 (85.00)	68 (84.00)
24.	My social circle in narrowing	14 (56.00)	16 (45.71)	64 (45.71)	94 (42.00)
25.	I hesitate while attending social gathering	2 (8.00)	1 (2.85)	15 (10.71)	18 (9.00)
26.	My interest toward people decreasing after retirement	3 (12.00)	0(0.00)	30 (21.42)	33 (16.50)
27.	Sometimes I get to frustrated and want to live alone	3(12.00)	1 (2.85)	30 (21.42)	34(17.00)
28.	The people of my society find we experienced and matured and respect me	24 (96.00)	35 (100.00)	139 (99.28)	198 (99.00)
29.	One loses one's status if one is not financially independent	18 (72.00)	15 (42.00)	97 (69.28)	130 (65.00)
30.	I am as social as earlier	22 (88.00)	35 (100.00)	123 (87.83)	180 (90.00)

*Multiple choice

Figures in parentheses indicate percentage of total sample in each aspect.

agreed to this statement. About 4.00 per cent of civilian male and female respondents agreed to the statement, "I cry easily" but no army personnel agreed to it.

Twenty four percent of the female respondents admitted that they get easily irritated where as only 17.85 per cent of civilian male respondents admitted this but army personals refused to this statement. As a table 4.23 showed none of the army personnel feel hopeless and despair where as only 2.85 per cent of civilian male and 16.00 per cent of female respondents feel hopeless and despair.

Only 1.42 per cent of the civilian male respondents usually feel depressed but this rate was quite high for the female respondents i.e. 16 per cent, where as army personals usually did not feel depressed. Four percent of the female respondents got frighten dreams where as only 2.85 per cent of civilian male respondents came in this category. None of the army personnel's got frighten dreams.

4.3.2 Regression analysis for psychosocial distress with independent variables

Table 4.24 indicates that age is positively related to psychosocial distress significantly, that is, as the age progresses, the psychosocial distress also increases. Further, the monthly income of the respondents had significantly negative relation with psychosocial distress, that is as the monthly income of the respondent decreases the psychosocial distress of the respondent increases. Table 4.24

further reveals that family type, occupation after retirement and marital status of respondent is not significantly related to psychosocial distress.

Table 4.24 Regression analysis for psychosocial distress with independent variables

Variables	Value of regression	f-value
1. Age	0.6250*	126.937*
2. Family type	0.0935	1.747
3. Occupation after retirement	0.0593	0.700
4. Monthly income of respondents	0.2687*	15.411*
5. Marital status	0.0987	1.924

*Significant at 5 per cent of level of significance

4.3.3 Combine effect of independent variables on psychosocial distress

Multiple regression analysis was done in order to see the combine effect of the independent variables namely age, family, type, occupation after retirement, monthly income of the respondent and marital status of the respondent on psychosocial distress. It was found significant i.e. collectively these above variable effect the psychosocial distress as shown in table 4.25.

Table 4.25 Combine effect of independent variables on psychosocial distress

Independent variables	Coefficient of regression (b)	Standard error	t-value
1. Age	0.5182*	0.0460	11.267*
2. Family type	0.7001	0.5298	1.322
3. Occupation after retirement	-0.4517	0.5399	-0.837
4. Monthly income of respondent	-0.2537*	0.0644	-3.926*
5. Marital status	-0.4147	0.3009	-1.387

Multiple R ²	= 0.4347*		
Multiple R	= 0.6593*		
F for R ²	= 29.5541*		

*Significant at 5 per cent of level of significance

4.4 Physical and mental health problems

The longevity of aged persons given opportunity for chronic diseases to establish in the body due to this same diseases are more prevalent in elder section of the population than the young one. Some of the problems which are believed to be result of aging are senile cataract, glaucoma, nerve deafness, body changes. These are due to such parameters as gender, caste, class, environment, existence of the health care, system, income, access to medical care etc.

4.4.1 Proportion of the respondents suffering from various diseases

Disease is a disorder of structure or functions in a human especially one that produces specific symptoms or that affects a specific part. From the table 4.26 it was found that majority (85.50 %) of the respondents were suffering from various diseases. From the total female respondents, 92.00 per cent were suffering from different diseases where as 74.28 and 87.14 per cent of the army personnel's and civilian male respondents were suffering from various diseases respectively out of their respective samples (Fig. 9).

Table 4. 26 Response of respondents toward suffering from any disease

Response category	Male			Total
	Female	Army	Civil	
Yes	23(92.00)	26(74.28)	122(87.14)	171 (85.50)
No	2(8.00)	9(25.72)	18(12.86)	29 (14.50)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)

Figures in parenthesis indicate percentage of total sample in each aspect.

4.4.2 Respondents suffering from disorders of respiratory system

Breathing is a very important aspect of respiration. It is referred to as the mechanical process of taking atmospheric air into the respiratory organs such as lungs and giving out CO₂ from them. Dysfunctioning or inflammation of respiratory organs leads to the

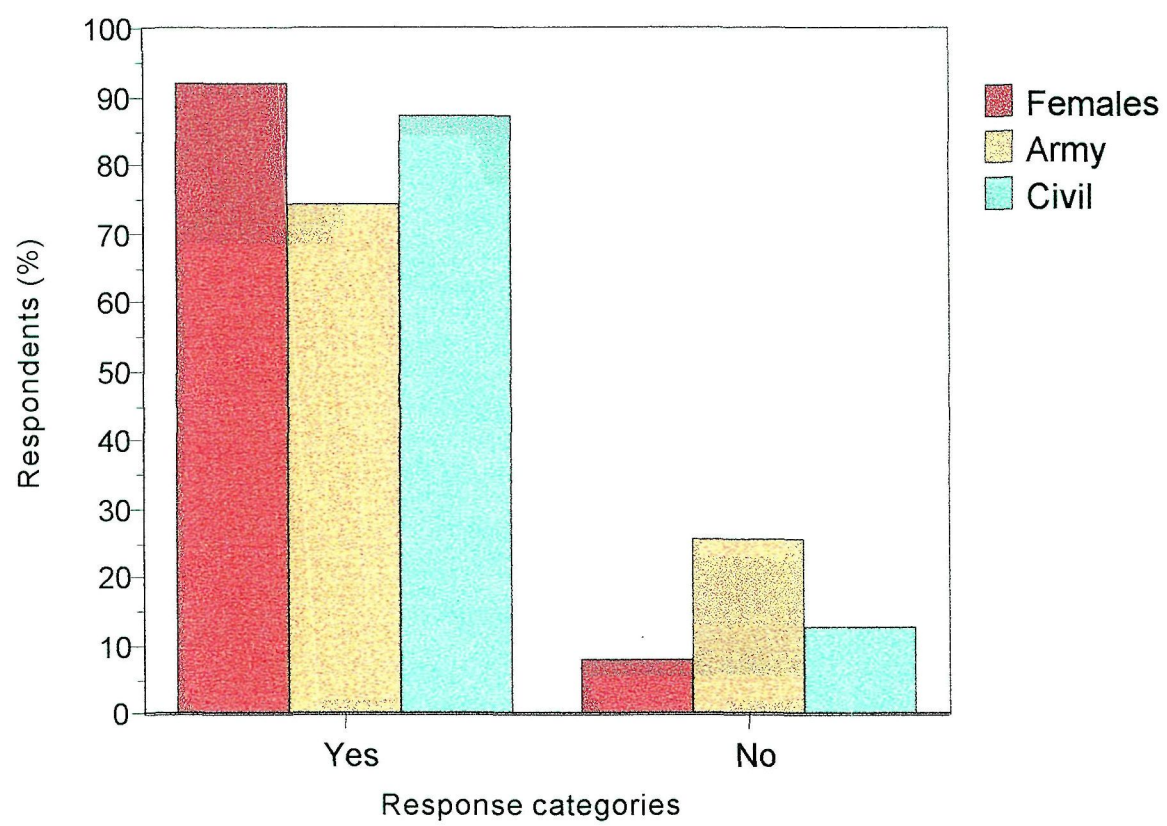


Fig.9. Proportion of respondents suffering from various diseases

disorders of respiratory system as asthma, acute cough and cold, breathlessness etc.

a. Respondents suffering from asthma

Asthma is a respiratory condition marked by attacks of spasm in the bronchi of the lungs, causing difficulty in breathing and usually associated with allergic reactions. Only 6 per cent of the total respondent were suffering from asthma. The proportion of disease in female respondents was high (8.00 %) then in civilian males (6.42 %) and army personnel (2.85 %).

Majority (58.33 %) of the respondents suffering from asthma from 6 to 10 years and severity of diseases was high for maximum respondents (83.33%). (Table 4.27).

b. Respondents suffering from acute cough and cold

Cough and cold is a common infection in which the mucous membrane of the nose and throat become inflamed, causing running nose and sneezing. According to the table 4.27, only 9 per cent of respondents were having this problem where proportion (72.22 %) was quite high for civilian male respondents than others.

About 38.86 per cent of respondents were suffering from acute cough and cold from more than five years and majority (61.11 %) of the respondents were rarely affected.

Table 4.27 Respondents suffering from disorders of respiratory system.

Response category	Female	Army	Male Civil	Total
a) Respondents suffering from asthma				
Yes	2 (8.00)	1 (2.85)	9 (6.43)	12(61.00)
No	23 (92.00)	34 (97.15)	131 (95.57)	88(94.00)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
Time when Started (years)				
<6	1 (50.00)	-	1 (11.11)	2(19.67)
6 -10	-	1 (100.00)	6 (66.17)	7 (58.33)
10<	1 (50.00)	-	2 (22.22)	3 (25.00)
Sub Total	2 (100.00)	1 (100.00)	9 (100.00)	12(100.00)
Severity of disease				
Always	1(50.00)	1 (100.00)	8 (88.89)	10(83.33)
Sometime	1 (50.00)	-	1 (11.11)	2(16.67)
Rarely	-	-	-	-
Sub Total	2 (100.00)	1 (100.00)	9 (100.00)	12(100.00)
b. Respondents suffering from acute cough and cold				
Yes	2 (8.00)	3 (8.57)	13 (9.28)	18(9.00)
No	23 (92.00)	32 (91.43)	127 (90.82)	182(91.00)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
Time when Started (years)				
<3	-	2 (66.67)	4 (30.77)	6(33.33)
3-5	2 (100.00)	1 (33.33)	2 (15.39))	5 (27.78)
5<	-	-	7 (53.84)	7 (38.89)
Sub Total	2 (100.00)	3 (100.00)	13 (100.00)	18(100.00)

Contd.....

Response category	Female	Army	Male Civil	Total
Severity of disease				
Always	1(50.00)		3 (25.07)	4(22.22)
Sometime	-	1(33.33)	2 (15.38)	3(16.67)
Rarely	1 (50.00)	2 (66.67)	8 (161.53)	11(61.11)
Sub Total	2 (100.00)	3 (100.00)	13 (100.00)	18(100.00)
C. Respondents suffering from breathlessness				
Yes	9 (36.00)	3 (8.57)	14 (10.00)	26 (13.00)
No	16 (64.00)	32 (91.43)	126 (90.00)	174 (87.00)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
Time when Started (Years)				
< 3	5 (55.56)	2 (66.67)	10 (71.42)	17 (65.38)
3-5	2 (22.22)	-	3 (21.42)	5 (19.24)
5<	2(22.22)	1 (33.33)	1 (7.16)	4 (15.38)
Sub Total	9 (100.00)	3 (100.00)	14 (100.00)	26 (100.00)
Severity of disease				
Always	3(33.33)	-	-	3 (11.53)
Sometime	6 (66.67)	3(100.00)	12 (85.72)	21 (80.77)
Rarely	-	-	2 (14.28)	2 (7.70)
Sub Total	9 (100.00)	3 (100.00)	14 (100.00)	26 (100.00)

Figures in parenthesis indicate percentage of total sample in each aspect.

c. Respondents suffering from breathlessness

Breathlessness is a gasping for breath, typically due to exertion. Table 4.27 shows that 13 per cent of the population was suffering from breathlessness with the proportion of 53.84 per cent of civilian male respondents 34.61 per cent of female respondents and 11.53 per cent of army personnel's.

Majority (65.38 %) of the respondents were suffering from breathlessness from last 3 years and the severity of diseases is not very high for maximum respondents (180.76 %.)

4.4.3 Respondents suffering from disorders of digestive system

The process of broken down of food particles into molecules which are small enough to diffuse into the blood stream and be distributed in the body wherever they are needed. The various disorders of digestive system are gastritis, poor appetite, frequent indigestion etc.

a. Respondents suffering from gastritis

Gastritis is an inflammation of the lining of the to stomach. Table 4.28 evident that only 3.5 per cent of respondents had gastritis problem in which civilian male and female respondents were the sufferers i.e. 4.28 and 4.00 per cent respectively. None of the army personnel's were having the gastritis problem.

From the above five years maximum of the respondents (71.43 %) were suffering from gastritis and rest (28.57 %) of them suffering from only last 3 years. Majority of effected respondents (71.43 %) were have severe problem of gastritis, where the rest of them (28.57 %) were not severely effected.

b. Respondents suffering from frequent indigestion

Indigestion is a disorder which leads to pain or discomfort in the stomach associated with difficulty in digesting food. As the Table 4.28 shows 12.50 per cent of the total sample population was suffering from frequent indigestion.

Majority of respondents (68.00 %) were suffering from this from last three years where as only one civilian male respondents was suffering from frequent indigestion from more then five years. Only one civilian male was severely suffering from frequent indigestion.

c Respondents suffering from bowel irregularities

Only 6.00 per cent of the respondents were having bowel irregularities and it was found that no army personnel had this problem but the proportion of female respondents and civilian male respondents were about 8.00 per cent.

Table 4.28 Respondents suffering from disorders of digestive system

Response category	Female	Male		Total
		Army	Civil	
a. Respondents suffering from gastritis				
Yes	1 (4.00)	-	6 (4.29)	7 (3.50)
No	24 (96.00)	35 (100.00)	134 (95.71)	193 (96.50)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
Time when Started (Years)				
≤ 3	1 (100.00)	-	1 (16.17)	2 (28.57)
3-5	-	-	-	-
5<	-	-	5 (83.33)	5 (71.43)
Sub Total	1 (100.00)	-	6 (100.00)	7 (100.00)
Severity of disease				
Always	1(100.00)	-	4 (66.67)	5 (71.43)
Sometime	-	-	2(33.33)	2 (28.57)
Rarely	-	-	-	-
Sub Total	1 (100.00)	-	6 (100.00)	7 (100.00)
b. Respondents suffering from frequent indigestion				
Yes	4 (16.00)	3 (8.57)	18 (12.85)	25 (12.50)
No	21 (84.00)	32 (91.43)	122 (87.15)	175 (87.50)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
Time when Started (years)				
≤ 3	2 (50.00)	2 (66.67)	13 (72.22)	17 (68.00)
3-5	2 (50.00)	1 (33.33)	4 (22.22)	7 (28.00)
5<	-	-	1 (5.55)	1 (4.00)
Sub Total	4 (100.00)	3 (100.00)	18 (100.00)	25 (100.00)
Severity of disease				
Always	-	-	1 (5.55)	1 (4.00)
Sometime	2 (50.00)	2 (66.67)	8(44.45)	12 (48.00)
Rarely	2 (50.00)	1 (33.33)	9 (50.00)	12 (48.00)
Sub Total	4 (100.00)	3 (100.00)	18 (100.00)	25 (100.00)

Contd.....

Response category	Female	Male		Total
		Army	Civil	
c. Respondents suffering from bowel irregularities				
Yes	2(8.00)	-	10 (7.15)	12 (6.00)
No	23 (92.00)	35 (100.00)	130 (92.85)	188 (94.00)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
Time when Started (Years)				
< 3	1 (50.00)	-	4 (40.00)	5 (41.67)
3-5	1 (50.00)	-	3 (30.00)	4 (33.33)
5<	-	-	3 (30.00)	3 (25.00)
Sub Total	2 (100.00)	-	10 (100.00)	12 (100.00)
Severity of disease				
Always	-	-	-	-
Sometime	1 (50.00)	-	2 (20.00)	3 (25.00)
Rarely	1 (50.00)	-	8 (80.00)	9 (75.00)
Sub Total	2 (100.00)	-	10 (100.00)	12 (100.00)
d. Respondents suffering from poor appetite				
Yes	9 (36.00)	3 (8.57)	14 (10.00)	26 (13.00)
No	16 (64.00)	32 (92.43)	126 (90.00)	174 (87.00)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
Time when Started (years)				
< 3	5 (55.56)	2 (66.67)	10 (71.43)	17 (65.38)
3-5	3 (33.33)	-	3 (21.43)	6 (23.08)
5<	1 (11.11)	1 (33.33)	1 (7.14)	3 (11.54)
Sub Total	9 (100.00)	2 (100.00)	14 (100.00)	26 (100.00)
Severity of disease				
Always	3 (33.33)	-	-	3 (11.54)
Sometime	6 (66.67)	3 (100)	12(85.72)	21 (80.77)
Rarely	-	-	2 (14.28)	2 (7.69)
Sub Total	9 (100.00)	2 (100.00)	14 (100.00)	26 (100.00)

Figures in parenthesis indicate percentage of total sample in each aspect

About 41.66 per cent of respondents were suffering from last 3 years. It was found from the Table 4.28 that no one was severely suffering from this diseases where as 75.00 per cent of respondents were rarely suffering from bowel irregularities.

d. Respondents suffering from poor appetite

When a natural desire of having food is weaken or finished then person is effected from poor appetite. About 13 per cent of respondents did not realize appetite now as earlier where 53.84 per cent of civilian male respondents, 34 61 per cent of female respondents and 11.53 per cent of army personnel's were effected.

Majority of the respondents (65.38 %) were suffering from last 3 years. The severity of disease was not very high for maximum respondents (80.76 %) (Table 4.28).

4.4.4 Respondents suffering from disorders of circulatory system

It is very important for every cell in the body to have a continual supply of essential nutrients and oxygen in order to carry out its metabolic activities, which is performed by circulatory system which includes like heart, artries, vein, blood, etc.

a. Respondents suffering from high / low blood pressure

Blood pressure is the pressure of blood in the circulatory system, which is closely related to the force and the rate of the heart beat and the diameter and elasticity of the arterial walls. If the pressure of blood is low or high than 120/80 then it is consider as a disorder. On an average (45.00 %) of the respondent having high on low blood pressure. About similar (48.00 %) proportion of female and male civilian were suffering from this disease where as only 34.28 per cent of army personnel were suffering from this.

The majority (56.66 %) respondents suffered from the diseases from last five years in which proportion of army personnel (75.00 %) was more than other respondents. Majority (76.66 %) of the respondents were severely effected from these disease. (Table 4.29)

b. Respondents suffering from heart disease

Heart is a hollow muscular organ that pumps the blood through the circulatory system by rhythmic contraction and dilation, any type of infection or disfunctioning of heart leads to heart disease. Only 15 per cent of the respondents were suffering from heart disease. As the table 4.29 shows that proportion of army personnel's (22.85 %) was more than civilian males and female respondents and 16.00 per cent respectively.

Table 4.29 Respondents suffering from disorders of circulatory system

Response category	Female	Male		Total
		Army	Civil	
a. Respondents suffering from high/low blood pressure				
Yes	12 (48.00)	12 (34.28)	66 (47.15)	90 (45.00)
No	13 (52.00)	23 (63.72)	74 (52.85)	110 (55.00)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
Time when Started (years)				
1 - 5	5 (41.67)	9 (75.00)	37 (56.06)	51 (56.66)
5 -10	6 (50.00)	3 (25.00)	24 (36.36)	33 (36.67)
10 -15	1 (8.33)	-	5 (7.58)	6 (6.67)
Sub Total	12 (100.00)	12 (100.00)	66 (100.00)	90 (100.00)
Severity of disease				
Always	9 (75.00)	9 (75.00)	51 (77.27)	69 (76.67)
Sometime	3 (25.00)	3 (25.00)	13 (19.69)	19 (21.11)
Rarely	-	-	2 (3.03)	2 (2.22)
Sub Total	12 (100.00)	12 (100.00)	66 (100.00)	90 (100.00)
b. Respondents suffering from heart disease				
Yes	4 (16.00)	8 (22.85)	18 (12.85)	30 (15.00)
No	21 (84.00)	27 (77.15)	122 (87.15)	170 (85.00)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
Time when Started (years)				
< 3	1 (25.00)	5 (62.5)	5 (27.77)	11 (36.66)
3-5	2 (50.00)	-	6 (33.33)	8 (26.66)
5 <	1 (25.00)	3 (37.5)	7 (38.88)	11 (36.66)
Sub Total	4 (100.00)	8 (100.00)	18 (100.00)	30 (100.00)
Severity of disease				
Always	3 (75.00)	4 (50.00)	8 (44.44)	15 (50.00)
Sometime	1 (25.00)	4 (50.00)	9 (50.00)	14 (46.67)
Rarely	-	-	1 (5.55)	1 (3.33)
Sub Total	4 (100.00)	8 (100.00)	18 (100.00)	30 (100.00)

Figures in parenthesis indicate percentage of total sample in each aspect.

Similar respondents (36.66 %) suffering from heart disease from last 3 years and more than 5 years. Half of the population severely suffering from heart disease were as it is seen that only one civilian male was rarely effected.

4.4.5 Respondent suffering from disorder of skeletal system

It is very important system as it gives support and able human being to move from one place to another. It included bones, joints, cartilages etc.

a. Respondents suffering from arthritis

Arthritis is a disease causing painful inflammation and stiffness of the joints. As the table 4.30 shows only 9 per cent of the total sample were suffering from arthritis out of which maximum 72.22 per cent were suffering during 5-10 years earlier. Half of the effected population were severely affected where as only 5.55 per cent were not severely effected. It was found that only one female respondent was severely affected from arthritis from more than 15 years.

b. Respondents suffering from joint pains

Joint is a structure in a body by which two bones are filled together. Any type of inflammation leads to joint pain. According to Table 4.30 only 1.50 per cent of respondents were having the

Table 4.30 Response suffering from disorders skeletal system

Response category	Female	Male Army	Civil	Total
a. Respondents suffering from arthritis				
Yes	1 (4.00)	4 (11.43)	13 (9.28)	18 (9.00)
No	24 (96.00)	31 (88.57)	127 (90.72)	182 (91.00)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
Time when Started (years)				
< 5	-	1 (25.00)	1 (7.69)	2 (11.11)
5-15	-	3 (75.00)	10 (76.92)	13 (72.23)
15 <	1 (100.00)	-	2 (15.39)	3 (16.66)
Sub Total	1 (100.00)	4 (100.00)	13 (100.00)	18 (100.00)
Severity of disease				
Always	1 (100.00)	3 (75.00)	5 (38.46)	9 (50.00)
Sometime	-	1 (25.00)	7 (53.84)	8 (44.44)
Rarely	-	-	1 (7.70)	1 (5.56)
Sub Total	1 (100.00)	4 (100.00)	13 (100.00)	18 (100.00)
b. Respondents suffering from joint pains				
Yes	-	1 (2.85)	2 (1.42)	3 (1.50)
No	25 (100.00)	34 (97.15)	138 (98.58)	97 (98.50)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
Time when Started (years)				
< 3	-	-	1 (50.00)	1 (33.33)
3-5	-	-	-	-
5 <	-	1 (100.00)	1 (50.00)	2 (66.67)
Sub Total	-	1 (100.00)	2 (100.00)	3 (100.00)
Severity of disease				
Always	-	1 (100)	1 (50.00)	2 (66.67)
Sometime	-	-	1 (50.00)	1 (33.33)
Rarely	-	-	-	-
Sub Total	-	1 (100.00)	2 (100.00)	3 (100.00)

Figures in parenthesis indicate percentage of total sample in each aspect.

problem of joint pains out of which the proportion (i.e. two third of affected respondent) of civilian male respondent was more than army personnel's (i.e. one- third of affected respondents). It was found that no female respondent had suffered from joint pains.

Majority of respondents (66.66 %) were suffering from above last 5 years and maximum respondents (66.66 %) were severely suffered from joint pains.

4.4.6 Respondents suffering from disorder of nervous system

Nervous system comprises the central nervous system including the brain and spinal cord and the peripheral nervous system consisting of nerve cells that lie outside of them. Disorders of nervous system are very serious.

a. Respondents suffering from paralysis

Paralysis is the loss of ability to move part of most of the body. Only four respondents were suffering from paralysis out of which three belonged to civilian male respondents and only one belonged to female respondents. It in found that no army personnel was suffering from paralysis.

Half of the affected population were having this problem from last 3 to 5 years where as one forth affected population had paralysis from last 3 years and above 5 years. Three fourth of affected

population was severely affected where as and one-fourth affected population was not very severely affected (Table 4.31)

b. Respondents suffering from forgetfulness

Forgetfulness is disorder in which person fails to remember. About half of the sample population (45.50 %) were suffering from this disorder i.e. forgetfulness. Table 4.31 shows that 47.85 per cent of civilian male respondents 20.00 per cent of army personnel's were suffering from this diseases, where as proportion was quite high female respondents i.e. (68.00 %)

On an average 49.45 per cent of the affected population were suffering from last 3 years where as severely of disease was not very high for majority of respondents (87.91 %).

c. Respondents suffering from sleeplessness

Sleep is a regularly recurring condition of body and mind in which the nervous system is inactive, the eyes closed, the postural muscles relaxed and consciousness practically suspended. About 31.50 per cent of the sample population was suffering from sleeplessness. From the Table 4.31 it was seen that females were more vulnerable to sleeplessness (36.85 %) and army personnel.

Majority (60.31 %) of the respondents were suffering from this disease from 3-6 years. Whereas only 4.76 per cent of respondents

Table 4.31 Respondents suffering from disorders of nervous system

Response category	Female	Army	Male Civil	Total
a. Respondents suffering from paralysis				
Yes	1 (4.00)	-	3 (2.14)	4 (2.00)
No	24 (96.00)	35 (100)	137 (97.86)	196 (98.00)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
Time when Started (years)				
< 3	-	-	1 (33.33)	1 (25.00)
3-5	1 (100.00)	-	1 (33.33)	2 (50.00)
5<	-	-	1 (33.33)	1 (25.00)
Sub Total	1 (100.00)	-	3 (100.00)	4 (100.00)
Severity of disease				
Always	1 (100.00)	-	2 (66.66)	3 (75.00)
Sometime	-	-	1 (53.53)	1 (25.00)
Rarely	-	-	-	-
Sub Total	1 (100.00)	-	3 (100.00)	4 (100.00)
b. Respondents suffering from forgetfulness				
Yes	17 (68.00)	7 (20.00)	67 (47.85)	91 (45.50)
No	8 (32.00)	28 (80.00)	73 (52.15)	109 (54.50)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
Time when Started (years)				
< 3	4 (23.54)	5 (71.43)	36 (53.73)	45 (49.45)
3-5	7 (41.17)	2 (28.57)	24 (35.82)	33 (30.27)
5<	6 (35.29)	-	7 (10.44)	13 (14.28)
Sub Total	17 (100.00)	7 (100.00)	67 (100.00)	91 (100.00)
Severity of disease				
Always	4 (73.53)	1 (14.28)	1 (1.49)	6 (6.60)
Sometime	13 (76.47)	6 (85.72)	61 (97.04)	80 (87.92)
Rarely	-	-	5 (7.47)	5 (5.48)
Sub Total	17 (100.00)	7 (100.00)	67 (100.00)	91 (100.00)

Contd.....

Response category	Female	Male		Total
		Army	Civil	
c. Respondents suffering from sleeplessness				
Yes	9 (36.00)	8 (22.85)	46 (32.85)	63 (31.50)
No	16 (64.00)	27 (77.15)	94 (67.15)	137 (68.50)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
Time when started (Years)				
< 3	2 (22.22)	4 (50.00)	16 (34.79)	22 (34.92)
3 - 6	6 (66.67)	4 (50.00)	28 (60.87)	38 (60.30)
6 <	1 (11.11)	-	2 (4.34)	3 (4.78)
Sub total	9 (100.00)	8 (100.00)	46 (100.00)	63 (100.00)
Severity of disease				
Always	2 (22.22)	1 (12.50)	8 (17.39)	11 (17.46)
Sometimes	6 (66.67)	7 (87.50)	37 (80.44)	51 (80.96)
Rarely	1 (11.11)	-	1 (2.17)	2 (3.18)
Sub total	9 (100.00)	8 (100.00)	46 (100.00)	63 (100.00)
d. Respondents suffering from weakness				
Yes	22 (88.00)	5 (14.28)	66 (47.15)	93 (46.50)
No	3 (12.00)	30 (85.72)	74 (52.85)	107 (53.50)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
Time when Started (years)				
< 3	7 (31.82)	3 (60.00)	33 (50.00)	43 (46.24)
3-5	6 (27.27)	2 (40.00)	21 (31.82)	29 (31.18)
5<	9 (40.91)	-	12 (18.18)	21 (22.58)
Sub Total	22 (100.00)	5 (100.00)	66 (100.00)	93 (100.00)
Severity of disease				
Always	4 (18.18)	-	3 (4.54)	7 (7.52)
Sometime	17 (77.27)	5 (100)	54 (81.81)	76 (81.72)
Rarely	1 (4.54)	-	9 (13.63)	10 (10.75)
Sub Total	22 (100.00)	5 (100.00)	66 (100.00)	93 (100.00)

Figures in parenthesis indicate percentage of total sample in each aspect.

were suffering from more than 6 years. Severity of disease not very high in majority (80.95 %) of the respondents.

d. Respondents suffering from weakness

Weakness is the state or condition of being weak i.e. lacking physical strength and energy. Table 4.31 evident that about half of the sample population (46.5 %) were suffering from weakness. The proportion of weakness was very high for females (88.00 %) than civilian male respondents (47.14 %)

On an average 46.23 per cent respondents were affected from last 3 years and severity of disease was not very high for majority of respondents (81.72 %).

4.4.7 Respondents suffering from disorders of senses

Senses are very important for every one living and every sense has its one importance whether it is sight, smell, touch, taste or hearing. Lost or weakened any senses made life uncomfortable.

a. Respondents suffering from impairment of vision

Vision can be defined as the faculty or state of being able to see, and when this ability is weakened or damaged it is known as impairment of vision. Table 4.32 indicated that 81.5 per cent of respondents suffering from impairment of vision which comprised

Table 4.32 Respondents suffering from disorders of senses

Response category	Female		Male		Total
		Army		Civil	
a. Respondents suffering from impairment of vision					
Yes	22(88.00)	27 (77.15)	114 (81.43)	163 (81.50)	
No	3 (12.00)	8 (22.85)	26 (18.57)	37(18.50)	
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)	
Time when started (Years)					
<5	2 (9.82)	2 (7.40)	1 (0.87)	5(3.07)	
5 - 20	15 (68.18)	25 (92.60)	93 (81.58)	133(81.60)	
20 <	5 (20.00)	-	20(17.54)	25(15.33)	
Sub Total	22 (100.00)	27 (100.00)	114 (100.00)	163(100.00)	
Severity of disease					
Always	7 (31.82)	5 (22.22)	31 (27.19)	43(26.38)	
Sometimes	15 (68.18)	22 (81.78)	83 (72.81)	120(73.62)	
Rarely	-	-	-	-	
Sub Total	22 (100.00)	27 (100.00)	114 (100.00)	163(100.00)	
b. Respondents suffering from Impairment of hearing					
Yes	6 (24.00)	3 (8.57)	17 (12.15)	26(13.00)	
No	19 (76.00)	32 (91.43)	123 (87.85)	174(87.00)	
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)	
Time when Started (Years)					
< 3	2 (33.33)	2 (66.66)	9 (52.94)	13(50.00)	
3-5	2 (33.33)	1 (33.33)	4 (23.53)	7(26.93)	
5<	2 (33.33)	-	4 (23.53)	6(23.07)	
Sub Total	6(100.00)	3(100.00)	17(100.00)	26(100.00)	

Contd.....

Response category	Female	Army	Male Civil	Total
Severity of disease				
Always	2 (33.33)	-	2 (11.76)	4(15.38)
Sometime	4 (66.67)	3 (100.00)	14 (82.36)	21(80.77)
Rarely	-	-	1 (5.88)	1(3.85)
Sub Total	6(100.00)	3(100.00)	17(100.00)	26(100.00)
c. Respondents suffering from allergies				
Yes	3 (12.00)	1 (2.85)	5 (3.57)	9(4.50)
No	22 (88.00)	32 (97.15)	135(96.43)	191(95.50)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
Time when Started (Years)				
≤20	1 (33.33)	-	1 (20.00)	2(22.22)
20.30	2 (66.66)	-	3 (60.00)	5(55.56)
30 <	-	1 (100)	1 (20.00)	2(22.22)
Sub Total	3(100.00)	1(100.00)	5(100.00)	9(100.00)
Severity of disease				
Always	3 (100)	1(100.00)	2 (40.00)	6(66.67)
Sometime	-	-	2 (40.00)	2(22.22)
Rarely	-	-	1 (20.00)	1(11.11)
Sub Total	3(100.00)	1(100.00)	5(100.00)	9(100.00)

Figures in parenthesis indicate percentage of total sample in each aspect.

greater proportion (69.93 %) of civilian male respondents than female respondents (13.49 %) and army personnel (16.56 %).

Majority (81.59 %) of the affected population suffering from impairment of vision (5-20 years) earlier. About 26.38 per cent of affected population was severely affected from this problem, whereas rest of the affected population was not much affected.

b. Respondents suffering from impairment of hearing

Hearing is the faculty of perceiving sounds and when the ability of hearing weakened or damaged it is known as impairment of hearing. From the table 4.32, it was found that only 13.00 per cent of the respondent were having problem of impairment of hearing.

Majority (50.00 %) of the respondents were suffering from this disease from last 3 years. The severity of disease was not very high in maximum respondents (80.76 %).

c. Respondents suffering from allergy

Allergy is a damaging immune response by the body to a substance to which it has become hypersensitive. Table 4.32 evident that only 4.5 per cent of the respondents were having allergy. Twelve percent of female respondents were suffering from allergy then civilian male respondents (3.57 %) and army personnel's (2.85 %)

About half of the affected population (55.55 %) were allergic from 20 to 30 years and majority of them (66.66 %) were severely allergic.

4.4.8 Respondents suffering from disorders of endocrine system

It is important for the body of an organism to perform a variety of complex coordinated physiological reactions every moment for its smooth running. Endocrine system controlled these reaction. Any deficiency, hypersecretion or hyposecretion leads to endocrine disorders.

Respondents suffering from diabetes

Diabetes is metabolic disfunctioning which is caused by a deficiency of the pancreatic hormone insulin, which results in failure to metabolize sugar and starch. About 20.00 per cent of respondents suffering from diabetes in proportion of 70 per cent of civilian male respondents, 17.5 per cent of army personnel's and 12.5 per cent of female respondents (Table 4.33)

About 40 per cent respondents affected from diabetes for 3-5 years following by 37.5 per cent of respondent suffering from more than 5 years. Maximum (60 %) of respondent were severity effected from diabetes.

Table 4. 33 Respondents suffering from disorder of endocrine system

Response category	Female	Male		Total
		Army	Civil	
Respondents suffering from diabetes				
Yes	5 (20.00)	7 (20.00)	28 (20.00)	40 (20.00)
No	20 (80.00)	28 (80.00)	112 (80.00)	160 (80.00)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
Time when Started (Years)				
< 3	1 (20.00)	3 (42.85)	5 (17.85)	9 (22.50)
3-5	1 (20.00)	2 (28.57)	13 (46.44)	16 (40.00)
5 <	3 (60.00)	2 (28.57))	10 (35.71)	15 (37.50)
Sub Total	5 (100.00)	7 (100.00)	28 (100.00)	40 (100.00)
Severity of disease				
Always	4 (80.00)	4 (57.15)	16 (57.15)	24 (60.00)
Sometime	1 (20.00)	2 (28.57)	12 (42.85)	15 (37.50)
Rarely	-	1 (14.28)	-	1 (2.50)
Sub Total	5 (100.00)	7 (100.00)	28 (100.00)	40 (100.00)

Figures in parenthesis indicate percentage of total sample in each aspect.

4.4.9 Respondents suffering from different types of pains

As old age is associated different type of health problems, pains in different parts of body is major problems during this age. Majority of the retirees were suffering from body aches, back-ache, headache and chest pain.

a. Respondents suffering from body aches

Pain in any part of body is known as body ache. About 20 percent of the respondents were having problem of body aches. As the Table 4.34 shows maximum female (56.00 %) were suffering from body aches then the civilian male respondents and army personnel's (16.00 and 11.00 %, respectively).

Maximum respondents (4.75 %) were suffering from more than 5 years and no army personnel was suffering from body aches from 3-5 years. Majority (65.00 %) of the respondents were not effected severity where as 17.5 per cent of respondents were rarely affected.

b. Respondents suffering from back-ache

Back ache is a prolonged pain in back. According to table 4.34b only 11.5 per cent of respondents were suffering from back ache. Highest percentage (32.00 %) of female respondents were having problem of backache than army personnel (11.42 %) and civilian male respondents (7.85 %).

As the table 4.34 revealed maximum respondents were having back-ache between last 3 to 5 years, but majority of respondents (78.26 %) were not very severely affected, only 8.69 per cent suffering severely.

Table 4.34 Respondents suffering from different types of pains

Response category	Female	Army	Male Civil	Total
a. Respondents suffering from body aches				
Yes	14(56.00)	4 (11.00)	22 (16.00)	40(20.00)
No	11 (44.00)	31 (89.00)	118 (84.00)	160 (80.00)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
Time when Started (Years)				
< 3	2 (14.29)	2 (50.00)	8 (36.36)	12 (30.00)
3-5	3 (21.42)	-	6 (27.27)	9 (22.50)
5 <	9 (64.28)	2 (50.00)	8 (36.36)	19 (47.50)
Sub Total	14 (100.00)	4 (100.00)	22 (100.00)	40 (100.00)
Severity of disease				
Always	5 (35.72)	-	2 (9.08)	7 (17.50)
Sometime	8 (57.14)	4 (100.00)	14 (63.64)	26 (65.00)
Rarely	1 (7.14)	-	6 (27.27)	7 (17.50)
Sub Total	14 (100.00)	4 (100.00)	22 (100.00)	40 (100.00)
b. Respondents suffering from back -ache				
Yes	8 (32.00)	4 (11.43)	11 (7.85)	23 (11.50)
No	17 (68.00)	31 (88.57)	129 (92.15)	177 (88.50)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
Time when Started (Years)				
< 3	1 (12.50)	3 (75.00)	4 (36.36)	8 (34.78)
3-5	5 (62.50)	1 (25.00)	5 (45.45)	11 (47.82)
5 <	2 (25.00)	-	2 (18.18)	4 (17.39)
Sub total	8 (100.00)	4 (100.00)	11 (100.00)	23 (100.00)
Severity of disease				
Always	1 (12.5)	1 (25.00)	-	2 (8.70)
Sometime	6 (75)	3 (75.00)	9 (81.81)	18 (78.26)
Rarely	1 (12.5)	-	2 (18.18)	3 (13.04)
Sub Total	8 (100.00)	4 (100.00)	11 (100.00)	23 (100.00)

Contd.....

Response category	Female	Army	Male Civil	Total
c. Respondents suffering from headache				
Yes	4 (16.00)	3 (8.57)	14 (10.00)	21 (10.50)
No	21 (84.00)	32 (91.43)	126 (90.00)	179 (89.50)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
Time when Started (Years)				
< 3	2 (50.00)	1 (33.33)	7 (50.00)	10 (47.62)
3-5	1 (25.00)	1 (33.33)	5 (35.15)	7 (33.33)
5 <	1 (25.00)	1 (33.33)	2 (14.85)	4 (19.05)
Sub Total	4 (100.00)	3 (100.00)	14 (100.00)	21 (100.00)
Severity of disease				
Always	-	-	-	-
Sometime	3 (75.00)	2 (66.66)	9 (64.28)	14 (66.67)
Rarely	1 (25.00)	1 (33.53)	5 (35.71)	7 (33.33)
Sub Total	4 (100.00)	3 (100.00)	14 (100.00)	21 (100.00)
d. Respondents suffering from chest pain				
Yes	3 (12.00)	5 (14.23)	12 (8.57)	20 (10.00)
No	22 (88.00)	30 (85.77)	128 (91.42)	180 (90.00)
Total	25 (100.00)	35 (100.00)	140 (100.00)	200 (100.00)
Time when Started (Years)				
< 3	2 (66.66)	2 (40.00)	6 (50.00)	10 (50.00)
3-5	1 (33.33)	1 (20.00)	3 (25.00)	5 (25.00)
5 <	-	2 (40.00)	3 (25.00)	5 (25.00)
Sub Total	3 (100.00)	5 (100.00)	12 (100.00)	20 (100.00)
Severity of disease				
Always	-	-	-	-
Sometime	2 (66.67)	4 (80.00)	11 (91.67)	17 (85.00)
Rarely	1 (33.33)	1 (20.00)	1 (8.33)	3 (15.00)
Sub Total	3 (100.00)	5 (100.00)	12 (100.00)	20 (100.00)

Figures in parenthesis indicate percentage of total sample in each aspect.

c. Respondents suffering from headache

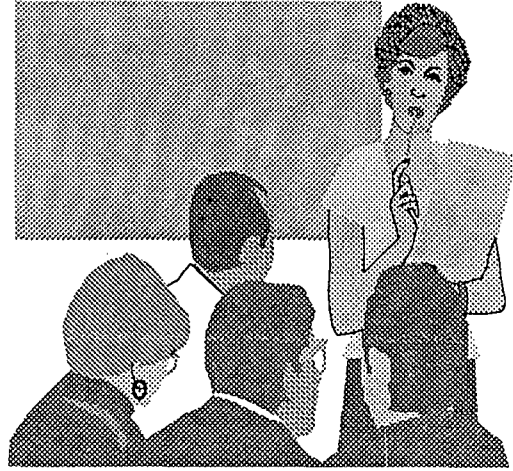
Head - ache is a continuous pain in the head. Only 10.5 percent of the respondents were having problem of headache in which proportion of male civilian respondents (66.66 %) is greater than the female respondent (23.81 %) and army personnel (14.28 %)

About half of the affected population (47.61 %) were having head - ache from last 3 years. Headache is not very frequent in majority of respondents (66.66 %) and it was found in table 4.34 that none of respondents were severely affected.

d. Respondents suffering from chest pain

Chest is the front surface of a person's or animal's body between the neck and stomach or the whole of a person's upper trunk. Only 10.00 per cent of respondents suffering from chest pain out of which 60.00 per cent were civilian male respondents. 25.00 per cent were army personals and 15.00 per cent were female respondents (Table 4.34).

Maximum (50.00 %) of respondents were suffering from chest pain from last 3 years where as the severity of disease was not very high in majority of respondent (85.00 %).



Discussion

Chapter-V

DISCUSSION

Aging is a natural process in the words of Seneca "Old age is an incurable disease" but more recently Sir James Sterling Ross commented "You do not heal old age, you protect it, you promote it, you extent it" (Kulkarni, 1999). The year 1999 was the International Year for the aged people. This reflects that aging has also become a subject of wide importance because of our increasing elderly population not only in our country but all over the world. It is, therefore high time that the subject of growing old and its social impact should be given more analytical thought. Retirement is also a crucial phase of working aged.

Retirement is the transition to a new pattern of live involving major changes in role, in interests and values. Most people feel that after retirement they will transform from being an active useful contributing member of society to an inactive person and a burden on the family and society.

We can look at retirement in two ways the first is as a justly earned right to stop work and to enjoy yourself doing the thousand and one things you have always wanted to do but never had time for. The second is as compulsory unemployment which makes

people feel as loss of dignity, a loss of status as a useless, financially deprived person with 20 years of unproductive life without a valued role to look forward to (Bardhan, 1999).

After retiring from active work life at certain age, while there may be lot of free time but because of loss of work, older person tend to withdraw from active social life. Involvement in some kind of leisure activity is essential for a good quality of life weather it is contact with neighbours or friends or it is some information seeking or entertainment within home by way of watching television.

It is obvious that people become more and more susceptible to chronic diseases, physical disabilities and mental incapacities in their older age. As age advances, due to deteriorating physiological conditions, the body become more prone to illness. The illness of elderly are multiple and chronic in nature. In the later years of life, arthritis, rheumatism, heart problems and high blood pressure are the most prevalent chronic diseases affecting the people (Sivaraju, 2002).

A part from physical problems old people have mental problems also. They suffer from mental tension because of ill health of self or their life partners and feel their loneliness very strongly. They are disturbed by the feeling that they are helpless and not useful to their house and society. Thus, the emotional insecurity of the aged is a serious problem. Mostly they are abandoned by their loved

ones in the twilight years and reduced to being nobody with in the confines of their own homes (Durairaj and Rengasamy, 1999).

Elderly persons, due to retirement from job and due to reduction in income have a feeling of loneliness, rejection and insecurity. This creates various psychological problems in the elderly which include senile dementia, sexual problems, emotional disorders. These arise due to reduction in income, changes in social status, due to retirement, hormonal changes and senile changes (Kulkarni, 1999).

In this chapter the results obtained have been discussed in the light of available literature under different sections:

5.1 Socio-Demographic features

Age structure

As age advances a persons retires from active life and is able to lead a relaxed life. In India, the age of retirement is 58-60 years. In present study majority of the respondents were belonged to age group of 58-64 years, where as only four respondents were belonged to age group of 76-82 years. With the increase in age, retirees face more problems regarding health and adjustment as in one study by Ranganath (2002) showed that with age, aged become susceptible to degenerative and suffered from chronic diseases.

Education

A large segment of the current retired population was educated upto matriculation level followed by graduation. Whereas only ten respondents had professional training. Education plays a vital role in adjustments after retirement. According to Ranganath (2002), it was very unlikely for people with no schooling or little schooling to adopt behaviour conducive to health care.

Family type

A family provides security and emotional succour through interpersonal relations and obligation between members. About the family type of retirees majority of the respondents belonged to the nuclear families whereas other belonged to either joint family type or vertically extended families. Even though sociologically the nature of the extended families are more or less same with the joint family system, except the common property and concentration of authority in one person (oldest male member) does not exist. As a result, the social standing of the aged persons belonging to this type of family may not be regarded as encouraging or desirable (Mohanty, 2001).

Marital status

Singh (1962) observed that the marital status of the old man affected his status in the family. In a study of old women, it

was found that the old women maintains her status if her spouse is alive. An aged person feel very lonely when he/she loses his/her life partner. Data reveals that majority of the respondents were married whereas few of the respondents were widowed (15.00 %) and rest of them were singled (3.50 %).

Occupation after retirement

Occupation after retirement helps retirees to lead well-adjusted and satisfied life. According to Mishra (1993) well equipped resourceful retirees, capable of keeping themselves busy as the alternate to middle age employments, had no problem of passing time and hence enjoy the later years of their life. In the present study only 38 per cent of the respondents worked after retirement out of which majority of them are engaged in business followed by self employment and service. Similarly Jayashree (2000) showed that 45.3 per cent of the respondents were working after retirement.

In an another study, Jayashree (2000) found that respondents who had obtained re-employment took less time to adjust to non-working life as compared to those who are not working after retirement. Further study indicated that positive and affirmative relationship between health status and work after retirement.

Monthly income of the respondents

Income had been state as the greater deprivation after retirement (Bhatia, 1983). Majority of the respondents were having monthly income between Rs. 5000 Rs. 8000, which was followed by the income group upto Rs. 5000. Only two respondents had monthly income more then Rs.17000. Cent per cent of the respondents had pension as one of the sources of income. Majority of the respondents had business as means of income followed by self employment and service. Other means of income after retirement were property on their own name, FDs, saving, provident fund and agriculture.

5.2 Time spent by the respondents in leisure time activities

It is seen that majority of the respondents spent their half the day in leisure time activities whereas one forth of the sampled population spent all he day in leisure time activities. Similarly Jayakumari (1993) found that the time spent in recreational activities in general tend to increase after 55 years. The main reason of increased leisure time is their break-up routine after retirement. When they were employed they had a set routine to follow and well-prepare work-plan but now they have lot of time to themselves. Similarly, Mohanty (2001) also gave the reason that the government/non-government officials were habituated to a routine life during their

service period. They followed the strict schedule, doing their work and came in contact with many people during work hours.

5.2.1 Leisure time spent by the respondents in entertainment

Television is still the medium, most frequently selected by the elderly for entertainment and information. Listening music is also an other form of entertainment as they, preferred to listen religious or folk music. In present study almost all the respondents considered television as main source of entertainment whereas minority of the respondents listen music in their leisure time. The use of television may occur because more time is spent at home, because more time is available and because the elderly have fewer links with the community. Television is, also more accessible to those with failing vision or hearing than either a newspaper or the radio, since television transmits both picture and sound. According to Kubey (1980) as age increases, people read fewer books and newspaper and saw fewer film because of financial constraints, declining vision, lost of interest in their content, etc. However, the amount of television viewing increased until about age 70, before a modest decline began.

5.2.2 Leisure time spent by the respondents in conversation

Gossiping during leisure hour at the village tea stall or community pandals is one of the important leisure time activities.

People gather at these places and share their day to day affairs with one another. Telephone is popular means of communication and those retirees, whose children lived away from them used this medium very frequently. In present study about all the respondents spent their atleast one to two hours in gossiping with their friends or other people. They loved to discuss their life experiences, their problems, their thoughts with other. Whereas about two-third of the sampled population like gossiping on telephone but occasionally. Similarly, Mohanty (2001) found that majority of the aged men spent their leisure time in gossips with their counterparts and friends with whom they could share their sorrow and happiness at various places like village tea stalls, meeting pandals etc.

5.2.3 Leisure time spent by the respondents in religious deeds

During this age life when people are free from their responsibilities and achieve life satisfaction, most of them turned to religious path. Maximum morning and evening time is spent in religious activities. In present study majority of respondents spent atleast one to two hours in religious activities in routine. About half of the sampled population participated in religious talks/lectures/discussion but occasionally. Similarly Arora (1996) found that elderly residing in old age homes preferred performing activities like worshipping, participating in religious talks, etc. According to Mohanty

(2001) religious scripts were recited in evening, preferably at presence of Bhagbat-ghar or on Veranda of the reader or at a place, which was convenient for maximum number of aged to listen the recitation. It gave pleasure to both the readers and the listeners and both earn ritual merit by doing this, whereas and thereby earn ritual gains. Mishra (1993) showed that largest proportion of retirees were spending more than two hours daily on religious activities. The most popular religious activities were; worshipping, prayers, reading religious books, visiting nearby temples etc.

5.2.4 Respondents spent leisure time in play activities and physical fitness

Declining health is major problem to aged. Those are lucky who are able to maintain good health with advance in age. Maintenance of good health requires set routine balanced diet, routine check up etc. It also include exercises and long walks, which keeps body fit. In the present study about all the respondents preferred going out for walk in routine. On an average, more than half of sampled retirees did exercise and played games like badminton etc. to keep themselves fit. Likely, study conducted by Arora (1996) found that respondents living in their own homes spend their leisure time by performing activities like going out for walk.

5.2.5 Respondents spent leisure time in reading

Reading is very good feed for brain and good literature pleased reader physically as well psychologically. As it is said by some one that books are the very good friends of human being and in this age one need good friends. In present study it was seen that almost all the respondents read newspaper in routine. The main reason of popularity of newspaper is that it is cheapest medium of information and entertainment but newspaper demands for time and retirees has enough time to read the newspaper. Whereas more than half of the sampled retirees also read religious books and other books.

According to Jaykumari (1993) time spent in recreational activities like reading books, newspaper; prayer etc. significantly increases after 5 years. Similarly according to Reid and Ziegler (1977), they found that the important factors contributed to happiness and psychological adjustment to ageing were found to be reading, house work/daily chores, TV/radio and walking.

5.2.6 Respondents spent leisure time in writing

Writing is very good habit but it is restricted to fewer population because it is guided by personnel interest and one's own ability. Writing letters is also out of fashion now as in present study very few percentage of the retirees were liked to write letter. The

main cause of this is telephone. They found telephone is fastest media than letters, although it is comparatively expensive. Similarly, very few respondents spent their time in internet surfing. The main reason of this is computer illiteracy. The other reason is that it is very expensive. Computers are used by only those respondents who had it in their home. Similarly, Atchley (1977) studied the leisure activities of the elderly and he noted that autonomous activities like listening to music, painting or writing were often discarded by many elderly.

5.2.7 Leisure time spent by the respondent in indoor activities

Majority of respondents spent maximum time at home and they indulged in various indoor activities such as daily household chores, taking care of grand children, playing indoor games like playcards etc. Mishra (1993) also found that majority of retirees spent most of the day in the family interaction which is quite understandable due to their home bound life.

In present study about half of the respondents spent their leisure time with their grand children in routine. The main reason is that both the parents are working hence grand parents take care of their grand children during that time. Very few retirees played indoor games as such but playing cards was most popular in those games. Also according to Mohanty (2001) playing cards and pasa were two

games, which were played by the aged. While both the men and women played the former game, the latter is specific to men only.

5.2.8 Leisure time spent by the respondents in outing

Although respondents spent maximum of their time at home yet they manage to go out also, like going out for walk, shopping and picnic. Majority of respondents went out for shopping in routine. The main reason of this may be that retirees go out for walk and at some time purchase daily necessary things like vegetables etc. for home use. Mishra (1993) also found that majority of the retirees engaged in various household activities like bringing milk, vegetables, provisions etc. Whereas very few retirees went out for picnic and those who went out for picnic, went out occasionally. The main reason is that picnics are meant for elderly. Falling health is another reason for not going out picnics.

5.2.9 Leisure time spent by the respondents in social work

As retirees have plenty of free time, hence those who are interested in mankind and social works join different social organisation. In the present study about half of the sampled retirees were engaged in various social works in one way or another e.g. some had free homeopathy clinic, some retirees taught poor children of their locality Arora (1996). One retiree pick up all waste garbage,

thrown by other people in their surroundings every week in routine and disposed it in appropriate place. Whereas other are members of various social organisations like Rotary Club, military organisation, Gorkha's organisation etc.

Similarly Arora (1996) found that retirees living in their homes also spent their leisure time in teaching children. As Mishra (1993) reported that minority of the retired people had taken the membership of voluntary associations.

5.2.10 Leisure time spent by respondents in gardening

Gardening is very good habit and it is seen that during working years one doesn't devote enough time to gardening but after retirement gardening becomes one of most popular hobbies of retirees. As in the present study also majority of the respondents were devoting their morning and evening hours in gardening. Jayakumari (1993) also concluded that time spent in gardening and farming increases significantly after 55 years.

5.3 Effect of socio-economic factors on psychosocial distress

The social life affects the psychological well being of an individual. Various factors influence the social and psychological changes with age. For instance retirement greatly changes the life of

an individual which has a bearing on his socio-psychological status as well. In present study, it is found that age was positively related to psychosocial distress significantly, that is as the age progresses the psychosocial distress also increases. Similarly a study conducted by Patil (2000) found significant positive relationship between age and psychological distress at 5 per cent of level.

The changes that occur as age advances in a natural process. The acceptance of changes becomes an important element of satisfaction and happiness in old age. The variation in self acceptance in old age comes from subjective awareness of aging. The acceptance of the cultural stereo types of old age, and the individuals recognition of attitude towards him and the treatment one receives from others because of age (Wallian, 1962). Correspondingly, old age changes in the core of psychological process, the individuals 'acceptance of self'. How much this self - acceptance changes and in what direction the changes occur will determine the quality of change in the personality pattern (Hurlock, 1976). As Rose (1962) puts it, "There tends to be a marked change in self acceptance, which includes a shift in thinking of oneself progressively, physically and mentally handicapped, for independent to dependent, from aspiring to declining", subsequently, retirement from the job is an important factor related to self acceptance since it brings abrupt change i.e. income's

personal, social life, source of self-esteem, success in work and community life and importance in the home are suddenly off by retirement (Landair, 1955).

In present study, a significant negative relationship is found between monthly income of respondents and psychosocial distress, that is, as monthly income of respondent decreases, the psychosocial distress of respondent increases. Similarly in the study conducted by Patil (2000), a negative significant relationship was found between psychological distress and per capita income.

One of the problem areas in old age is financial crisis. The economic resource has strong impact upon emotional and psychological state of an individual. The living arrangements of the aged, their relationship with family and friends, and the nature and extent of family interactions are all influenced by their income. It has been found by Mathur and Sen (1989) that successful and better adjustment in old age is associated with economic status of the individual. Lower income is the cause of decreased adjustment with advanced age. Correspondingly Desai and Naik (1970) found that the majority of respondents, both men and women experienced financial and socio-psychological problems during old age. During 1983, Bhatia revealed that adverse effect of reduced income, and pointed out that

lower income was associated with other personal problems like loss of status and meaningful social relationship.

In the present study, multiple regression analysis it done in order to see the combined effect of the socio-economic variable viz. age, family type, occupation after retirement, monthly income of respondent and marital status on psycho-social distress and it is found significant at 5 per cent of level of significance. Peterson and Botton (1980) also found that, upon retirement elderly faced difficulty in maintaining their self-image, self-esteem and self-motivation.

5.4 Physical and mental health problems of the retired persons

Health is a major concern in later life because it is the most important factor in the well being of the aged. It is widely delivered that advancing age is always associated with poor health, illness and disability (Jayshree, 2001). In present study it was seen that majority of the respondents are suffering from various diseases like impairment of vision, hearing, high/low blood pressure, diabetes etc. SivaRaju (2002) also said that the illness of the elderly are multiple and chronic in nature. In later years of life, arthritis, rheumatism, heart problems and high blood pressure are most prevalent chronic diseases affecting people. Mehta and Mallya (2001) gave the reasons of health

problems that were due to neglect, poor economic status, social deprivation and in appropriate dietary intake, which often resulted in the multiple nutritional deficiencies.

5.4.1 Respondents suffering from disorders of respiratory system

Breathing is a very important aspect of respiration. Dysfunctioning or inflammation of respiratory organs leads to the disorders of respiratory system as asthma, acute cough and cold, breathlessness etc. In present study it was seen that only six per cent of the respondents were suffering from asthma and similarly very few of the respondents were suffering from acute cough and breathlessness. Similarly in the study conducted by Oberoi *et al.* (1991), it was seen that minority of the respondents suffering from asthma and cough and cold.

5.4.2 Respondents suffering from disorders of digestive system

The ability of digestion decreases with old age, hence it may leads to different type of disorders of digestive system such as gastritis, poor appetite, frequent indigestion etc. In the present study, it was found that only seven respondents had problem of gastritis, similarly very few respondents had problem of bowel irregularities. Further it was found that frequent indigestion and poor appetite was also not that much common. Mehta and Mallya (2001) also found that

only seven female respondents had problem of lack of appetite whereas none of the male respondent suffering from this disorder.

5.4.3 Respondents suffering from disorders of circulatory system

The major disorders of circulatory system is high blood pressure also known as hypertension, low blood pressure heart diseases etc. In present study, it was seen that about half of the sampled population was suffering from high or low blood pressure. Similarly in study conducted by Chadha *et al.* (1993) found that majority of the respondents suffered from blood pressure. Another study conducted by Jayashree (2001) ranked blood pressure first under common ailments of retired respondents. Also Ranganath (2002) found that there were about 9 million people who were hypertensive. In urban areas, the presence of hypertension was twice as high as compared to rural India. The hypertension rate was also higher in the females. The prevalence rate among the elderly was 20 times more vis-a-vis the general population.

Further, in the present study, it is seen that about 30 respondents were suffering from coronary heart disease. Similarly Rangnath (2002) found that the prevalence rate of coronary heart disease (CHD) among the urban population is higher than the rural population by 3 times.

5.4.4 Respondents suffering from disorders of skeletal system

The various disorder of skeletal system include arthritis, joint pains etc. It was found in the present study that minority of the respondents were suffering from arthritis and joint pain. Similarly in the study conducted by Ranganath (2002) very few respondents were suffering from diseases of the musculoskeletal system and connective tissue.

Also it was seen in the study conducted by Mehta and Mallya (2001) that very few respondents were suffering from aches in joints, but Jayashree (2001) ranked, muscular pains swelling and rheumatism fourth under common ailments of the retirees.

5.4.5 Respondents suffering from disorder of nervous system

Nervous system comprises the central nervous system including the brain and spinal cords. The various disorder of nervous systems are paralysis, forgetfulness, sleeplessness, weakness etc. It was found in the present study that very few respondents were suffering from paralysis. Similarly in the study conducted by Tripathi (2001) very few respondents were suffering from paralysis. But it is seen that about half of the sampled population had a problem of forgetfulness, sleeplessness and weakness. As the study conducted by Jayashree (2001) ranked insufficient sleep sixth under common ailments of the retired respondents. Similarly in the study by Mehta

and Mallya (2001) majority of the respondents were suffering from general weakness.

5.4.6 Respondents suffering from disorders of senses

Different type of disorders of senses were impairment of vision, impairment of hearing, skin allergy. In the present study it is found that majority of the respondents were suffering from impairment of vision, similarly Ranganath (2002) found that visual morbidity was very high in older persons which is 10 times more than the prevalence among the general population.

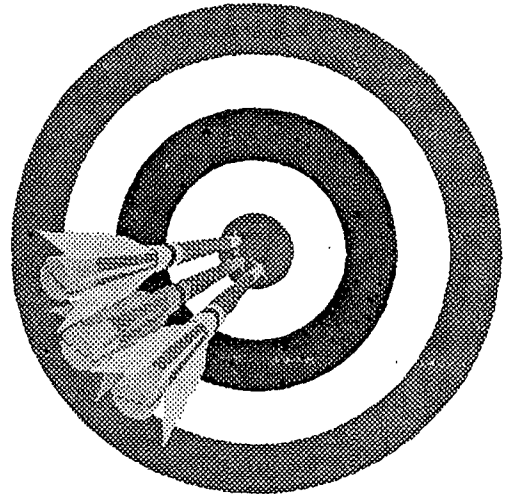
Further, in the present study it was found that minority of the sampled population was suffering from impairment of hearing and different types of allergies. As Jayashree (2001) also ranked skin problems at 16th place under common ailments of the elderly.

5.4.7 Respondents suffering from disorder of endocrine gland

Diabetes is a major endocrine gland disorder in the elderly population. As Jayashree (2001) ranked diabetes second under common ailments of retirees. In the present study it was seen that twenty per cent of the respondents were suffering from diabetes. Ranganath (2002) also quoted that the prevalence rate of diabetes was same for both males and females but it was higher in the urban areas as compared to the rural areas.

5.4.8 Respondents suffering from different type of pains

Different type of pains, of which retirees are suffering most are bodyaches, back ache, headache and chest pain. Present study recorded that minority of the respondents were suffering from these pains. Similarly Jayashree (2001) ranked frequent headache down at 18th position under common ailments of the retired respondents.



Summary

Chapter-VI

SUMMARY

Retirement generally refers to separation from paid employment, which has had the character of an occupation or a career over a period of time. Due to its psychological complexities, it could be viewed in several ways as a process, as an event, as a social role or as a phase of life. The retirement process is made up of many stages and involves adaptive strategies by the individual and by the society. On one hand, retirement offers freedom from one's long time career, activities, after routine and confining in nature, relief from stresses of job and opportunities to develop new interests and activities arise, with room for wider range of choice than the ones the individual has enjoyed at any earlier point in his life. On the other hand, retirement generally results in loss of routine, with regard to utilization of one's working hours, reduction income; reduces challenges to one's physiological performance potential, loss of status as a contributor to the economy and broken contacts with customary associates.

Retirement is an adjustment for almost every family, involving strains of caring and stresses of intergenerational interactions. The adjustments after retirement are special and unique. In Indian society,

gradually adjustment of retirees is related to the problem of health, financial and socio-psychological aspects, and becoming challenges to society and Government.

It would be mounting and complex challenge to formulate policies aimed to provide adequate income, housing, healthcare and psychological stability to retired persons. The most important aspect of this challenge comprises of socio-economic and psychological status of the elderly. If their social, psychological and economic well being were properly taken care of, then only it would be possible to tackle much of the adjustments from all aspect. With the necessity to address the needs of retired people, this study was formulated and it is restricted to retired persons between 58-70 years or above.

6.1 Objectives of the study

The study was conducted with the following objectives:

1. To assess the number of retired persons falling under aged.
2. To study the leisure time utilization of retired persons.
3. To investigate the psychosocial distress of retired persons.
4. To document the mental and physical health problems of retired persons.

6.2 Methodology

The study was conducted in Bhawarana block of District Kangra of Himachal Pradesh. Descriptive type survey design was considered appropriate for conducting this study. Purposive-cum-random sampling procedure was adopted for selection of district, block and the respondents. The list of retired person was obtained from 2 banks and post office, Palampur. The sample of 200 retirees was randomly selected from this list.

There were two types of variables in the study; independent and dependent. Independent variables includes Personal variables i.e. Age, occupation after retirement; Social variable i.e. marital status; family variable i.e. family type and economic variable i.e. income of the respondents. Dependent variable includes psychosocial distress.

The tools used for collecting data were self-structured questionnaire which include general information of respondent, information regarding leisure time utilization by the respondents and physical and mental health problems of the respondents. Modified P.G.I. health questionnaire N-1. (S.K. Verma. N.N. wig and D. Pershad) was used to measure psychosocial distress in the respondents. The data were collected through personal interview method by visiting each household. The respondents were also asked to fill up the questionnaire related to psychosocial distress.

After collection of data the questionnaire were arranged systematically and master tables were prepared. From these master tables various specified tables were generated. Descriptive analysis included finding in percentage and their presentation in tables, bars and pie diagrams. To examine the association, regression analysis was done. Findings were discussed in the light of statistical values. On the basis of results following conclusion were drawn.

6.3 Major findings of the study

1. Majority (61 %) of respondents belonged to the age group of 58-64 years. 64-70 years was another important age group which included 27.5 per cent respondents.
2. Majority (32.5 %) of respondents had matriculation level of education. About 28.5 per cent of respondents had graduation level of education followed by post graduation (19.5 %). About 14.5 per cent of respondents had technical diploma. Only 5 percent of the respondents were having professional education.
3. Majority (64.50 %) of respondents belonged to nuclear type family, whereas 35.5 per cent respondents belonged to Joint type of family.
4. Maximum number of the respondents (84.28 %) were married where as about 12.85 per cent respondents were widowed.

5. Majority (62 %) of respondents were not doing any professional work after retirement; whereas 16.5 per cent of male respondents were having business followed by self-employment (5.5 %) and service-class (8 %). Over all it was found that none of the female respondents preferred service, business, and agriculture as an occupation after retirement.
6. Most of respondents (35 %) had monthly income between Rs 5,000 - Rs 8,000. Rs 8,000 to Rs 11,000 was another important group consisted of 36.00 per cent of respondents. Only 1.00 percent of respondents had monthly income more than 17000 Rs., which exclusively belonged to army personals.
7. Cent per cent of the respondents had pension as one of the sources of income. Majority of respondents (16.50 %) had business as means of income followed by self-employment (11.00 %) and service (8.00 %). Other means of income after retirement were property on their (respondents) own name (6.00 %). FDS, savings, provident fund (3.00 %) and agriculture (2.00 %). It was found that no respondent was financially dependent on others.
8. Cent per cent of respondents had leisure time and maximum of them (43.00 %) had half the day for their leisure activities. Only 25.50 per cent of respondents spent all the day for their leisure time activities.

9. Majority of respondents (94.5 %) were considered television as main leisure time activity and source of entertainment. About 16.00 per cent of respondent listen music in their leisure time. Maximum respondents (90.63 %) preferred listening music occasionally.
10. Majority of the respondents (94.5 %) spent their time in gossiping. Maximum of respondents (76.50 %) liked gossiping on telephone.
11. Majorities of the respondents (87.50 %) went out for shopping in their leisure time.
12. Maximum respondents (92 %) went out for walk either in morning or in the evening.
13. About half of the respondents (42.50 %) spent their leisure time with their grand children.
14. Maximum of the respondents (82.00 %) did gardening in their leisure time.
15. Cent per cent of female respondents spent their morning and evening time in religious activities in routine.
16. On an average 57.00 per cent of the respondents exercised and played games to keep fit like badminton etc. Higher percentage (88.51 %) belonged to army personnel.

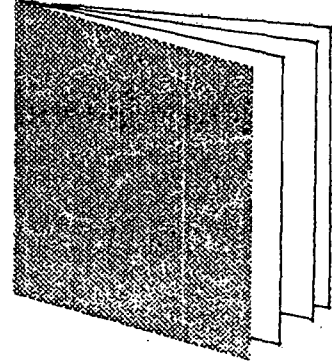
17. Psychosocial distress of the respondents is significantly affected by age and monthly income of respondents.
18. The collective affect of age, family type, monthly income, occupation after retirement and marital status on psycho-social distress was found to be significant.
19. Majority (85.50 %) of the respondents was suffering from various diseases like high/low blood pressure, diabetes, forgetfulness etc.
20. Only 6 per cent of the total respondent suffering from asthma. The proportion of disease in female respondents was high (8.00%).
21. About 12.50 per cent of the total sample population were suffering from frequent indigestion.
22. Only 6.00 per cent of the respondents were having bowel irregularities and it was found that no army personnel had this problem.
23. On an average 45.00 per cent of the respondents had high or low blood pressure.
24. Only 15 per cent of the respondents were suffering from heart disease and the proportion of army personnel's was high.
25. Only 9 per cent of the total sample were suffering from arthritis, out of which maximum 72.22 per cent were suffering from last 5-10 years.

26. Only four respondents were suffering from paralysis. It was found that no army personal was suffering from this disease.
27. About half of the sample population (45.50 %) suffered from forgetfulness and the proportion was quite high in female respondents (68.00 %).
28. About 31.50 per cent of the sample population were suffering from sleeplessness. Females were more vulnerable to this.
29. About half of the sample population (46.5 %) was suffering from weakness. The proportion of weakness was very high for females (88.00 %).
30. Majority of respondents (81.5 %) were suffering from impairment of vision which comprised greater proportion (69.93 %) of civilian male respondents.
31. About 20.00 per cent of respondents suffering from diabetes.

Recommendations

Based upon the findings of the study following recommendation and policy implications can be drawn :

1. Psychosocial adjustments and health related problem of retired person in tribal areas of the state should be included in further study.
2. Just like Youth Clubs, there should clubs for retirees where they can spend their leisure time efficiently.
3. Further studies should be conducted as to compare psychosocial adjustments of male and female retirees.
4. A comparative study of psychosocial adjustment of retirees and aged people who do not retired should be conducted.



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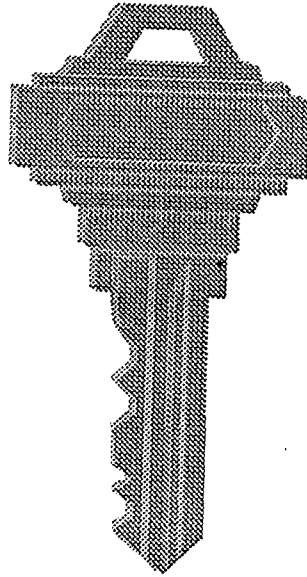
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Appendices

PSYCHO-SOCIAL ADJUSTMENTS OF THE RETIRED PERSONS

Appendix-I

Case No.: _____

Date : _____

(I) General Information

1. Name of the respondent : _____
2. Age : _____
3. Sex : Male / Female
4. Address : _____

5. Education
 - a. Matriculation
 - b. Technical diploma
 - c. Graduate
 - d. Postgraduate
 - e. Professional
 - f. Any other (specify)
6. Marital status
 - a. Single
 - b. Married
 - c. Widowed
 - d. Separated
 - e. Divorced
 - f. Remarried

7. Family type : Nuclear / Joint
8. Occupation after retirement
- a. Service
 - b. Business
 - c. Agriculture
 - d. Self-employed
 - e. Not applicable
 - f. Any other (specify)
9. Means of income at present (after retirement)
- a. Pension
 - b. Property on their own name
 - c. FD's Shares, saving, provident funds etc.
 - d. Business
 - e. Service
 - f. Dependancy
 - g. Any other (specify)
10. Monthly income of respondent : _____
11. Family monthly income : _____

Appendix - II
(II) Specific information

1. Leisure time utilization

1.1 Do you get leisure time ? Yes / No

1.2 How much leisure time do you have ?

- a. All the day
- b. Half the day
- c. Few hours
- d. Any other (specify)

1.3 What do you do in your leisure time ?

S.No.	Recreational activities	Yes/No	Routine	Occasionally
a.	Watching T.V.			
b.	Listening music			
c.	Gossiping			
d.	Gossiping on telephone			
e.	Religious activities			
f.	Participation in religious talk/lectures/discussion			
g.	Exercise and play games to keep fit			
h.	Going out for walk			
i.	Newspaper reading			
j.	Reading religious books			
k.	Reading other books			
l.	Writing letters			

S.No.	Recreational activities	Yes/No	Routine	Occasionally
m.	Internet surfing (e-mail)			
n.	Taking care of grand children			
o.	Playing indoor games			
p.	Shopping			
q.	Picnic			
r.	Social work			
s.	Gardening			
t.	Any other (specify)			

1.4 How much time do you spend in (hrs):

- a. Daily worship : _____
- b. Watching T.V. : _____
- c. Reading : _____
- d. Gardening : _____
- e. Conversation : _____

2. Physical and mental health problems

2.1 Are you suffering from any disease at present ? Yes/No
if yes, mention the type of disease.

S. No.	Common health problems	Yes/No	Time when started	Severity		
				Always	Sometime	Rarely
1.	Asthma					
2.	Acute cough and cold					
3.	Breathlessness					
4.	Gastritis					
5.	Frequent indigestion					
6.	Bowel irregularities					
7.	Poor appetite					
8.	High/low blood pressure					
9.	Heart disease					
10.	Arthritis					
11.	Joint pains					
12.	Paralysis					
13.	Forgetfulness					
14.	Sleeplessness					
15.	Weakness					
16.	Impairment of vision					
17.	Impairment of hearings					
18.	Allergies					
19.	Diabetes					
20.	Body-ache					
21.	Backache					
22.	Headache					
23.	Chest pain					
24.	Any other (specify)					

Appendix - III

Psychosocial Distress

Here are few question about your psychosocial distress. Read them carefully and tick (√) those items which are applicable on you.

- | | |
|---|--------------------------|
| 1. I am of shy nature | <input type="checkbox"/> |
| 2. I am very sensitive | <input type="checkbox"/> |
| 3. I get easily upset | <input type="checkbox"/> |
| 4. I worry a lot | <input type="checkbox"/> |
| 5. I usually ask for advise | <input type="checkbox"/> |
| 6. I cannot take decision quickly | <input type="checkbox"/> |
| 7. I get upset by slight criticism | <input type="checkbox"/> |
| 8. I get upset if I am asked to hurry | <input type="checkbox"/> |
| 9. I deliberately work slowly because of fear of mistakes in my work | <input type="checkbox"/> |
| 10. I get disturbed meeting new persons or going to new place | <input type="checkbox"/> |
| 11. I usually feel depressed | <input type="checkbox"/> |
| 12. I cry easily | <input type="checkbox"/> |
| 13. I feel hopeless and in despair | <input type="checkbox"/> |
| 14. I am fearful of loud noise | <input type="checkbox"/> |
| 15. I get upset easily when someone appears suddenly before me | <input type="checkbox"/> |
| 16. I feel nervous and anxious before superiors | <input type="checkbox"/> |
| 17. I get easily irritated | <input type="checkbox"/> |
| 18. I often lose my temper | <input type="checkbox"/> |
| 19. I am afraid of darkness | <input type="checkbox"/> |
| 20. I get frightening dreams | <input type="checkbox"/> |
| 21. My life seems useless | <input type="checkbox"/> |
| 22. It is better to die than to live | <input type="checkbox"/> |
| 23. I still feel myself well-establish in the society as earlier | <input type="checkbox"/> |
| 24. My social circle is narrowing | <input type="checkbox"/> |
| 25. I hesitate while attending social gathering | <input type="checkbox"/> |
| 26. My interest towards people is decreasing after retirement | <input type="checkbox"/> |
| 27. Sometimes I get so frustrated and want to live alone | <input type="checkbox"/> |
| 28. The people of my society find me experienced and matured and respect me | <input type="checkbox"/> |
| 29. One loses one's status if one is not financially independent | <input type="checkbox"/> |
| 30. I am as social as earlier | <input type="checkbox"/> |

Name: _____

Code No. : _____

**Department of Human Development & Family Studies
CSK Himachal Pradesh Krishi Vishvavidyalaya, Palampur**

Title of Thesis : Psycho-social adjustments of the retired persons in Bharwarana block of district Kangra (H.P.)

Name of the student : Navita Sood

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ABSTRACT

The present study was undertaken with the specific objectives i.e. to study the leisure time utilization by the retired persons, to investigate the psychosocial distress of retired persons and to documents the mental and physical health problems of retired persons. This study was conducted in Bhawarana block of Kangra District of Himachal Pradesh. Descriptive type survey design was used for conducting this study. A total of 200 retirees of the age 58-70 years or above were randomly selected from banks and post - office from where they were getting their pensions. Door to door survey was conducted to get desired information from the retired person. The data were collected through self-designed interview schedule as for general information, leisure time utilization, physical and mental health problems; and through modified P.G.I. health questionnaire as for psychosocial distress. The findings indicate that age and monthly income of respondents affect psychosocial distress significantly. The analysis further states that psychosocial distress is significantly related with collective effect of age, family type, monthly income, occupation after retirement and marital status. It is further found that maximum respondents spent their leisure time in watching television, gossiping, newspaper reading, going out for walk and gardening. It is seen that majority of respondents suffered from various diseases like impairment of vision, forgetfulness, weakness, high/low blood- pressure, diabetes and different types of body aches.

Navita Sood
Signature of the Student

Shubhangna Sharma
Signature of Major Advisor

Shubhangna
Countersigned
Head of Department
Head
Deptt. Human Development
COHS, HPKV
PALAMPUR-176062