

## The Health Implications of Retirement: Empirical Evidence from Akoko Area of Ondo State-Nigeria

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**Abstract:** Retirement is a relative phenomenon in various developing countries of the world. In Nigeria, it is a product of colonial rule. On retirement, individuals are confronted with certain problem among which is deteriorating health resulting partly to inactive life. The present study uses both quantitative (self administered questionnaire) and qualitative (focus group discussion) methods to examine the relationship between retirement and the health of retirees among retired primary and secondary school teachers in Ondo State. One hundred and forty respondents were systematically selected from the pension register in four local government areas of the state. The result indicated that retirement has a secondary influence on retirees health and that any illness that occurs in retirement is a result of other factors such as old age, inadequate income and idleness rather than retirement per se and that retirement enhances the health status of retirees. The study recommended an upward review of pension and gratuity and the introduction of old age benefits in Nigeria.

**Key words:** Retirement, health, illness and gratuity

### INTRODUCTION

Retirement is a recent phenomenon in various developing countries of the world especially Nigeria. The rate of exit from labour force by Nigerian within the age range of 40-50 years has been increasing steadily in recent time. The poor state of the economy in the last few years has encouraged indiscriminate retirement regardless of age, or years of service or health.

The term retirement has been loosely used in Nigeria today to refer to concepts like sack, dismissal, termination and lay off (Ogunbameru, 1988). However, Ogunbameru (1988) conceptualized retirement as a situation in which a worker voluntarily or involuntarily gives up his job after an officially defined number of years that qualify him for pension and or gratuity. For the purpose of this study (Ogunbameru, 1988), definition of retirement will be adopted. Only those retirees earning pension and or gratuity will be the focus of our attention.

In the traditional Nigerian society, people indeed stopped working as a result of old age and deteriorating health, but mandatory retirement on whatever ground was alien to us. There was no need for a person then to retire compulsorily, since the economy was predominantly based on agriculture at a subsistence level. During this period, people lived a difficult life and there was seldom-surplus food, clothing or shelter, self-accumulated

property, children or relations supported older people. Similarly, during this period, a large section of the labour force was in the informal sector where there were no such conditions of service as legislated age and educational qualification for entering and withdrawing from work (Ogunbameru, 1996).

In most developing countries of Africa, retirement is a legacy of colonial administration. Colonialism and industrialization brought out new forms of social organization. The corporate bureaucracy became dominant organizational form in the economy and the growing power of the private interest. The introduction of bureaucracy by the colonial rulers not only affected the economy but also established a system of retirement. For instance, with the introduction of the civil service structure came the development of conditions of service, such as minimum educational qualification for taking up and relinquishing one's job; provisions of such allowances; for hours of work, medical treatment, leave and retirement benefits (Ogunbameru, 1988, 1996).

During this period, the Nigeria civil service was dominated by foreigners, mostly British workers because of dearth of qualified Nigerians to man the bureaucratic set up. Retirements among Nigerians then were due to declining health status and old age. Though retirement was fixed at 55 years then, only the white workers adhered to the stipulation, Nigerians hardly retired at that age.

Many of them who wished to remain on their jobs could do so. Since, 1960, when Nigeria got independence the management and control of the bureaucratic organizations gradually passed to the hands of Nigeria. Retirement during the early years of independence was low when compared with the recent development.

The origin of mass retirement in Nigeria could be traced to unprecedented termination of appointment of civil servants and military officers by Muritala/Obasanjo regime in 1975. Many public officers were thrown out of jobs prematurely for reasons ranging from corruption, incompetence, redundancy, inefficiency in the service and declining productivity. The mass purge started by Muritala/Obasanjo regime in 1975 has continued till today. For instance, thousands of young, able, active and productive public officers were retired by the then head of state, General Babangida under the guise of decree 17 of 1984 known as the public officers special provisions. This decree empowers any appropriate authority to dismiss or retire officers on the ground of old age, ill health, corrupt practices, or self-enrichment, or if a public officer's general behaviour or his continued stay in service is not in the public interest.

This situation of indiscriminate and premature retirement of public officers continues unabated till contemporary period. For instance, in 1986, many public officers and private workers lost their jobs under the rationalization policy which was aimed at restructuring the economy with the introduction of what is known today among Nigerians as Structural Adjustment Programme (SAP). The rationalization policy was designed to reduce the number of staff in supposedly over staffed establishment. Similarly, the processes of sacking over 33000 civil servants from some Federal Ministries and Parastatal by the present is almost completed. This is termed right sizing to deceive Nigerian to evade attack and opposition from the civil society.

Pre-mature retirement is not, restricted to the civil service sector only; members of the armed forces are equally affected. During the 1975 purge, many high-ranking military officers were retired for various reasons already mentioned. Also, the desire to reduce the numerical strength of the armed forces led to premature retirement of officers. In response to the views of experienced army officers coupled with other social, economic and political reasons, Babangida retired a sizeable number of high ranking military officers. The increasing spate of retirement syndrome carried out by General Babangida claimed more than 100 cadres of the armed forces. The usual reason given was the need to deregulate and demilitarize the process of governance.

It is now apparent from the above discussion that the conventional conditions for retiring public servants, ill health, old age and economic considerations are no longer the only determining factors for retirement from service. Nigerian workers are now at the mercy of various policies of succeeding government in the country such as rationalization, deregulation of work force and demilitarization among other factors. Thus, disengaging workers from work has several latent and manifest consequences, one of which is the effect of the disengagement on the retirees' health condition.

In spite of the prevalence of retirement in Nigeria in recent times and its debilitating effects on health of individuals and quality of workforce, only a handful of serious research attention has been given to the sociological study of retirement. Ogunbameru (1988) attributed this neglect to the way many people in Nigeria society look at retirement itself. He argued that rather than seeing retirement as a social problem it has over the years been considered as a personal or individual problem.

On retirement, individuals are confronted with certain problems. Among them are feeling of job deprivation, worries about health, decreased level of social participation, reduction in income and the management of one time to avoid boredom. The above has attracted the attention of scholars and policy makers in recent times. However, a review of literature reveals that most of these studies are based in the western societies none has specifically addressed the relationship between retirement and the health situation of the retiree in Nigeria (Fashola, 1999). The present effort is geared towards this direction.

In thinking about potential difficulties and problems in living created by aging, it is perhaps retirement, which is identified as the worst aspect of all. Mutran and Relzes (1981) argued that retirement was rated relatively high on the list of events seen as stressful. The curiosity to study the relationship between retirement and health is rooted in the observed consequences of massive and unprecedented pre-mature termination of public servants career in Nigeria. Ever since, this pre-mature exit of able bodied men and women have a lot of implications, both for the retiree and the society at large. The consequences among others include broken homes and withdrawal of children from schools, isolation among the group (Ogunbameru, 1988). Generally speaking, a preview of literature point to minimal general impact of retirement on physical health, mental health and well being. A few studies suggest an improvement in health status following retirement, but they all depend on self-assessed health status and there is every reason to suspect that with the removal of work role demands following retirement, the whole subjective framework for

self-evaluation of health changes. However, the most frightening observed consequences of retirement are the rate at which retiree's health decline shortly after retirement. These dangerous trends precipitated the following questions:

- Is retirement really the cause of declining health status among retirees?
- If not, to what extent does retirement affect the health status of retirees?
- What are the other possible factors that bring about ill health among retired people?
- What is the relationship between pre-retirement health status and post retirement health status of retirees?

Provision of answers to the above question necessitated the present study. The General objective of the study is to examine the relationship between retirement and health with a view to determine the pattern of relationship. The specific objectives are as follows:

- To determine the relationship between retirement and health.
- To examine the extent to which health is responsible for retirement.
- To examine the impact of retirement on the health of retirees.

The significance of the present effort lies in the fact that there is the need to increase our understanding of the impact of retirement on the health of retirees. Such knowledge will assist us in constructing sociology of retirement based on empirical research in Nigeria that is largely lacking. However, over the years, the relationship between retirement and health has not been only a matter of debate among scholars but also conflicting findings have emerged. It is argued by some scholars that retirement actually has negative impact on retirees health (Tuckman and Lorge, 1953; Moore, 1995; Adeyemi, 1999; Fashola, 1999), while others argued that retirement has no adverse effect on health but more usually a beneficial one (Miller, 1995; Ogunbameru, 1996; Adeleye, 1999; Ebegbuna, 1999). Efforts in this study are therefore, geared towards intellectual resolution of these conflicting reports in developing societies like Nigeria.

Moreover, there is dearth of empirical data on retirement and health in Nigeria. It is our hope that the findings of this study will increase our knowledge about retirement and health and thus, serve as benchmarks for policy formulation on retirement on one hand and health on the other hand.

Nevertheless, the generated knowledge will be of immense benefits to administrators and professional actuaries, insurers, pension managers, stockbrokers and other professional operations in the capital market on matters relating to retirement.

**Theoretical underpinnings:** There are divergent opinions on the relationship between retirement and health. Cottrell (1969) identified two relationships between retirement and health. One relationship is that many workers go into retirement on health ground. This relationship is supported by earlier empirical works (Tuckman and Lorge, 1953; Strauss, 1974; Viscusi, 1979). From their studies, these scholars have shown that more often than not, poor health has forced many people to retire. According to them, retirement is a consequence of worsening or deteriorating poor health.

The second relationship is that retirement, with its consequent marginality, inadequacy and rolelessness, exacerbates health problem in retirement. In his own argument, Ogunbameru (1992) submitted that because older workers are forced into retirement, they withdraw into physical and mental illness. This may be interpreted to mean that people do not go into retirement because they are sick, but rather, they get sick because they are in retirement.

The present study is anchored on role theory; the theory is relevant to our discussion in that a purview of literature has shown the relationship between retirement (a role playing event) and health (Strauss, 1974; Viscusi, 1979; Glamsler, 1981). Role theory sees retirement as a process, through which the retirement role is approached, taken up, learned, mastered and relinquished (Atchley, 1976).

The concept of role is useful in an attempt to explain the sort of regularity and patterned ness that retirement reveals. In this way, the health status of a retiree can be explained in terms of the nature of their activities in retirement. Certain behaviour is expected of those who fill such positions; their actions are interpreted in the light of these expectations. In this way, retirement could be seen as a systematic clustering of official and unofficial roles oriented around the pursuit of some goal.

Another possibility, of course, is that people in retirement might not know what is expected of them; in such an exigency the problem is not conflict, but uncertainty and ignorance. This formal conception of retirement role does have advantage of emphasizing the existence and nature of certain sorts of retirement controls and restriction, which are of undoubted importance in determining the behaviour of retirees. But obviously these are not the only or even necessarily the major constraints to which retiree are exposed.

Finally, it might be rather difficult to decide when social position exists. There is a danger of circularity if it is argued that a role is the expectations attached to a social position and that a social position exists in terms of particular clusters of expectations. The question here is that when does human activities become sufficiently distinctive and structured to warrant description in terms of social position and roles. No role analysis has yet developed definitive criteria of what represents a social position (Birren, 1998).

Both models have however, contributed to the overall development of role theory and neither can be ignored. Relevant to this study is the role theory of Atchley (1976). The basic idea is to review health and illness of a person (retiree), which are relevant to the capacity to perform institutionalized roles, such as that of breadwinners, parents or spouse. The measure focuses on quantifying the extent to which the person is unable to perform usual duties and activities, especially those connected with the primary social roles, which the person is expected to fulfill.

Atchley (1976) belong to the structural functionalist tradition. He conceptualized role as culturally transmitted, general norms governing the rights and duties associated with a position in the society (Judge, Soldier, Retirees, Woman etc.). According to Archley (1976), people with few alternatives (roles), those who have little money or poor health, those who were over-involved in their jobs, those who are unaccustomed to running their own lives, those who leave communities where they had lived for many years expressed deep and lengthy periods of depression following retirement. He sees retirement as a relationship between a particular holder and other position holders; He argued that retirement role is the relationship between the retired person and those who are still employed either in a particular profession or in a particular organization.

It has been established through empirical studies that retired persons perform a number of roles, which either enhances or decline their health (Rowe, 1972). Supporting the assertion, Pearce (1985) said that persons who experience role strain generally suffer frustrations and unsatisfactory relationship. This often (although not always) leads to health problems. For example, Palmore (1964) discovered that too many demands on individual to take care of others in a household (particularly a crowded one) interfere with one's ability to take care of oneself and can cause frustrations. Expressing similar view, Moore (1995) argued that although health is also an important factor which can influence the retirement decision, this factor can be some what off-set by a physically undemanding role. According to them, jobs in industrial societies are

becoming less physically demanding and the health of the older population is improving, health is declining in importance as a factor influencing the retirement decision, Palmore (1964) found that between 1951 and 1963, health declined as a reason for retirement among social security beneficiaries. Pearce (1985) is of the opinion that two separate traditions within the social sciences have contributed to the development of role theory, namely: the structural functionalist tradition and the Interpretative model.

The Structural Functionalist school of thought sees roles in terms of behaviour expectations (i.e., rights and duties) of an individual occupying a status within the social system. According to Schneider (1965), human beings, as a result of occupying status, play such roles as father, factory worker, manager etc. These are separated and well defined roles. The importance of this lies in the fact that it largely determines how human beings will act in certain area. In his own contribution to the debate on role theory, Miller (1995) said that the set of expectations concerning ego's actions compliments those of alter with whom ego interact. Via socialization, individuals, learn the values and norms, which go with a position in a particular system.

The structuralist model further argued that retirement has an observable and measurable factual status which need not involve any reference to the activities, intentions and points of view of the members (who can, in terms of such a perspective confidently be disregarded because the regularity is taken as consequence of, either individuals conformity with shared norms, or their commitment to an emergent series of negotiated meanings).

According to Atchley (1976), retirement represents a valid social role, which consists not only of rights and duties attached to a social position but also of specific relationships between retired people and other role players. He argues that retired people are expected to remain the same type of person, to assume responsibility for managing their own lives, to avoid becoming dependent and to live within their incomes because adequately playing retirement role requires adequate physical and financial resources to allow the individual to maintain his or her independence.

Commenting further on the protagonist of retirement as a role less role, Atchley (1976) said that these scholars might have based their argument on the fact that retirement role is usually defined in flexible and qualitative terms, whereas job roles are more often expressed in concrete and instrumental terms. He argued further that it was probably the absence of the instrumental element in job roles that led many investigators to view retirement as

role less role and as an inevitable problem for the retired person. According to him, these groups of scholars saw retirement as creating a gap, which only a new instrumental or functional role could fill.

Retirement role has pre-requisites according to Atchley (1976), the most important of these is whether a retirement income is adequate for the life style one wants to adopt in retirement. People, who want to live expensive life style must do more financial planning than those whose preferred life style can be maintained on social security benefits. Ogunbameru (1992) supporting this assertion argued that the prospect of substantial reduction in income upon retirement is the primary deterrent of voluntary retirement. According to him, income is the major reason people give for preferring work to retirement. He concluded that the lower prevalence of retirement among those with higher earning might result from greater work satisfaction, better health and a higher level of materials consumption during retirement or the fact that their retirement is less likely to be mandatory.

## **MATERIALS AND METHODS**

This study is executed in Akoko area in the northern part of Ondo state. Akoko lies on Latitude 7°29" North of the Equator and Longitude 5°44" East of the Greenwich Meridian. The area is in the tropical region with wet and dry seasons, it enjoys rainfall of over 1,450 mm annually between March and September. The vegetation cover of the area is a derived secondary forest with some grassland, which presents very beautiful landscape during the dry season (Alo, 2004). The Akokos constitutes 4 of the 18 local governments areas in Ondo State; it is about 60 km North of Akure the State Capital and 344 km North-East of Lagos, the former capital of Nigeria.

Akoko is primarily a commercial and education centre, there exist a few merchandise, departmental and small-scale retail stores. Textiles, electrical appliances, vehicle spare parts, drugs and several brands of manufactured foods are some of the wares traded along the streets.

The major occupation ranges from trading to civil service. A large proportion of the civil service populations in Akoko are teachers, either in secondary or primary school. Akoko has 84 public secondary and 136 public primary schools (Ondo State Ministry of Education, 2005). There are also a chunk of private nursery, primary and secondary schools. The only convectional university in Ondo state was founded in Akoko in 1999 and this has attracted a lot of people of diverse social, educational and ethnic background to Akoko. However, the present study

is limited to teachers in the public schools because information relating to the retirees in the private schools is not easy to come by. In this vein, the choice of Akoko is necessitated by the concentration of teachers and the retirees pay point in the area.

The sample for this study was derived from the 4 local government areas of Akoko land in Ondo State. These are, Akoko North-East, Akoko North-West, Akoko South-East and Akoko South-West. These are the 4 local governments that make up the Akoko area. Thirty five respondents were systematically (every kth element on the register was selected;  $k = 3$ ) drawn from the list of retirees at the pension pay point in each of the local government. The names and addresses of the retirees were extracted from the information available on the register.

However, on preliminary visits at the addresses some of the retirees were discovered to have changed their residential address without updating their records at the pension office, while some have died. In the two instances, the would-be respondents were easily substituted from the sampling frame, i.e. the register of retirees. In all, 140 respondents were selected to participate in the study.

The data for the present study was generated through the use of both self-administered questionnaire and Focus Group Discussion (FGD). The questionnaire was in 3 sections; Section A relate to the social economic background of the respondents, Section B relates to information on the pre-retirement health status and income of the respondents, while the last section relates to information on the impact of retirement on the health of respondents. Information on health status of retirees was largely derived from the frequency of pre-retirement and post-retirement visits to the hospital.

Four focus group discussions were organized for the study on the basis of one per local government. Homogeneity and availability of participants were the basic criteria for inclusion in the discussion groups. Discussions were centered on the central theme of the research work, i.e. health and retirement, pre-retirement health status and income of the respondent. Information generated from the focus group discussion complimented the quantitative analysis.

The data for this study was collected between March and July 2006, 18 field assistants who were undergraduate in the social sciences were trained on how to handle the questionnaire and the general technique of data collection; 12 of them were discovered to be fit for the exercise. The researcher played the role of a principal investigator as well as the supervisor.

The 12 field assistants were divided into 4 teams, each of them was assigned a local government. They were armed with the generated register of retiree derived at the pension office of each local government. The addresses of the respondents were located through the addresses on the pension register, and the questionnaires were administered on them after the purpose of the research has been carefully explained. The field assistants then went back at an appointed time by the respondents to pick up the questionnaire. The retirees were allowed to complete the questionnaire themselves because they are all literate. This saves a lot of time.

In all, after repeated visits to some of the respondents 129 of the questionnaires were retrieved and during the editing, 10 of the questionnaire were badly completed and thus, could not be used for the analysis. At the end, 119 questionnaires were analyzed in the present study. The focus group discussion segment of the data collection was conducted by the investigator with the aid of a tape recorder and the assistance of some of the field workers. This was done after the questionnaire have been retrieved.

The completed questionnaire was continually checked for consistency, after which a coding instruction was written for the coding of the information and eventual entry into a personal computer. Based on a written programme, the information was processed to obtain the frequency tables and cross tabulation of variables. A number of cross tabulations were done. Firstly, retirement was cross-tabulated with the antecedents and interviewing variables to see if any relationship exists between these variables and retirement and finally, retirement was analyzed with health.

In the study, three indices were used to measure the impact of retirement on health of a retiree.

These were:

- Retirees perception of their health status after retirement.
- Comparison of pre and post retirement visit to the doctors.
- Comparison of pre and post retirement inability to move around due to ill health.

On the whole the study depends extensively on frequency distribution and bivariate analysis.

## RESULTS AND DISCUSSION

**Socio economic characteristics of the respondent:** The significance of describing the social and economic characteristics of the respondents is to examine the

composition of the population under investigation. The description of these characteristics will contribute usefully to later analyses in this study.

**Sex:** Table 1 revealed that there was a predominance of males in the sample. While, 84.9% of the respondents were males only 15.1% were females. This situation could be explained by the fact that women were not taken to pensionable jobs in the past compared with the men folk. Noted that women started joining the civil service job very recently. This is a reflection of the fact that women were not given western education in the past in Nigeria.

Table 1: Socioeconomic characteristics of the respondents

Variables	Frequency	(%)
<b>Sex</b>		
Male	101	84.90
Female	18	15.10
Total	119	100.00
<b>Age</b>		
45-49	12	10.10
50-54	32	26.80
55-59	32	26.80
60-64	13	10.90
65-69	15	12.60
70-74	4	3.30
75 above	7	5.90
Non-response	4	3.30
Total	119	100.00
<b>Religion</b>		
Islam	37	31.10
Christianity	73	61.30
Traditional	6	5.00
Non-response	3	2.50
Total	119	100.00
<b>Marital status</b>		
Married	93	78.10
Widowed	2	1.70
Divorced	14	11.80
Separated	7	5.90
Non-response	3	2.50
Total	119	100.00
<b>No of wives</b>		
1	59	63.40
2	20	21.50
3	2	2.20
More than 3	7	7.50
Non-Response	5	5.50
Total	93	100.00
<b>Educational status</b>		
No formal education	--	--
Primary six/standard	14	11.80
School certificate	12	10.10
Teacher grade II	36	30.20
N.C.E./ND	29	24.40
B.Sc./B.A/HND	7	5.90
Others	14	11.80
Non-response	7	5.90
Total	119	100.00
<b>Annual pension</b>		
Low	23	19.30
Average	32	26.90
High	60	50.40
Non-response	4	3.40
Total	119	100.00

Source: Fieldwork 2006

**Age:** Information collected on the ages of the respondents show that their ages varied from 45 years to over 75 years. This was also contained in Table 1. It was likely that a retiree must have spent about 25 years in service (assuming he/she joined the services at age of 20 years) to qualify for pension in Nigeria, therefore, those whose age range between 45 and 55 years would have either voluntarily retired or forced to retire for one reason or the other because 60 years is the retirement age in Nigeria. These age groups (45-59 years), which constituted about 63.7% of the respondents showed 'that' majority of the respondents quit service at early age, while 25.1% of the respondents fall between the ages of 60 years and above. Ordinarily speaking, only 22.1% of the sample is expected to have retired if the legal retired age of 60 years is adhered to. This is an indication that most of the respondents retired for reasons other than age.

**Religion:** Still on Table 1, almost all the respondents claimed to belong to one religious group or the other. More than 60% are Christian, while 31.1% are Muslim, only 5.0% claimed to belong to traditional religion, while 2.5% refused to disclose their religious learning. It is not surprising that majority of retired people in the area are Christians. This is because it was the Christian fold that first responded to western education in the areas, while the muslims took to Quranic education. Secondly, the only 2 secondary schools in Akoko and its environment in the remote past were Victory College Ikare and African Church College Oka and Muslims, who were admitted to these schools were forced to take to Christianity or sent out of the school if they refused to become Christians, this is because the 2 schools were Christian missionary schools. This practice influenced majority of those who passed through these institutions to become Christians later in life.

**Marital status:** Table 1 further revealed that 78.1% of the respondents are married, 11.8% claimed to have divorced, 1.7% are widowed and 2.5% did not respond to the question. Further investigation showed that 63.4% of married respondents have one wife, 21.5% have 2 wives, 2.2% have 3 wives, 7.5% have more than 3 wives, while 5.5% of the respondents did not disclose the number of wives they have. This revelation is a confirmation of the widespread existence of polygyny in African countries. However, almost a third of the total sample has more than one wife and the 5.5%, who did not respond to the question are suspected to have more than one wife.

**Educational qualification:** Education is one of the factors used in this study to measure the social economic status of the retirees. Information from panel vi of Table 1

showed that more than a quarter (30.2%) of the respondents are holders of Grade II Teachers Certificate, 24.4% have National Certificate in Education (NCE), 10.1% are School Certificate holders, 11.8% have Standard 6 Certificate, another 11.8% have Certificate such as Diploma Certificate in Agriculture, Associate Certificate in Education, Higher School Certificate (All these qualifications are categorized as others in this analysis), while 5.9% of the respondents did not respond to the question on educational qualification.

**Annual income (pension) of retirees:** The differences in educational qualifications of the respondents clearly reflected on their level of income before retirement and subsequent pensions being received as at the time of study. However, due to inconsistency in the level of income declared, we decided to use the monthly pension to categorize the respondents into three groups as follows:

- Low pension earners: Those who earn less than N10,000.
- Average pension earners: Those who earn between N10,000-N15,000.
- High pension earners: Those who earn above N15,000.

Information from the last panel of Table 1 showed that about 150 of the samples are low pension earners, 26.9% of the sample are average pension earners, while more than half of the sample are classified as high pension earners.

The social and demographic characteristics of the respondents, which are presented in the on-going discussion, served as the background upon which the relationship between retirement and health is presented in the next section.

**Impact of retirement on health:** Results from the investigation into the factors responsible for the retirement of the respondents was contained in Table 2. Table 2 showed that 63.9% retired as a result of attaining compulsory retirement age, 16% as a result of job discontinuity, 5% retired on the inadequacy of

Table 2: Factors responsible for retirement

Reasons	Frequency	(%)
Compulsory retirement age	76	63.9
Retirement/job discontinuity	19	16.0
The need for leisure	6	5.0
Inadequate income	7	5.9
Dissatisfaction with previous job	2	1.7
Poor health	4	3.4
Non-response	5	4.2
<b>Total</b>	<b>119</b>	<b>100.0</b>

Source: Fieldwork 2006

income, while 1.7% retired as a result of dissatisfaction with their jobs. Poor health only accounted for 3.4% of the reason for retiring from their jobs.

From the analysis, it is glaring that health and inadequate income are less significant as reasons for retirement. This finding does not agree with the view of Adeleye (1999) and other scholars whose findings supported health (real or perceived) as the most significant factor in retirement decision. However, the findings of this study agree with the view expressed by Ebegbora (1999) that health is declining in importance as a factor influencing the retirement decision. In the fgd session, discussants generally agreed that poor health was never a determinant for their retirement but rather their health status improved after retirement. The followings are excerpt from the discussion:

I was still very strong and agile when I retired and I even became stronger after retirement....

... I was retired when I was not tired, I left government service six years ago and ever since, I have been very busy on my farm. Infact what I do now is more physically demanding than my previous job.

The high percentage of retirees who attained the maximum retirement age suggested that economic factors are responsible largely for their long year of service. They claimed that given alternative source (s) of income, they would have retired earlier. Also, satisfaction from their job is another contributing factor that accounted for the long stay. The long stay in service could be attributed to high degree of job satisfaction among teachers.

**Length of retirement and health status of retirees:**

Table 3 is a bivariate analysis of the relationship between length of retirement and health status. The duration of years of retirement was examined to know the effect of length of years of retirement on the health of retirees. Length of retirement is categorized into 3 groups as follows:

- Short length of retirement: Those who retired less than 5 years ago.
- Medium length of retirement: Those who retired in less than 10 years ago.
- Long length of retirement: Those who retired more than 10 years ago.

The sample showed that 45.4% of the respondents have short length of retirement, 28.6% have medium length of retirement, while 26.1% have long length of

**Table 3: Length of years of retirement and health status**

Length of years of retirement	Health status			Total
	Better	Worse	The same	
Short length of retirement	31 (57.4)	4 (7.4)	19 (35.2)	54
Medium length of retirement	21 (61.8)	2 (5.9)	11 (32.4)	34
Long length of retirement	13 (41.9)	1 (3.2)	17 (54.8)	31
Total	65	7	47	119

Source: Fieldwork 2006

retirement. Moreover, 57.4% of those with short length of their pre-retirement health, 35.2% did not see any change in their health status, while 7.4% claimed declining health status.

Among the medium length of retirement, 61.8% have improved health status, 32.4% said that there was no change in their health status, while only 5.9% claimed deteriorating health status. The case of those with long length of retirement is similar to the first group (short length of retirement). About two-third of the sample reported improvement in health status, 3.2% reported declining health status, while more than half claimed there was no change in their health situation. The conclusion one can draw from these findings is that length of years of retirement has no impact on the health of retirees. The consensus at the fgd session was that how long one stay in service or retirement was never a determinant of health status, rather the situation of an individuals health before retirement would determine his health status in retirement. They further ascertained the inverse relationship between age and health status. They were of the opinion that old age has some attendance illness, which can be wrongly attributed to retirement.

An investigation into the perception of the respondents on the impact of retirement on the state of health of retired people during the focus group discussion (fgd) shows that majority of the discussants were of the opinion that retirement contributes positively to the health of retirees, while a few are of the view that retirement has negative impact on the health status of the retirees. Those who were of the opinion that retirement has positive effect on health argued that health deterioration in retirement is due to such factors like poor feeding, inadequate income, idleness and lack of physical exercise, lost of old friends or associates rather than retirement. They argued further that freedom to plan and manage their lives in retirement without fear from superior boss coupled with freedom from boredom of work significantly contribute to the enhancement of health of retirees. Those who argued otherwise were of the view that retirement is associated with social isolation and strenuous activities in retirement compared with pre-retirement job. A few excerpts below speak for themselves:



...Poor health in retirement is due mainly to poor feeding as a result of inadequate income. Our income is reduced with retirement and our responsibilities do not reduce but rather they increase. With this situation our disposable income decreases drastically, especially the share we spend on our selves.

I think my health is now better in retirement because I can now plan and manage my life without fear from any boss. I wake up when I like and do my things at my own pace....

Health deterioration in retirement is attributable to idleness, lack of physical exercise and lost of old friends or associates rather than

When, the respondents were asked to suggest factors that contribute to declining health status in retirement. The findings is reported in Table 4, some of them gave idleness and lack of physical exercise which is associated with retirement as a factor, some other ones mentioned inadequate income (pension) and poor living conditions which included poor feeding, inaccessibility to medical facility and filthy environment as a factor and very few of them said old age, strenuous activity in retirement and social isolation, while 4.2% gave family problem as reason for poor health in retirement. One of the areas of departure from previous findings is that pre-retirement health status was not mentioned by the respondents because only a very few of them view retirement as the source of ill health.

However, the finding supports the assumption that loss of job (which is most likely to lead to idleness) and loss of income among retired people may lead to deterioration in health status because both factors feature prominently in the four group sessions.

Table 5 showed the report of a comparative investigation of the pre-retirement health status and post retirement health status of respondents. Table 5 showed that 53% of the sample claimed that their health was better than it was before they retired, 36.1% reported no change in their state of health, while only 10.9% claimed to have poor health status after retirement. This

**Table 4: Reasons for ill health in retirement**

Reasons	Frequency	(%)
Old age	15	12.60
Poor living condition	15	12.60
Idleness	36	30.30
Inadequate income	20	16.80
Strenuous activities	10	8.40
Social isolation	10	8.40
Family problem	5	4.20
Non Response	8	6.70
Total	119	100.00

Source: Fieldwork 2006

finding is at variance with the position of scholars such as Solover (1980), Glamser (1981) and Ogunbameru (1988), who are of the opinion that there is adequate evidence that many life events including retirement are associated with increased risk of diseases. However, the finding of this study supports the viewpoint of social gerontology, which asserts that there is no adverse physical consequence of retirement on the health of retirees. This evidence as shown here suggests that-the state of health of retiree depends more on his pre-retirement health status than on retirement.

Another, measure of impact of retirement on health used in this study is comparison of frequency of pre-retirement and post retirement visits to the doctors. The report on this is contained in Table 6. The pre-retirement visit showed that 11.8% frequently visit the doctor, 62.1% seldomly visit the doctor, while 26.1 did not visit the doctor at all. On the other hands, post retirement visit showed that 15.1% frequently visit the doctors 58.8% seldomly visit the doctors and 26.1% did not visit the doctor at all. From these findings, it is evidenced that there is no significant changes in the frequency of visit both before and after retirement. The conclusion is that retirement does not have negative effect on the health of retirees.

A pre and post retirement comparison of the in ability to move about recently due to health is another factor used in this study to measure the health impact of retirement on retirees. The report of this is contained in Table 7 and it indicated that the pre-retirement ability to go out show that 26.9% always go out, 32% occasionally go out, 26.1% are indifferent and only 15.1% hardly go out. The post retirement inability to go out showed that 41.2% go out, 36.1% occasionally go out, 22.9% are indifferent and none of them had difficulty in moving about. From the fore going, it is evidence that retirement enhances the ability to go out compared with pre-retirement period. The improvement in ability to go out is a clear demonstration of good health on the part of

**Table 5: Comparative data on pre and post retirement health status**

State of health	Frequency	(%)
Better	63	53.0
Worst	13	10.9
The same	43	36.1
Total	119	100.0

Source: Fieldwork 2006

**Table 6: Comparison of pre-retirement and post retirement visits to the doctor**

Rate of visit	Pre-retirement	Post retirement
Frequently	14 (11.8)	18 (15.1)
Seldom	74 (62.1)	70 (58.8)
Not at all	31 (26.1)	31 (26.1)
Total	119 (100.0)	119 (100.0)

Source: Fieldwork 2006

Table 7: Comparison of Pre and Post retirement inability to move about recently due to ill health

Rate of visit	Pre-retirement	Post retirement
Always	32 (26.9)	49 (41.2)
Occasionally	38 (32.0)	43 (36.1)
Indifferent	31 (26.1)	27 (22.9)
Hardly	18 (15.1)	0 (0.0)
Total	119 (100.0)	119 (100.0)

Source: Fieldwork 2006

individual retirees. This finding further support the view that retirement contributes positively to the health of retired people.

### IMPLICATIONS

The social and demographic characteristic of the sample revealed that a large proportion of the respondents were males. Their ages varied from 45 years to over 75 years. Majority of the respondents were Christians and monogamy was wide spread among the sample. An examination into the reasons responsible for the retirement of the respondents reveals that majority retired as a result of attaining compulsory retirement age. This finding sharply departed from earlier findings of Mutran and Relzes (1981), which emphasize health and inadequate income as the principal reasons for retirement.

However, it was discovered from the study that the length of years of retirement has no effect on the health of retirees. The study revealed insignificant differences in the state of health of retirees but did not see any change in their health status as a result of retirement.

On the indices of retirement, some of these indices showed that retirement has positive impact on health of retirees. For instance, when respondents were asked about their perception of their health in retirement, majority of them were of the opinion that retirement contributes positively to the health of retired people, while a few others expressed contrary view. Also, a look at pre and post retirement visit to the doctors among the respondents confirmed that retirement enhances health status of retirees. An investigation about the factors that contributed to the ill-health among retirees revealed idleness, old age, poor living conditions, inadequate income, family problem, social isolation and strenuous activities.

In the light of the preceding discussions, it is pertinent to draw out some of the implications of the results obtained from the present study. In the first instance, the social-economic and political environment of the area where research is executed is very important in research design. It is obvious that most of the researches on retirement were carried out in advanced countries with stable social, economic and political environment. This

situation provides avenue for greater opportunity for retirees before and after retirements. For example, the social welfare schemes available in advanced countries are lacking in most of the third world countries. These differences have influence on factors that are responsible for retirement in the first instance. While, economic resources and health are paramount factors in those developed countries, the reverse is the case in Nigeria as shown in this study. Even, if workers are not satisfied with the income, while on the job, there is little opportunity outside to fall on, if one should loose his/her present job. That accounted for high rate of people being forced to retire either as a result of attaining maximum age for retirement (60 years), or having served for at least 35 years regardless of their ages. The issue being raised here is that scholars and policy makers on retirement should analyze social-cultural environment of their area of study before seeking to adopt a particular policy.

Secondly, the results of the study confirmed that retirement has positive influence on health of retirees and that any illness that occurs to a retiree is a result of other factors such as old age, inadequate income and idleness rather than retirement. The implication of this is that government should design policies that will make life suitable for the retirees rather than emphasizing provision of medical care, which is necessary after other social factors, might have led to the poor health of retired people. It is always better to treat cause rather than effect.

### CONCLUSION

Retirement is a creation of modern industrial society and its occurrence in Nigeria is very recent, however, the rate at which people are retiring from public services in the last 2 decades and its accompanied personal and societal consequences deserve the attention of scholars. The study attempted to determine the impact of retirement on the health of retirees. In pursuing this objective, a sample of Nigerian retirees from four local government of Ondo State was studied.

The decision to study this group was guided by a number of considerations. Firstly, there is dearth of empirical data on the impact of retirement on health in Nigeria. Therefore, the desire to construct sociology of retirement based on empirical research informed the decision to carry out the study. Secondly, the desire to study relationships between retirement and health is rooted in the frightening observation made by the researcher about the rate at which retired people's health decline shortly after retirement. This pathetic development raises a fundamental question whether it is retirement that is really the cause of declining health status among

the retirees. Thirdly, over the years, the relationship between retirement and health has been a matter of controversy.

Majority of the respondents in the study retired after attaining the retirement age. This is a clear departure from earlier findings, which emphasize health and inadequate income as the principal basis for retirement (Ogunbameru, 1988; Fashola, 1999). It was also revealed that there is no relationship between length of years in retirement and retirees health. Reported factors of ill health among retirees include idleness, old age, poor living conditions, inadequate income, social isolation and strenuous activities. In view of the foregoing, the following policy are recommended

The often-mentioned problem facing the retired people is inadequacy of their pension. In order to maintain the standard of living, which the retirees were hitherto used to it is suggested that retiree should be placed on the last salary level received, while in service. This is because their responsibilities do not reduce in retirement but increase. The present practice of receiving pension, which is less than what they were receiving when in service, does not augur well for their general well being. The present compulsory pension-contributing scheme is a welcome development. It may be too hasty to evaluate its performance for now. In addition, there should be regular payment of pension to the retirees. It was discovered during the period of data collection that pensions were paid in arrears. For instance, at Akoko North West local government, pensioners claimed that they had not received their monthly pension for the previous 3 months. This is a bad development. Also, the pensioners should be exempted from payment of tax. The government (both federal and state) should make provision for free education at all levels and free medical services for all her citizens a priority, this is to lessen the burden of pensioners who are equally responsible for the education and health of their dependants. This will increase their disposable income, which can be used in other areas of commitments.

Thirdly, there is need for the provision of recreational facilities and old age homes in each of the local government headquarters of the federation to take care of the relaxation and physical exercise needs of the retired people. This will reduce idleness and boredom on the part of the retirees. This is a way of improving their health status.

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