

## **A Sociological Study On Retired Government Employes In Karnataka. (Special Reference to Shimoga District)**

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**ABSTRACT:** Retirement is a crucial event for an employ, government as well as private. In India varies from 58 years bared upon government policies. Whether be the retirement age, this brings a new phase in the individual life and ageing has much to do with. Here retire i.e mooring away from entire legitimate participation in a given activity. it is kind of withdraws i.e. willingly & unwillingly, from mainstream of social participation ultimately leads for sense of alienation as a result of which weaker friendship relations (Jwals Nand Prasad Sinha 1989). Retirement also makes man dependent, dull, and lonely despite comparative good health (Mani 1980). It deprives an individual of a major part of income and reduced status, authority, power and importance, and carries number of other aspects and factors which interact to produce the effects in a positive and negative form. Health's, creativity, economic status social interaction within and outside the family are some of the important factors which interact with retirement to determine effect.

**KEYWORDS:** Alienation, Employ, Government, Health, Retirement,

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### **I. INTRODUCTION**

From the beginning to the end of the 20<sup>th</sup> century, human life expectancy at birth has almost doubled in developed countries with the increased life expectancy & so the percentage of elderly people is also increasing world wide, Which is considerable now. Projection indicate that by the year 2020, there will be 470 million people aged 65 & above in developing countries is for greater & have considerable implications for health & Social policy. The age structure of the population is changing as the proportion of elderly persons is increasing. With ongoing economic development & the consequent changes in family structure & relationships. The elderly lose their relevance & significance in their own households & face problems. The problems of aged differ not only between societies but, also within nations & between groups. being old, weak, hard of hearing, partially blind & immobile. Retirement stage for a government or private employee is critical and emotional one. Because, they have to change suddenly the life time patterns as well as habits which may give rise to stress or traumatic experiences. In a way retirement has different meanings and experiences it those who are under going it one who develops appropriate attitude and makes mental preparedness for retirement, and who fulfilled all the financial obligations such as setting their male children and getting married their daughters, they are neither shocked nor unhappy with his superannuation. But undoubtedly the giving process beings about deteriorative changes in the life style, health system and soul expectations. At the same time situation compels some of the Retires to curtail. Some of the aspirations and compromise with the situation.

### **II. OBJECTIVES OF THE STUDY**

This research paper intends to understand and address the issues pertaining to sage retirees. This also attempts to understand the problem within sociological frame work keeping this broad objective in mind the following specific goals are attempted to be achieved.

- ❖ To study the familial conditions & life style of the respondent.
- ❖ To understand type of geriatric problems of respondents.
- ❖ To explore the level of life satisfaction of retirees of this study.
- ❖ To know the due expectations of Retirees.

### RESEARCH METHODOLOGY

The study universe constitutes the retired pensioners living in Shimoga District of Karnataka. The respondent is selected from the list available with the Deputy Commissioner Pension office. A total of 528 respondents were selected for the study after due consideration of their age of respondent period of retirement family background etc. Data collected was both quantitative data was collected through individual interviews of the respondent. A structure interview schedule with a partially open ended question and sub question has been used. The qualitative data was collected through careful observation by the research during the study. The study has been coded, tabulated and analyzed with the help of standard methods commonly used in social science research in India.

### III. SIGNIFICANCE OF STUDY

- ❖ Due to medical revolution, and public health programs the life expectancy of majority of people has increase from 52 years to 64 years. As a result more number of people is bound to lead retired life.
- ❖ Due to nuclear family concept, and lose of joint family structure the aged are let alone or isolated at their own mercy due to various socio-economic conditions.
- ❖ With the increase in the number of formal occupations more and more are bound to retire from the salaried job under a formal retirement system.'
- ❖ Moreover, ageing is also bio-psychological process. It is the need of the day to understand their health and psychological problems and look for various amelioration programs or schemes.

### IV. AGE – WISE DISTRIBUTION OF RESPONDENTS

SL.NO	AGE GROUP	NO OF RESPONDENT	PERCENTAGE
1	58-64	216	40.92
2	65-71	176	33.33
3	72-78	88	16.66
4	78 + above	48	09.09
	<b>TOTAL</b>	528	100.00

Above table shows that, highest number 216(40.92%) belongs to the age group of 58-64 years. The next highest percentage 33.33 was in the age group of 65- m 71 years. In the successive age group the distribution of percentage was found to be gradually. The age of an individual can be attributed in calculating the period of retirement, their age related socio-psychological positions, and different age related bio-physical deteriorations in an individual.

### V. RESPONSIBILITIES HAD AT THE TIME OF RETIREMENT

SL. NO	TYPE OF RESPONSIBILITY	I PREFERENCE	II PREFERENCE	III PREFERENCE	IV PREFERENCE
1	House Construction of	126	54	300	48
2	Children Education	282	171	63	09
3	Children marriage	111	262	96	33
4	Need for other job	09	21	63	438
	<b>TOTAL</b>	528	528	528	528

The respondents were asked about certain familial responsibilities during retirement. The table shows that responsibility of children's educations was maintained by highest number of respondent, next in the order of preference was marriage of their children, and followed by construction of house and the last preference was given to need for other job. It shows that majority had familiar obligations at the time of retirement.

### STATUS OF RETIREES IN THE FAMILY

The interpersonal relationship between the individuals within the family expresses. The family culture and social health in the family organization. It gives entire picture of socio-physiological tendencies such has perception of status in the family towards retired person, and opinion about family member's attitude towards the non-active retired person, In order to assess the existing status, the retirees were asked to rate themselves. In terms of effects of retirements on their status. As was expected 76.08% of them maintained their status as been

reduced after their retirement according to socio – economic and familial structure. Only 8.20% perceived improvement in their status. They were well planned and are settled socially and economically. It is usually presumption that the age and retired gradually denounced their authority and participation become less interested in the family affairs, and relegates the authority to the adult male children of the family. To ascertain the role played in decision making in family affairs, the response were classified into three

SL.NO	FAMILY AFFAIRS	NOT CONCERTEED	RARELY CONSULTED	CONSULTED IN EVERY MATER	TOTAL
1	Children's education	292 (55.30)	142 (26.9)	94 (17.80)	528 (100)
2	Social gatherings	198 (37.50)	108 (20.45)	222 (42.44)	528 (100)
3	Children's marriage	248 (46.96)	142 (26.89)	138 (26.13)	528 (100)
4	Interaction With relatives	332 (62.87)	102 (19.31)	94 (17.80)	528 (100)
5	Property related Issues	118 (22.34)	114 (21.59)	296 (56.06)	528 (100)
6	Children's failure settlement	296 (56.06)	142 (26.89)	90 (17.04)	528 (100)
7	Financial matters	328 (62.12)	64 (12.12)	136 (25.75)	528 (100)
8	Matters related to politics	364 (68.93)	108 (20.45)	56 (10.60)	528 (100)

**Categories i.e. (a) not consulted (b) rarely consulted (c) consulted in every matter.**

The above table expresses that in majority of cases (68.93), (62.12), (62.87), were not consulted in the matters concerned with political, interaction with the than ration, and every financial matters respectively. But they were being consulted frequently on the issues she has social gatherings, property related issues. This data supports the facts at the out rat that the children were just consulted, but the male children only. But even though to this day, considerable numbers of retirees expressed their posit ire existence in their familial issues. In this way it cannot be generalized that the retirement has not affected much to the respondents interaction with their family members.

**VI. HEALTH PROBLEMS OF RESPONDENTS**

We may like it or not, some of the bio-physiological disturbances are band to occur for every individual now or later. Deterioration in physical strength and structure of body is expected fact as one enters into old age group. On occur it of this various geriatric ailments such as metabolic disorders, heart related diseases, urinal and hearing impairments family in mental and nervous conditions, rheumatism, dental problems are the ones that usually attacks the old persons. Apart from these, diseases like gastritis, diabetes, indignation, asthma and general weaknesses are formed to be frequent among the old people due to declare in their power of resistance and other geo-social factors.

**Age and nature of Ailments**

SL. NO	NATURE OF ILLNESS	58-64	65-71	72 + ABOVE	TOTAL
1	Heart Related Disease	16 (25.80)	20 (32.25)	26 (41.93)	62 (11.74)
2	Rheumatism	16 (27.58)	18 (31.03)	24 (41.37)	58 (10.98)
3	Digestive Problems	22 (36.66)	23 (38.33)	15 (25.00)	60 (11.36)
4	Asthma	27 (50.00)	13 (24.07)	14 (25.92)	54 (10.22)
5	Muscles & Joint Pain	26	24	24	74

		(35.15)	(32.43)	(32.43)	(14.01)
6	Dental Problems	14 (21.87)	18 (28.12)	32 (50.00)	64 (12.12)
7	Skin Dieses	14 (48.27)	06 (20.68)	09 (31.03)	29 (05.49)
8	Visual & Hearing Impairments	12 (31.57)	18 (47.36)	08 (21.05)	38 (07.19)
9	Diabetes	08 (17.77)	14 (31.11)	23 (51.11)	45 (08.52)
10	Paralysis	04 (57.14)	03 (42.85)	-	07 (01.32)
11	Hearing, Age Sight & Health	09 (31.03)	12 (41.37)	08 (27.58)	29 (05.49)
12	Teeth, Eye Sight & Asthama	02 (25.00)	06 (75.00)	-	08 (15.15)
13	TOTAL	170	175	183	528 (100)

The health status of retirees is expressed by talking into account the nature of illness and the respondents age under different age group. While 74 (14.01%) retirees are suffering from muscle and joint pains, 64 (12.12) from dental problems, 62(11.74%) from heart related disease, 58 (10.98%) from rheumatism, and most of the respondents are suffering from multi disease such as visual + hearing impairments, hearing & eye sight+sight+teeth problem, teeth problems+eye sight and asthama. Some of the diseases are interconnected. Ex; the lose of teeth leads poor mastication of food which aggravates the digestive problems like indigestions, flatulence, and dyspepsia. Majority of retirees who suffer from health related problems 348 (65.90%) are invariably taken care by their family members particularly their male children. 136 (25.75 percent) are residing at their daughter care, and only 44 (08.33 percent) are living separate house because of their children are mined in search of better jobs or they themselves are separated due to non – adjustable with their children.

Formally, when the employ is in service, various medical facilities are provided, but these facilities are immediately stopped after retirement when the old people are really in need of medical facilities. The cost of the medicines and treatment particular for the disease like heart related problems, rheumatism, diabetes are so exorbitant that, one cannot meat such expenses with exiguous funds coming in the share of pensions. Therefore retired servants do face a hard time after retirement, is they are victims of one or the other type of the seivour disease.

### **Life satisfaction of retired aged**

Satisfaction in a way is state of mind. It depends upon the perception of individual and his readiness to accept the things. Retirement from job has no doubt a psychological impact on the individual and probably escalates the process of aging. Reduced health, reduced income and sudden break with particular kind of occupational life results in various types of socio-psychological problems for the individuals. Critical changes in the persons immediate environment are likely to occur as the individual starts a retired life. The attitude of family members towards him changes and his attitudes towards the family members also changes in this period of alienation in family and outside of as well (S.Mohanthy).The concept of life satisfaction has been used to understand the feelings of retirees in terms of happiness and unhappiness. Whatever changes the retirees were experience retired life, but most of the respondent were unhappy because they could hardly fulfill their familial obligations. Most of the elders indicated that they are quite satisfactory because they were prepared to well come all starts of odds which are band to assure inevitably. After retirement it is difficult to continue same habits of recreation because of changes in socio-economic and occupational status within and outside of the family. But, most of the elders expressed their involvements in Social activities, so that they will be active and healthy. However, Their responses expressed and feelings of every individual differ after retirement due to differences in their retirement plans.

## **VII. SUGGESTIONS AND RECOMMNDATIONS**

However, general suggestions are need to be pleaded.

- ❖ Retirement from service itself doesn't mean they are incapable of furthering their of physical activity. Hence those retired persons who are physically fit and active can be given opportunity to were considered to be reflected in their responses in respond to the statements revealing the level of life satisfaction. In order to understand level of life satisfaction, the respondents were asked to mention the ranks for important indicators such as, fulfilled all the family obligators, better care taking by their children, individual freedom for expression of feelings, haring good peer group for leisure time, and social respect etc

**Ranks order of the feeling of satisfaction**

SL. NO	INDICATORS OF FEELINGS	I RANK	II RANK	III RANK	IV RANK	V RANK	TOTAL
1	FULFILLED ALL THE OBLIGATE	108 (20.45)	78 (14.77)	98 (18.56)	76 (33.33)	68 (12.87)	528 (100.00)
2	BETTER CARE TAKING BY THEIR CHILDREN	128 (24.24)	84 (15.90)	72 (13.63)	138 (26.13)	106 (20.07)	528 (100.00)
3	FREEDOM IN FAMILY	96 (18.18)	138 (26.13)	121 (22.91)	73 (13.82)	100 (18.93)	528 (100.00)
4	HAVING GOOD PEER GROUP	103 (25.00)	94 (17.80)	104 (19.69)	82 (15.53)	116 (21.96)	528 (100.00)
5	SOCIAL RESPECT	64 (12.12)	134 (25.37)	133 (25.18)	59 (11.17)	138 (26.13)	528 (100.00)
	TOTAL	528 (100.00)	528 (100.00)	528 (100.00)	528 (100.00)	528 (100.00)	528 (100.00)

This above table explains more numbers of respondents expressed (128+132=260) (49.24) their happiness due to because they hand good care talking environment in family and good peer group to spend earn their life and serve family and society. This will not only leads for economic earning but also enhances the process of their adjustment and make them to feel as valued member of the society.

- ❖ Counseling is need for the upper-middle age-group people (55-60 years) to take the necessary preparations, so that they can lead healthy life in later age of retirement. Inoreder to reduce the stress or frustration about retirement, it is desirable to arrange more numbers of counseling centers at taluk and region level about to know how to regulate life in their retired situation.
- ❖ The pension structure should be revised every year according to market prices.
- ❖ Due to the medical revolution most of the people are able to lead an active and healthy life even after retirement. This leads for longevity. Hence, they need to take preventive and curative measures so that they can lead healthy life in their later years. The medical reimbursement faculties which the government servants usually enjoy prior to retirement should also be made available to then even after retirement.
- ❖ Precrational facilities to spend their free leisure time should be given at most priority for old age people. Because ages retirement a person gets enough of leisure and doesn't find means to utilize it. It can be grading, reading, playing any indoor games which can be played by old age people. The only alternative to keep them healthy and active us by keeping or making them engaged in one or other party work or act, so he may no longer have any problem in regard to the spending of his leisure time.

To conclude, the person who us working as an employee in any formal organization retirement is inevitable. Life after retirement is mean different from that of befroe and hence is bound to be traumatic, unless one makes preparation for it. It is likely that, the problem of adjustment by the relied persons have been felt in different spheres within and outside the family. It is therefore social values should be made strengthen in the family to take care the elders. Simultaneously government and NGO should also come for ford to understand analyze and ameliorate the old age retired persons from their various inabilities and come forward with constrictive plans (Mohanty).

**REFERENCES**

**Journal Papers:**

- [1] Registrar General of India. "Population projection for India and states 1996-2016" New Delhi; 1975.
- [2] Gurudas S, Lakshminaraynan TR. "A study of life satisfaction in relation to marital status among the aged" *Indian J Soc Welfare* 1989;50:236-8.
- [3] Nayar PK. "The State and the old in the developing countries" in world congress of the *International Sociological Association: Mexico City*; 1982
- [4] Desai.K.G and Nail.R.D 1969. "Problems of retired people in Greater Bombay". *Tata Institute of Social Sciences*. Bombay.
- [5] Ramamurthy.P.V. 1970. "Life satisfaction in the older years". *Indian journal of gerontology*, Jaipur.

**Books:**

- [6] Weinberger M, Cowper PA, Kirkman MS, Vinicor F. "*Economic impact of diabetes mellitus in the elderly*" *Clin Geriatr Med* 1990;6::959-70.
- [7] Kishore S, Garg BS. "*Sociomedical problems of aged population in a rural area of Wardha*" *Indian J Public Health* 1997;41:43-8.
- [8] Singh AK, Singh M, Singh DS. "*Health problems in rural elderly at Varanasi*" Uttar Pradesh. *J Assoc Physicians India* 1996;44:540-3.

- [9] Jindal BL. "*Alienation among the ageing males*" Sharma ML, Dak TM, editors 1987
- [10] Nayar PK. "*The State and the old in the developing countries*" in world congress of the International Sociological Association: Mexico City; 1982.
- [11] Gangrade KD. Emerging Conception of aging in India: "*A Socio-cultural Perspective in Eastern*" Anthropologist 1989;42:151-69.
- [12] Bhata H.S. 1983. "*Ageing and Society*" Arya Book centre publishers.
- [13] Sharma.M.L and Dark.T.M "*Ageing in India. Challenges for the society*" Agantha Books, New Delhi.
- [14] Murry.S.T, John. 1970. "*A practical guide to retirement*" Epworth press. London.
- [15] P.N.Sati. "*Retired and ageing people (A study of their problems)*" 1988. Mittal publications, Delhi.
- [16] S.Mohanthy. "*Retired government servants and their problems of socio-psychological adjustments*" Ashish pun House. New Delhi.
- [17] R.S.Goyal. "*Some aspects of ageing in India*" Ashish public house. Delhi. Arya Book centre publishers.

**Reports:**

- [18] United Nation Population Assesment, In: *WHO Technical Report Series 853*. Geneva; 1992.
- [19] Upmanyu S, Upmanyu VV. Loneliness in Adolescents. *Unpublished research project. NCERT*: New Delhi; 1995.
- [20] *WHO Technical Report Series 853*, Geneva; 1995.

**Theses:**

- [21] Mishra S. "*Social adjustment in old age*" Unpublished Ph.D. thesis. Punjab University: Chandigrah; 1976
- [22] Parvan UC. "*A study of medical and psychosocial problems of the aged in hilly areas*" HP University: MD Thesis. IGMC Shimla; 1983.