

# **ASSOCIATION BETWEEN WOMEN RETIREES OF INDIA AND UK WITH RESPECT TO THEIR LEISURE TIME ACTIVITIES, SOCIAL NETWORK PATTERN AND HEALTH STATUS**

**A thesis submitted to Lovely Professional University  
For the Award of  
Doctor of Philosophy  
in  
Lovely School of Education**



**L** OVELY  
**P** ROFESSIONAL  
**U** NIVERSITY

---

*Transforming Education Transforming India*

**Dr. S.K.Bawa**  
**Supervisor**  
Professor & Head  
School of Education  
Central University of Punjab  
Bathinda, Punjab

**Poonam**  
**Investigator**  
Reg. No.40900062

**Lovely School of Education**  
**Lovely Professional University**  
**Phagwara, Punjab**

**2017**

## **DECLARATION**

I declare that the thesis entitled **ASSOCIATION BETWEEN WOMEN RETIREES OF INDIA AND UK WITH RESPECT TO THEIR LEISURE TIME ACTIVITIES, SOCIAL NETWORK PATTERN AND HEALTH STATUS** has been prepared by me under the guidance of **Dr. S.K. Bawa, Professor and Head, School of Education, Central University of Punjab, Bathinda**. No part of this thesis has formed the basis for award of any degree or fellowship previously.

**Poonam**  
**Lovely School of Education**  
**Lovely Professional University**  
**Phagwara, Punjab**

## **CERTIFICATE**

I certify that Poonam D/o Sh. Ajay Kumar has prepared her thesis entitled **ASSOCIATION BETWEEN WOMEN RETIREES OF INDIA AND UK WITH RESPECT TO THEIR LEISURE TIME ACTIVITIES, SOCIAL NETWORK PATTERN AND HEALTH STATUS** for the award of Ph.D degree of the Lovely Professional University, Phagwara, Punjab, under my guidance. She has carried out the work at the department of Lovely School of Education, Lovely Professional University.

**Dr. S.K. Bawa**

**Professor and Head**

**School of Education**

**Central University of Punjab**

**Bathinda**

## **ABSTRACT**

The objectives to conduct the study were (i) to identify the leisure time activities and social network pattern of women retirees of India and UK (ii) to explore the social network pattern of women retirees of India and UK (iii) to reveal the level of health status of women retirees of India and UK (iv) to find out the difference between the pattern of leisure time activities, social network pattern and health status of women retirees of India and UK (v) to compare the association of leisure time activities, social network pattern and health status of women retirees belonging to India and UK (vi) to find out the association between leisure time activities, social network pattern and health status with respect to socioeconomic status of women retirees of India and UK. To conduct this study a sample of 600 women retirees were identified from India and UK. Data were collected from India by purposive sampling technique and to collect data from UK, snowball sampling technique was used.

Quantitative and Qualitative analysis of data was done to know the results. Data were collected through internet, personal visits to subjects in India and UK. To find out the association between women retirees belonging to India and UK with respect to leisure time activities, social network and health status, their case studies were conducted. Findings indicate that literary activities are highly preferred and household activities are least preferred leisure time activities of Indian women retirees. Religious activities are highly preferred and sports activities are least preferred by the UK women retirees. As far as the social network pattern is concerned, social activities are highly preferred pattern of social network whereas meeting neighbours are least preferred social network pattern by Indian women retirees. Activities related to e networking are highly preferred pattern of social network whereas meeting with their neighbours are least preferred social network pattern by UK women retirees. There exist no significant difference in these patterns of social network of Indian and UK women retirees except family, e networking and social activities. There is significant correlation between social network pattern and health status of women retirees belonging to India. There is significant correlation between leisure time activities and health status of women retirees belonging to UK. There is no significant association between women retirees of India and UK with respect to their leisure time activities, social network and health status. Therefore leisure time activities, social network pattern with respect to the level of socioeconomic status of Indian women retirees is not positively associated but there is association between socioeconomic status and health status.

Keyword: Women Retirees, Leisure Time Activities, Social Network Pattern, Health Status.

## **ACKNOWLEDGEMENT**

A sense of an elation and accomplishment is always there when one finds a formidable task completed. This is exactly I am feeling while penning down these words after the completion of my work for the degree of doctorate of philosophy.

With all my sincerity, I bow before almighty for his benevolence and blessings.

As I put pen to paper, I am at a loss for the right words to express my deep sense of gratitude to my esteemed supervisor Dr. S.K. Bawa, Professor and Dean, School of Education, Central University of Punjab, Bathinda who guided me to get success in this academic pursuit. Her precious suggestions and expert guidance have been a great asset to me.

I would like to thank all my friends and colleagues who have helped me in data collection from India and UK.

My subjects belonging to India and UK deserve a special note of praise as they have helped me in data collection. They showed patience in filling of questionnaires. My special thank goes to Dr. Allison, Marry Cooper, Dee Johanson, Penny Larwood, Mandy, Marget, Sayra, Navpreet Kaur and Lakhwinder Singh who have helped me in finding retired women belonging to UK for data collection. I wish to thank Manjit Kaur, Sapna Bhandari and all my friends and colleagues who helped me in data collection from retired women belonging to India.

I wish to thank Professor Daljit Singh from Doaba College, Jalandhar and Professor Sukhdev Singh Aulakh working in Guru Nanak Dev University, Amritsar for providing me their guidance in statistical analysis and helpful suggestions in my work.

I also thank librarians of Lovely Professional University, Phagwara, Punjab Agriculture University, Ludhiana, Punjabi University, Patiala, Panjab University, Chandigarh, Guru Nanak Dev University, Amritsar and Khalsa College, Amritsar who have given me library assistance in finding literature related to my study.

It has been a long journey and completing this work is definitely a high point in my academic career. I could not have come this far without the assistance of my parents. I want to thank my husband Pawan Kumar for his support, encouragement and understanding in dealing with all the challenges I have faced in this journey. The support of my husband provided me the inspiration and was my driving force to complete my work.

(Poonam)

## TABLE OF CONTENTS

	<b>Page No.</b>
<i>DECLARATION</i> .....	<i>i</i>
<i>CERTIFICATE</i> .....	<i>ii</i>
<i>ABSTRACT</i> .....	<i>iii</i>
<i>ACKNOWLEDGEMENT</i> .....	<i>iv</i>
<i>LIST OF TABLES</i> .....	<i>ix</i>

**LIST OF FIGURES .....xii**

**LIST OF ABBREVIATIONS .....xiii**

**LIST OF APPENDICES .....xiv**

**I. CHAPTER .....1-33**

**INTRODUCTION**

1.1 Theoretical Orientation of the Problem .....1

1.2 Leisure Time Activities .....4

1.3 Social Network Pattern .....11

1.4 Health Status .....17

1.5 Socioeconomic Status .....20

1.6 Significance of the Problem .....21

1.7 Statement of the Problem .....25

1.8 Operational Definitions of the Terms Used .....26

1.9 Objectives of the Present Study .....27

1.10 Hypotheses .....27

1.11 Delimitation .....33

**II. CHAPTER .....34-58**

**METHOD AND PROCEDURE**

2.1 Population and Sample .....34

2.2 Tools Used .....35

2.2.1 Standardization of Leisure Time Activity Scale .....35

2.2.2 Standardization of the Social Network Pattern Scale .....45

2.2.3 Scale of Personal and Professional Health Status .....53

2.2.4 Socio Economic Status Scale .....55

2.3 Procedure .....56

2.3.1 Data Collection for Quantitative Analysis .....56

2.3.2 Data Collection for Qualitative Analysis .....	57
2.4 Statistical Analysis .....	57

**III. CHAPTER .....59-92**

**RESULTS AND DISCUSSION**

<b>3.1 Descriptive Analysis of the Data .....</b>	<b>59</b>
3.1.1 Frequency Distribution of Leisure Time Activities Scores of Indian Women Retirees .....	59
3.1.2 Frequency Distribution of Social Network Pattern Scores of Women retirees of India .....	61
3.1.3 Frequency Distribution of Leisure Time Activities Scores of UK Women Retirees .....	64
3.1.4 Frequency Distribution of Social Network Pattern Scores of Women retirees of UK .....	67
<b>3.2 Qualitative Analysis of the Data .....</b>	<b>71</b>
3.2.1 Identification of pattern of Leisure Time Activities of Indian women retirees .....	72
3.2.2 Identification of pattern of Leisure Time Activities of women retirees of UK .....	74
3.2.3 Difference between pattern of Leisure Time Activities of women retirees of India and UK .....	75
3.2.4 Difference in Leisure Time Activities of Women Retirees of India and UK .....	76
3.2.5 Identification of Social Network Pattern of Indian women retirees .....	77
3.2.6 Identification of Social Network Pattern of women retirees of UK .....	78
3.2.7 Difference between Social Network Pattern of women retirees of India and UK .....	79
3.2.8 Difference between Social Network Pattern of women retirees of India and UK .....	81
3.2.9 Difference between Leisure Time Activities and Social Network Pattern of Women Retirees of India and UK .....	81
3.2.10 Identification of level of Health Status of Indian women retirees .....	82

3.2.11 Identification of level of Health Status of women retirees of UK .....	83
3.2.12 Difference between levels of Health Status of women retirees of India and UK .....	84
3.2.13 Difference in Health Status of UK and Indian Women Retirees .....	84
3.2.14 Association of Indian women retirees with respect to their Leisure Time Activities, Social Network Pattern and Health Status .....	86
3.2.15 Association of UK women retirees with respect to their Leisure Time Activities, Social Network Pattern and Health Status .....	87
3.2.16 Difference in association between women retirees of India and UK with respect to their Leisure Time Activities, Social Network Pattern and Health Status .....	88
3.2.17 Association among Leisure Time Activities, Social Network Pattern and Health Status of Indian women retirees vis -a-vis their levels of socioeconomic status .....	89
3.2.18 Association among Leisure Time Activities, Social Network Pattern and Health Status of Indian women retirees with their socioeconomic status .....	90
3.2.19 Association among Leisure Time Activities, Social Network Pattern and Health Status of UK women retirees vis -a-vis their levels of socioeconomic status .....	90
3.2.20 Association among Leisure Time Activities, Social Network Pattern and Health Status of UK women retirees with their socioeconomic status .....	92

**IV. CHAPTER .....93-138**

**QUALITATIVE ANALYSIS OF DATA**

4.1 Case Studies of UK Women Retirees .....	93
4.2 Case Studies of Women Retirees Belonging To India .....	107
4.3 Interpretation of case studies of UK women retirees .....	123
4.4 Interpretation of case studies of Indian women retirees .....	125



4.5 Comparison of case studies of women retirees belonging to India and UK .....127

**V. CHAPTER .....128-134**

**CONCLUSIONS, LIMITATIONS AND EDUCATIONAL IMPLICATIONS**

5.1 Conclusions .....128

5.2 Limitations .....132

5.3 Educational Implications .....133

**SUMMARY .....135-151**

**BIBLIOGRAPHY .....152-159**

**WEBLIOGRAPHY .....160-161**

**APPENDICES**

*1. LEISURE TIME ACTIVITY SCALE*

*2. SOCIAL NETWORK PATTERN SCALE*

*3. PERSONAL AND PROFESSIONAL HEALTH STATUS*

*4. SOCIO ECONOMIC STATUS SCALE*

**LIST OF TABLES**

<b>Table no.</b>	<b>Description</b>	<b>Page No.</b>
2.1	Distribution of items of leisure time activities .....	36
2.2	Items retained in preliminary draft of leisure time activity scale .....	37
2.3	Distribution of items retained after reliability .....	38

2.4	Internal consistency of leisure time activity scale .....	38
2.5	Discrimination index table of leisure time activities scale .....	39
2.6	Norms for women of India for leisure time activity scale .....	42
2.7	Norms for women of UK for leisure time activity scale .....	44
2.8	Items retained in first draft of social network pattern scale .....	45
2.9	Items retained in preliminary draft of social network pattern scale .....	47
2.10	Cronbach alpha value for social network pattern scale .....	47
2.11	Distribution of items retained after reliability .....	48
2.12	Scoring table .....	48
2.13	Discrimination index table of social network scale .....	49
2.14	Norms for women of India for social network pattern scale .....	51
2.15	Norms for women of UK for social network pattern scale .....	52
2.16	Internal Consistency of the Scale .....	53
2.17	Table showing Coefficient of Reliability .....	54
2.18	Table showing Levels of Health and Personal Status on the Basis of Q1 and Q3 Values .....	54
2.19	Interpretation of the Socio Economic Status scale .....	56
3.1.1	Frequency Distribution of Leisure Time Activities Scores Of Indian Women Retirees .....	59
3.1.2	Skewness of Leisure Time Activities Scores of Women Retirees of India .....	60
3.1.3	Frequency Distribution of Social Network Pattern Scores of Women Retirees of India .....	62

3.1.4	Skewness of Social Network Pattern Scores of Women Retirees of India .....	62
3.1.5	Frequency Distribution of Leisure Time Activities Scores of Women Retirees of UK .....	64
3.1.6	Skewness of Leisure Time Activities Scores of Women Retirees of UK .....	65
3.1.7	Frequency Distribution of Social Network Scores of Women Retirees of UK .....	67
3.1.8	Skewness of Social Network Pattern Scores of Women Retirees of UK .....	68
3.2.1	Leisure Time Activities of Indian Women Retirees .....	72
3.2.2	Leisure Time Activities of Women Retirees of UK .....	74
3.2.3	Difference in Pattern of Leisure Time Activities of UK and Indian Women Retirees .....	75
3.2.4	Difference in Leisure Time Activities of Women Retirees of India and UK .....	76
3.2.5	Identification of social network pattern of Indian women retirees .....	77
3.2.6	Identification of social network pattern of women retirees of UK .....	78
3.2.7	Difference between social network pattern of women retirees of India and UK .....	79
3.2.8	Difference between social network of women retirees of India and UK .....	81
3.2.9	Difference between Leisure Time Activities and Social Network Pattern of Women Retirees of India and UK .....	81
3.2.10	Identification of level of health status of Indian women retirees .....	83
3.2.11	Identification of level of health status of women retirees of UK .....	83

3.2.12	Difference between levels of health status of women retirees of India and UK .....	84
3.2.13	Difference in Health Status of UK and Indian Women Retirees .....	84
3.2.14	Association of Indian women retirees with respect to their leisure time activities, Social network pattern and health status .....	86
3.2.15	Association of UK women retirees with respect to their leisure time activities, social network pattern and health status .....	87
3.2.16	Difference in association between women retirees of India and UK with respect to their leisure time activities, social network pattern and health status .....	88
3.2.17	Association among leisure time activities, social network pattern and health status of Indian women retirees vis -a-vis their levels of socioeconomic status. ....	89
3.2.18	Association among leisure time activities, social network pattern and health status of Indian women retirees with their socioeconomic status .....	90
3.2.19	Association among leisure time activities, social network pattern and health status of UK women retirees vis -a-vis their levels of socioeconomic status .....	91
3.2.20	Association among leisure time activities, social network pattern and health status of UK women retirees with their socioeconomic status .....	92

## LIST OF FIGURES

<b>Fig. No.</b>	<b>Figure name</b>	<b>Page No.</b>
1	Distribution of sample for data collection .....	34
2	Normal Q-Q plot of Indian Leisure time activities scores .....	61
3	Normal Q-Q plot of scores of Social Network Pattern of India .....	63

4	Histogram of scores of Social Network Pattern of India .....	64
5	Histogram of scores of Leisure Time Activities of UK .....	66
6	Normal Q-Q plot of UK Leisure Time Activities scores .....	67
7	Histogram of scores of UK Social Network Pattern .....	69
8	Normal Q-Q plot of UK Social Network Pattern scores .....	70

## **LIST OF ABBREVIATIONS**

1. LTA .....LEISURE TIME ACTIVITIES
2. SNP.....SOCIAL NETWORK PATTERN
3. HS.....HEALTH STATUS
4. SES.....SOCIO ECONOMIC STATUS

## **LIST OF APPENDICES**

	<b>Page No.</b>
1. Interview Schedule .....	1
2. Leisure Time Activity Scale .....	2
3. Social Network Pattern Scale .....	8
4. Personal and Professional Health Status Scale .....	12

5. Socio Economic Status Scale .....

.....15

## **Chapter-I**

### **Introduction**

#### **1.1 Theoretical Orientation of the Problem**

Old age means the ages that are nearing or crossing the average life span of human beings and leads to the end of the human life cycle. The definition of middle age and old age does not have the same meaning in all societies. People are considered old because of certain changes in their activities or social roles. In our society, they may be considered old when they become grandparents or when they begin to do less or different work or when they retire from their job. Retirement is considered that stage where a person stops employment completely.

There are many periods of life. In first period, an individual learns to make adjustments to the demands of family and neighbors and discovers an orbit of life much

beyond him. This is the transitional period from child to adult. Later, in the twenties, the role is again altered. The youth ties him to family responsibilities and to work schedules. Gradually his whole life and often that of his family are adjusted to compelling habits such as raising at a specified hour, being at the shop or office weeks of each year, then a hurried vacation and then again the hourly, daily, and weekly schedule. This is the second disciplined stage of life but it differs from the first, in that it is the discipline of responsibility. At this stage the habits and attitudes of the person become more firmly established than in the previous stage. After the working years, stage of retirement comes. This means a freedom from the heavy responsibility of recent years. Retirement experience can be either blessed or bitter, depending on how one accepts this new societal role. It can be full of satisfying activities and friends or it can be of loneliness, brooding, and resentment. The individual makes or breaks his life in retirement as in the other stages of life experience. Gordon (1959) found that many retirees felt happiness on the day of retirement. He separated those retirees who had planned for their retirement from those who did not plan their retirement. He found that the majority of the former discover activities or interest which command their time and energy. Many indicated greater enthusiasm for their new activities than for their earlier ones, and a number of retirees develop new interests or perform different leisure time activities. After retirement, large numbers of retirees chose to continue in their regular activities until ill health or death intervened, but there are many retirees who retire from the demands of their family and continue to engage in useful work even after retirement. The vast majority of retiree group command their time and usually their interest in hobbies, in gardening, in free public services, in aiding other in a variety of ways, or in securing remunerative employment. Professional retirees command their time after retirement and continue to work and perform useful activities (Gordon, 1959).

A person may also take voluntary retirement .There are many factors that contribute to voluntary retirement. Retirement represents a stage of life with its own pattern of living and behavior. In fact, life is a series of different stages each with its separate role of behavior, responsibility, and freedom. The retirees depend on pensions and savings or some combination of these for most of their current living expenses.

It is believed that retirement brings early death. In conflict with this belief a evidence showed that retirement, when taken early does not mean an earlier death, but often a longer life. Many retirements occur as the result of ill health. Anton (2008) recognized the difficulty of providing the adequate information which might give us a correct answer in the life span after retirement. He also concluded that life span and retirement has no relationship.



Henry James out of a long experience with the teachers insurance and annuity association (2009) compared the life span of teachers after retirement with the life expectancy for the same ages. James found that in the first few years of retirement the death rates of retirees exceeded. He concluded that retirement does not lead to early death of an individual, but if retirees have planned their retirement, then it will lead to good life after retirement. Retirement, for a time leaves one in a sort of vacuum, until adjustment can be made. It has been indicated that everyone experience three stages: first year-complete exhaustion, no desire to do anything. About one-half year-dissatisfaction, feeling shelved and out of the stream of life and satisfaction. It is quite impossible to estimate what proportion of retirees experiences these successive stages of (1) depression, dissatisfaction, or lost feeling and (2) satisfaction or contentment. But this is not true in the cases of those who have planned, tested, and proved their post-retirement activities in pre-retirement days.

A person can take retirement in his mid job in order to enjoy his life and to attain greater freedom and leisure time activities. Majority of retirees found satisfaction and sense of usefulness in various fields. It is not necessary that only the paid job can give one a feeling of participation and a sense of importance and usefulness. Population of retired people is equally important as population of young people. Population profile of India shows that the elderly population will be far greater by 2050 than today. It will raise many questions for government and individuals as to how to fund retirement (HSBS, Future for retirement). At

It has been observed that many retirees have enjoyed life after retirement. Some retirees believe that their life has been lengthened by retirement. The retirement experience of the professional women is somewhat similar to that of the professional man. For the professional woman, retirement may mean the time for rest, the relief from a daily schedule, the chance to do, what she pleases, when she want to do, or it may be an unwanted, distasteful change which she feels ,offers her no challenge and prevents her from carrying on what she had intended to do.

There are many factors that affect decisions regarding retirement. Social security rules play an important role in retirement plan. In many countries of the world, people are much more likely to retire at an early age .The normal retirement ages according to the public pension system of female is 60 and for males it is 62-65 years in UK By reviewing literature it has been found that individual's respond significantly to financial incentives relating to retirement. A greater financial benefit tends to lead to earlier retirement and the retirees can easily purchase additional equipments for their leisure time. The effect of wealth and high

status on retirement is difficult to estimate. It has been observed that greater wealth at older ages may be the result of increased saving over the working life in anticipation of earlier retirement. However, a number of studies have found creative ways to estimate wealth effects on retirement.

It has been anticipated that most developed countries have systems to provide pensions on retirement, which may be sponsored by employers by the state. In many underdeveloped countries, support for the retirees or older people is mainly provided through the family members. (Richhard,1999)

Prince in 2000 explored the relationship between marital status and women's retirement satisfaction. Results revealed retirement satisfaction and perceived health status and all the factors differed by marital status. Psychological well-being, however, did not differ significantly between marital groups.

A great deal of research has examined the effects of health status and health shocks on retirement. It is widely found that individuals, who have poor health, generally retire earlier than those in better health. But this does not necessarily mean that poor health status always leads people to retire earlier, since in surveys retirees may be more likely to exaggerate their poor health status to justify their earlier decision to retire. This justification bias, however, is likely to be small. In general, declining health over time, as well as the onset of new health conditions after retirement , has been found to be significantly related to earlier retirement.

Retirement also grants a freedom from the many petty annoyance of the working years. The release from the commands of the clock, not having to punch a time card, the freedom from tiresome and sometimes agonizing experience of committees, the release from further responsibilities brings some changes in social life of retirees and it also provides leisure time to the retirees.

## **1.2 Leisure Time Activities**

Leisure or free time is a period that is spent out of work and essential domestic activity. It is also the period of recreational and enjoyable time before or after important activities such as eating and sleeping, going to work or establishing business, attending school and doing homework, household work, and day-to-day life stress. There is difference between leisure and compulsory activities i.e. people sometimes do work-oriented tasks for happiness as well as for long-term utility to do important work. Leisure activities are divided into mainly different types such as: productive, intellectual, physical, social, productive and

recreational activities. Apart from these activities leisure time activities are broadly categorized into two main types' namely active and passive leisure activities.

Active leisure activities involve the exertion of physical or mental energy. Physical activities are those activities which include walking, exercises and performing yoga, and they consume physical energies.

Passive leisure activities are those activities in which a person does not perform any physical task and does not exert any physical or mental energy. There are many passive activities such as going to the cinema, watching television, reading book etc.

There are two factors that contribute to life satisfaction and improvement of quality of life and they lead to successful aging. The first factor is the perception of older with life and the quality of their life that accounts for a positive or negative feeling about their life experiences. It is the daily activities chosen or not chosen, that make up life experiences. Staying engaged in life with leisure time activities and relationships through strong social network is directly related to longevity and life satisfaction of retirees.

Leisure time activity is purposeful and meaningful, and having an expected outcome. It may be introduced and performed into routine life unconsciously or deliberately. Generally, activity is performed to pass the time, feeling satisfied or to fulfil their responsibilities. Family and friends may be included in the activities of obligation and meaning, such as daily household and family responsibilities. Some consider leisure time activities to be play and recreation and some considered it compulsory. Leisure activities can be performed to keep themselves happy or to attain any skill. Leisure is performed to pass the time without purpose and it does not necessarily produce any skill or product. It implies joy, enthusiasm opportunity and energy. There is association between leisure and retirement.

Research conducted by Ebersole and Hess (1995) recognised numerous activities. They explored an infinite number of activities in which older adults engage themselves. They concluded that activities can be energetic, stimulating, refreshing, restful, expressive, active or passive, Introverted or extrovert.

There are more general categories which include:

- Part time or full time work
- Social activities

- Resting ,Sleeping and exercising
- Buying things or goods
- Traveling to many places
- Maintenance of garden and flower arrangement/Home decoration
- Arts and crafts
- Listening radio or watching television
- Religious activities that is purposeful, traditional and ritualistic
- Training and education
- Sewing and cooking
- Housekeeping or household activities

Hooyman, Kiyak (1996) and Ebersole and Hess,( 1995) reported that activities leads to fulfilment of needs and depends upon various factors such as : age , physical and mental ability, time, skill, health, location and socio economic status, family background, workplace role and social network pattern.

There are many social activities that may encourage social roles among persons with common interests. These activities bring new roles, information and meaning into lives. These may be organizations, social clubs or social groups of people that meet regularly. Social activities may include association with social clubs, organisations and groups (Peterson 1998).

The physical satisfactions which come from the leisure of retirement are highly prized. Participation in the groups of family and neighbourhood is of major importance to many retired persons. Retirement grants time and freedom in performing useful and productive activities. Retirees welcome the chance to make improvements about the home which time did not permit in earlier years. Some retirees reported that for the first time in many years they have become a real member of their community. They possess time for sharing the life of their community. Kimberling (2011) investigated that leisure activities are numerous for the retiree over 55 years of age. Activities, such as cruising, bird-watching, volunteering and travelling, Sightseeing, TV Watching and Cruising are commonly performed by retirees belonging to UK. James (2009)

Retirement can be just as interesting and challenging as previous work for those with the will and initiative to make it so. A number of activities such as crafts or voluntary service may fill one's retirement life with interest. Martine (2009) explored that some

retirees, after retirement desired to continue working. The old age counselling centre in San Francisco encouraged in their clients the use of exercises designed to improve attention, memory, observation, suggestion, and other qualities. Others follow rigid physical exercises such as swimming, bowling, and walking. While many retirees report themselves as busier than ever before, many others have more free time than they know how to utilize. For these, the person who utilizes solitaire, movies, or any other activity for this purpose may not be as happy as one with a consuming interest, he is doubtless less bored with such time killers than without them. Any hobby or other form of entertainment may fall in this classification. It all depends on the purpose which promotes the activity. The leisure time activities improve mental health of retirees.

Research conducted by Caregiver in 1998 found that the value of leisure time activities continued into later life of older also. He found various leisure time activities of older adults. The benefits of leisure time activities include:

- Development of skill
- Maintenance of physical health
- Enthusiasm in the later life
- Self expression through creativity
- Development of sense of responsibility
- Attainment of satisfaction
- Expression of ideas
- Cooperative experience with people
- Travel in and out of countries
- Development of Leadership qualities

Routine activities such as household work, travel, attending religious ceremonies, educational, depend on many factors such as health, social network, location, family, friends and time. Routine activities have also importance in the later life of retirees. Retirees have choice to do activities of their own choice after retirement. Leisure activities bring meaning and opportunity in the life of retiree and these keep older adults engaged and to live their lives successfully. Indoor, outdoor, educational and recreational activities are activities that provide older adults newer and satisfying learning opportunities. This provides the meaning for successful aging (Atchley, 1999).

Sandberg in 1999 explored activities and life of older people. He found that a majority of older adults are satisfied with their lives. In retirement period retirees spend time on various leisure activities. Planning and preparation of leisure time activities make retirees to have a more positive experience about life. Older adults want to remain independent and productive and they choose and perform the activities which they feel meaningful. Social status or socio economic status has role in performing leisure time activities but this role is not so big. Retirees with good economic status can buy expensive goods for leisure activities and perform activities according to their financial capability. Religious activities are more common activities which the retirees perform after retirement. Interests and participation in political activity also increases with age so, many retirees also engage themselves in political activities also. There are also some ethnic and cultural differences among older adults. African Americans are more likely to spend time in church, and Italians and Mexicans are apt to spend more time with their families, than their Scandinavian and English counterparts.

Research has also indicated that mental, physical, social and active recreational leisure time activities are related to a higher quality of life in the older population, as well as in people with various disabilities. These activities also help old people to feel productive and satisfied in their later life. There are some simple activities such as eating in a hotel or restaurant, visiting a library and read books or walking in a park, gardening etc. Involvement with a variety of leisure activities can help individuals to lead more active and healthier lives. It has been observed that recreational activities improve cardiovascular health of older such as gardening, walking, cooking and dancing are good examples of such activities. Recreational activities have the potential to increase social involvement and social network. Many recreational activities, such as playing cards or some games or being on a sports team, need the involvement of social groups (Kathy 2002).

Life has more meaning than length. It also has ups and downs. After retirement the feeling of helping others develops among retirees. A number of retirees find a new meaning to life in helping others. They want to do social service also and take part in organizing social activities. They provide free service to the community, organizations or groups, helps the needy people. Retirement can be the period for fuller spending of oneself for others. Sharon (2006) found that high percentage of people die during their first year of retirement, one of the reasons being psychological trauma. Older people feel that they are unwanted individual and should be placed in the corner of the house, feeling ignored and sit idle in the house. All these factors have negative impact on their health. Therefore they face psychological

problems. Period of retirement can be made meaningful and productive by performing useful activities. Older people think that after retirement they will spend their free time by taking rest or by performing interesting activities. They want to play, read and learn. But when desires were never fulfilled, because of too busy schedule at work or family, then it may lead to frustration. Retirement is the right time to explore unexplored hidden talents and fulfill desires. Retirement is the respect given to years of service. If retirees do not want to sit and rest, they should explore and live the life because age is a state of the mind and not body. Galit (2005) identified the types of leisure activities and leisure benefits of individuals who have recently retired. It also explored the contribution of leisure activities and benefits to a higher life satisfaction at this phase of life.

Leisure time activities for older are the activities which are not related to their regular work but these give them the maximum amount of personal pleasure and happiness. Traditionally retirees whether they are men or women have spent their sunset years interacting with their grandchildren, and participating in simple household works. The leisure time and related activities are also dependent on the social network and activities of the elderly prior to retirement from an active to a more passive stage of life. Research showed by Price in 2001 found that in India, relatively few people seem to take an independent attitude to life, and still fewer tend to cultivate a meaningful hobby, or have the time to do so (Dey, 2003). It has also been suggested by Price (2001) that leisure-time physical activity may increase during retirement. Sports and watching TV after retirement can improve health status of retirees in UK. When retirees Engage themselves in leisure activities, they can reduce the risk of various cardiovascular diseases.

Kelly et.al. (2001) has investigated the impact of retirement on leisure-time physical activity. Cross-sectional data suggested that leisure-time physical activity may increase after retirement. He found that retirees who were more likely to adopt activity enjoy more after retirement. Retirement is associated with leisure time activities such as in sport activities and recreational activities. Participation in religious activities as well as television watching has role in retirement period.

Dona (1999) described and examined the household, leisure and occupational behaviours of older rural women.

It was found that watching television and listening to radio were found to be the common leisure time activities of Indian women. Watching television and listening to radio were popular activities of men also. This study does not give associations of leisure time activities of Indian Women with other variables. Interviews of women retirees revealed that

they do not structure their time properly. They only structure their time in performing their household activities and playing with their grandchildren (Parkash, 1999).

Jonathan (1999) found that patterns of leisure time activities emerged across Britain over the twentieth century. He explored that people belonging to UK have decreased their mid-century working hours by 40 minutes per week, and spend two hours and twenty minutes in performing leisure time activities. Several of the studies explored that leisure activities can lead to better health of retirees, yet it remains unclear exactly how the activities contribute. Other studies indicated that leisure experience also contribute in the life of retiree. It is clearly indicated that participation in leisure activities enhances physical health at various levels. Melamed and Meir's in 1995 found that leisure activities can enhance personality of an individual and make an individual meaningful and productive in every sphere of life. The activities that individuals perform should be satisfying and meaningful. It provides a link between leisure activity and satisfaction. Because leisure participation enhances health, it is important that all people should engage themselves in leisure time activities in order to keep themselves active. Leisure professionals can guide the individuals in three major areas. First, they can provide leisure education and leisure counselling to help individuals discover leisure opportunities and the diversity of participation options within specific activities. Second, leisure professionals can work to remove perceived and actual constraints to leisure for all populations i.e. youth to older, those with disabilities, rich and poor. Third, leisure professionals can seek effective ways to communicate the benefits of leisure and encourage people to make leisure a priority in their lives. These result findings have important educational implications for retirees.

Nieswiadomy and Rubin (1995) explored that leisure activities change with age and retirement. After retirement retirees have enough time for them so they can engage themselves in activities and buy leisure goods to use. Expenditure on leisure goods also increases after retirement. Hatcher et.al. in 2000 explored that retirees who buy leisure goods for them feel more energetic and satisfying with their retirement period.

Avlund and Legarth (1994) investigated leisure time activities. Brown, Frankel and Fennell in 1991 surveyed Canadians aged 18-69. They found that participation in a variety of leisure activities is important for well-being of elderly. The type of leisure activity and frequency of involvement to that activity contributes to well-being of elderly varies by age and gender. The findings were consistent with the findings of Ragheb (1993). The satisfaction gained by experiencing activity is more important. Sandberg (1999) explored different activities and importance of activities in the life of old people. He found that a



majority of older adults are satisfied with their lives .After retirement period retirees spend time in performing various leisure activities .Planning and preparation of leisure time activities have meaning in the life of retirees .It make retirees to have a more positive bent of mind about life. Older adults wish to remain independent as long as possible, and able to choose, perform and control the activities in which they participate. Research has consistently indicated that physical, social, active, passive and recreational leisure time activities are related to a higher quality of life in the older population. Kethy 2002 and Sharon (2006) found that high percentage of people die during their first year of retirement because of lack of leisure time activities. Lack of activities may lead to feeling of depression among older adults. Galit also in 2005 examined the pattern of leisure activities and leisure roles in the life of individual. It has also been suggested by Price (2001) and Dey (2003) that leisure-time physical activity may increase after retirement. Playing, Sports, listening radio and watching TV after retirement can improve health status of retirees. Kelly (2001) Dona (1999) investigated the influence of retirement on leisure-time physical activity. Carruth and Logan, 2002 reported that leisure time activities contribute to later life of retirees. Wilcox, Castro, King, Housemann and Brownson, (2000) Identified leisure time activity behaviour of older adults. Parkash (1999) found that Indian retirees do not structure their time after retirement. Jonathan (1999) explored those patterns of leisure activities emerge across Britain over the twentieth century. The findings of Melamed and Meir's (1995) showed that leisure activities are meaningful and satisfying in the lives of retirees. Study conducted by Nieswiadomy and Rubin in 1995 explored that leisure time activities change with age and retirement. Expenditure on leisure goods also increases after retirement. People with good socio economic status buy leisure goods for enjoyment.

Christine (2003). It has been anticipated that few people choose to be alone after retirement and some choose to do something different. Hui-Xin Wang, 2003, Marshall and Nancy (2003) Kelly and Wayne (2003), Ziembroski (2008),Gordon (1959), Alan ( 2009), Richard (1999) Price (2000), Bali 1(999) found that interactions, leisure time activities fills retirement life with interest. Kimberling (2011) investigated that leisure activities are numerous for the retiree over 55 years of age. Activities, such as cruising, bird-watching, volunteering and traveling, Sightseeing, TV Watching and Cruising are commonly performed by retirees belonging to UK. Martine (2009) explored that some retirees, after retirement desired to continue engage themselves in performing some useful activities. Leisure time activities identified by Leslet, Midwinter and Silverstein in 1992, 1996 and 2002 and they found that

the quality of life increases among older adults with increase in leisure time activities. Lahti (2010) found physical activities and health functioning among middle aged employees.

Benzamine (2008), Caspersean (2000), Cross (2004), Eden (2005), Evenson (2002), Hakim(1998), Hui (2001), Kene (2008), King (2001), Laural (2003), and Lauton (1983), Peter (2006) conducted leisure, recreation and life of elderly. Robert (2008 &2012) studied motivation of leisure and leisure expenditures of retired and non retired population. Shepard (2003) Sun (2010) studied physical leisure time activities of older people. Wilcox (2010), Yau (2002) explored leisure time activities and well being of older adults.

Retirement is that stage of life when every retiree wants happiness and wants to remain in good social network.

### **1.3 Social Network Pattern**

A social network means a social structure that is made of nodes which are generally individuals or organizations and these are tied by one or more specific types of interdependency such as values, visions, ideas, and financial exchange, friendship, kinship, dislike, conflict or trade. A social network is a pattern of continuous interchange of mutual assistance that plays a significant role in maintaining the physical, social and psychological health of the individual over time. Social network is essential for every individual as it helps older people to carry out their tasks effectively; it helps to make good social relations, take help and personal assistance during time of crisis. In its simplest form, a social network is a map of all of the relevant ties between all the nodes or individuals. The network can also be used to measure social capital of an individual through measuring social network or social networking of an individual. The social status of an individual can be measured by measuring his social network.

It has been observed that retirees can begin to create their own network of friends and can utilize their leisure time to keep themselves in touch with outer world and feel happy. They can share professional talks with each other by using social network sites or by joining social clubs etc.

Social Network of an individual can be evaluated by measuring length of social network of individuals. There are many patterns of social network also which have effects on an individual. Social network pattern may lead to network closeness, similarity of position, opportunities, and positive outcomes such as personality development, friendship ties etc.

Research conducted by Samuel in 2010 has investigated the relationship between personality and social support in predicting various forms of post retirement adjustment. This study explored that social support played an important role on dealing with depressive symptoms and burnout. Workplace relations before and after retirement was discussed in Science daily (Aug. 17, 2010). The influence of traditional social structures such as neighbourhoods and local organizations has declined. The workplace has become the new neighbourhood and has become increasingly important for maintaining social interaction and forming relationships. A new article on personal relationships found that those who retired just ten years ago, at the beginning of the 21st century, were more likely to maintain (or even gain) work-related personal ties after retirement, than were those who retired in the 1990's.

Retirement means new associations and friends, new attitudes, view-points and a fundamentally different philosophy of life, to which adjustment must be made. It is quite possible, that some will find no marked satisfaction from the increase in family and neighborhood participation. Those who cherish friends find satisfactions in increasing associations. Their social network will be wider. The retiree should hold to the associations, relationships, and memories of his immediate past. Many who have not made preparation for retirement experience have nothing else to do. In contrast, those who have planned for the new activities and the new world which lie ahead will naturally release many of their old relationships with greater ease. It is not that they discard former friends and pleasant memories. It is only that the new experiences and relationships assume central importance and the old must naturally give way. Retirees can enjoy a social experience quite as satisfying as they have had before. But this happy prospect is denied unless they give constant attention to repair of their social fences. The problem is not that of the mere keeping of old friends. If retirees do only this they will soon be lonely. Therefore new friends must be added. At any age one needs to give attention to the repair of social fences. People are often less aware of this in their earlier years. It must be admitted that certain retirees live lonely lives and report the inability to make new friends. It has been observed that new friends must be made, but it is equally important to establish those connections through which such friendships may develop. They utilize the associations in school, shop or office. In retirement the choice of new friends will normally come from other groupings also. The fact remains that, whether they recognize it or not, a valuable service is rendered by such organizations in the provision of contacts from which may develop the informal friendly groupings (Stevens, 1977). Aside from the family circle and religious associations, aged people should have contact with other

aged persons. If such contacts are freely chosen and result from a selection of available elders, life can be rich and stimulating. Those who have close association with others or with their own age group have strong social network. Those who remain in their own communities appear to have close association with their own age group. Retirement areas provides a wider range of untested friendships and experiences and permits the establishment of social relations outside the framework of the acceptable and unacceptable so often found in the former home locality. A senior citizen's club in any large city may provide strong social network. These social outlets provide friends, sometimes a sense of welfare contribution, and at times a means of continued growth, and always a filling of what might otherwise be empty hours. Emily in 2011 concluded that at later stages of life we all need friends and support especially when we are getting older. The more social network we have, the better we tend to feel good about ourselves. If older people want to widen their social network then they should join social organization, clubs, participate in religious and social activities etc. (Emily, 2011).

After retirement, mostly retirees feel that they have lost the opportunities to make friends. After retirement they do not make efforts to meet their friends and thus they feel alone. They restrict their social network after retirement and this may lead to their poor health. Lahti ,2007 explored that if retirees want to make friends at later stages then they should keep themselves in social situations in which they can share their ideas and information. Szinovacz and Ekerdt, 1995 found influence of family events and family responsibilities on retirement decisions, transitions and post retirement experiences. This study also found the role of family life and family events in the life of retirees. This study was conducted on Australian men and women aged 50-70 years. It also explores aspects of retirement and family relationships.

A survey by Swanton, 2013 in UK, has revealed the different attitudes to neighbors of different generations. One in five of those over 55 said they were firm friends with their neighbors compared to a quarter of 16-24 year olds who said they barely spoke. The survey showed that as we get older we are more likely to like our neighbors, with the figure increasing from 68.5% from 18-24 year olds to 89.7% for the over 55s. The most common age to not speak to a neighbor because of a dispute was revealed to be 35-44, with nearly 1 in 5 not speaking to a neighbor at this age. Between the ages of 18 and 34 is also the most likely time to have a falling out with more than two neighbors. The survey's results showed that as people get older and retire, they begin to build strong relations with their neighbors. In this survey it has been anticipated that 90.3% of retirees call upon their neighbor in an emergency

conditions. Steve (2012) also revealed that neighbors also provide social security for older people.

Molly (2010) surveyed internet users between the ages of 50 and 64 years. According to findings published by the Pew research centre half of Internet users are between the ages of 50 and 64 years and one quarter of those 65 years old people now use social media in order to widen their social network and those numbers have doubled in the past year. 20% of 50-64 year old Internet users and 13% of Internet users 65+ years use social networking sites on a daily basis and this leads to enhancement of social network. These findings have been released in June by the American association of retired persons (AARP). There are many websites and social sites available for widening social network. Social networking sites are important pattern of social network system. Retirees could take up a hobby class and engage themselves in activities like reading, watching TV, listening music, cooking, gardening, traveling, etc with like-minded people. They Join a health club or a yoga class, take a walk daily in a nearby park with some friends to increase their social network. Individuals not only stay fit this way but also feel more energetic. Community based services are another avenue to keep busy. In a deeply religious and culture oriented country like India, places of worship for social networking are also a very popular option. By taking the initiative to seek the support and companionship of people whose company retirees can enjoy, they can considerably improve the quality of their life, and feel more happy and social. Research conducted by James (2007) found that due to technological advancements social network is limited through e networking only. In UK, retirees want to remain professionally occupied and after retirement they engage themselves in e networking, telephonic conversation online networking. Women after retirement miss their work and colleagues. Online social networking in UK is a major form of communication and social interaction. Barrens (2002) found that in UK older people are connected with other people through e networking and other aspects of social network. As far as personal contacts are concerned, they are missing. After reviewing the literature it has been observed that people belonging to UK are more tech-savvy. Even the retired person spends their time in online networking. Robinson (2010) concluded that older people use web-based social networks and online dating services to boost their social networks.

Connections with their co-workers, friends and family members have always been important during their work career. After retirement, it is best to continue to engage and build relationships. They can use social networking sites to build their relations. 60% of people ages 50 to 64 use social media and 43% of people age 65-plus use it. Smith in 2009 told that

these middle-aged and older users are jumping on the social web primarily to meet people who share similar hobbies even after retirement. Study by pew internet (2012) revealed that retirees of age group 50-64 are active on a social networking site like face book, twitter etc. Richmond explored that percentage of use of social networking sites by senior citizens is increasing from 2010, 2011 and 2012.Older people use e mails, teleconferencing etc to communicate with their friends and family members (Social networking statistics, 2010).

Vahtera, Ojanlatva, Ansa et.al. (2010) examined associations of social support with early retirement and reported retirement preference. Findings suggested that social support is independently associated with a retirement preference among men and women. Socially isolated women feel that retirement period is less enjoyable than socially strong women. Retirees can spend their lives happily by utilizing their free time after retirement

Kelly (2003) found that retirement is often seen as a very important life event. It has been said that after retirement there is end of life and people lose their work related connections and social ties. But they should not think like this in order to remain healthy. Positive thinking has good effect on well being. The study conducted by Christine in 2003 did comparative study of people who retire between 1992 and 1995 and people who retired between 2002 and 2005.He examined how retirement influences personal ties that have been primarily developed at work, comparing the post-retirement personal lives of participants. The data for this study was based on the Longitudinal Aging Study Amsterdam (LASA). This was hypothesized that there is shift from interdependence to dependence. The reason for this is the changing roles before and after retirement. Christine identified various factors affecting retirement: (1) role expansion, (2) maintaining a sense of self, (3) re-establishing structure through time, and (4) community involvement. Results indicated that adjustment to retirement, for professional women, may be enhanced by utilizing work-related skills, maintaining active lifestyles, and nourishing individual self-concepts to counter the loss of former professional roles. It has been concluded that being a part of social groups improves physical and mental health.

Today is the age of technology .Education and advancements has changed the definition of family. In India the joint family system is gradually withering. This can be due to various factors. Younger family members often migrate for work to other places. Also, socio economic and cultural changes showed that members of the younger generation often prefer to live in nuclear families rather than with their elders. The young generation find it

difficult to adjust in joint families and the elderly thus also find themselves difficult to cope with the young generation so they develop feeling of unwanted. Elder people face many issues related to financial, physical, medical and emotional aspects. Even those retirees who live in joint families may not always get the emotional support and active lifestyle that are important for their physical and mental health. The resultant isolation can lead to problems such as depression, which in turn increases the risk of mortality. One simple solution to the complex issues faced by the elderly after retirement is social networking. A social network is a social structure consisting of individuals and organizations tied together by common values, visions and ideas. Social networking can benefit older people in several different ways. It provides emotional support as well as opportunities for stimulating interactions. It also motivates positive behavioural changes, leading to increased feeling of happiness. Healthy living, activities such as religious activities have health benefits in the life of retirees. Activities like cultural activities, spiritual activities, participation in religious activities are strongly associated with the enrichment of culture and life after retirement (Kelly, 1988).

People of all ages whether they are young or older often seek to find meaning in their everyday activities. Understanding the relationship as well as the differences between spirituality and religion may explain and support the interest of older adults in reaching beyond themselves, doing and caring for others. Participating in religious activities and organizing social and religious ceremonies may strengthen the older people. Engagement in spiritual activities can lead to peace and life satisfaction. Defining spirituality, identifying its threats and strategies may lead readers into incorporating spirituality into or finding meaning in their lives. Expressions of spirituality through religious practice or compassion, service to others or passing on wisdom to succeeding generations often bring deep personal satisfaction, comfort, and peace to older adults (Ruskin, 1999). Tornstam in 1994 revealed that life satisfaction increases especially among older, when there is shift from materialistic attitude to religious or cosmic world. Spirituality leads to happiness, satisfaction and independence among older adults (Hess, 1998). Therefore spirituality has positive effect on the life of older people.

However, an increasing amount of seniors may be at risk of being socially isolated or lonely. Certain factors such as increased likelihood of living alone, death of family members or friends, retirement or poor health has negative effects on the health. Study has showed that after retirement many retirees may go to social isolation and do not participate in social activities, this may lead to poor health and less social network. If retirees perform social

activities such as participation in social activities like social functions, join social clubs or social organizations then this lead to better life even after retirement (Helly, 1998). After retirement, social network changes (Halen and Parry 2005). It had been observed that social roles affect health status of retirees in UK (Mickel 1992).

## **1.4 Health Status**

Poor health and limited income, while inconvenient, do not close the doors to satisfactions in the retirement period. Good retirement experience depends on the possession of health and wealth. Many retirees with good health and income are happy with their books, their friends, and their interests. What is important is the attainment of a peace of mind. Every retiree finds happiness if he or she has sound physical and mental health.

Health of an individual can be categorized as very good, good, fair, bad, very bad by measuring health status. Christine and Balaswamy (2009) found different predictors of satisfaction of women retirees. They found that there are many factors that lead to retirement satisfaction. Support system has positive effects on health of an individual. Wealth another hand is another factor for retirement satisfaction. Some other alternative variables also play a key role in helping to shape women's satisfaction of retirement. They explored personal and psychosocial predictors of women's retirement satisfaction while controlling for financial security and health. There are many significant predictors of retirement satisfaction of women retirees such as self-esteem, mastery, emotional support, and ethnicity. They also examined different types of social support in relation to stage of retirement and revealed that social support helps in improving health of women retirees.

Dorfman in 2009 Compared retirement satisfaction for married and widowed rural women. He explored retirement satisfaction and predictors which lead to good health status and retirement satisfaction for both groups. Social support from friends was predictors of satisfaction in married women, whereas maintenance friendships and frequency of visits with friends were predictors of satisfaction for widowed women. Participation in regular physical activities has substantial benefits for the physical and mental health and functioning of all people, including older people (Mezzo, Cavanaugh, Fiatrane 1998). Skelton (2001) found that participation in regular physical activity contributes greatly to independent lifestyles and health status in older people. The advancement of medical science and increased awareness among the people has brought about a sharp decline in mortality and a steady decline in



fertility. This has resulted in a worldwide shift in the demographic profile and has led to a significant increase in the aged population (Basu, 2006).

Weaue et.al. In 2004 demonstrated that a higher level of physical activity (walking for more than 1.5 hours per week) is strongly associated with higher cognitive performance and better memory in older women. Physical activity also has a positive effect on negative emotions, such as depression. Depression is recognized as the most frequent mental problem among older adults (Blazer, 2003). Physical activity such as a long walk, exercise and swimming has a protective effect against subsequent depression (Strawbridge and Kaplan 2002).

Effects of myths on health were found by Fondow et.al (2007). The myth of retirement and health states that health declines following retirement means there is a notion that health declines with retirement. Several studies have found support for the myth, but others have found that health may actually improve in retirement. Because there is enough time after retirement. Retirees can engage themselves in performing leisure activities in order to maintain their health. Also, it has been suggested that retirement may affect health of men and women in different ways. The purpose of this study was to explore findings regarding the relationship between retirement and health among men and women.

Retirement is a period of major life transition that affects daily activities, social network system, and income and is believed to have important consequences for health. The retired workers have several choices to make such as they can fully retire from the workforce, continue working as a part-time worker or take rest. This element will help to build companionship and interaction with more people in the community. Engagement in social activities may become necessary as older adults lose some social support from their family members after retirement.

Social network enhances general health of an individual. Low social support at the beginning of retirement will develop depressive symptoms over time. But with the passage of time older adults would be able to ignore the negative effects in their lives with help and reinforcement from others. This is considered a psychological effect. If retirees have not enough social support, they would more likely to feel alone. This step could accelerate the deteriorating effect of their physical and mental health. Mental health is a very important

predictor for all older adults at the time they enter their retirement ages as there is sound mind in sound body. Good mental health would predict a healthy social support and fairly good physical health. Once mental health of an individual declines at any point during their retirement ages, it would increase the likelihood for negative elements to persist with the impacted individuals. It has been found that it will be very difficult for those older adults to get out of the slump and have a positive perspective in their life once again. Knowing that they are valued by others makes a big difference in predicting the outcome of mental health for those older adults (Cutrona et al., 1986).

There is evidence that social support is very essential in maintaining the well-being and general health of an individual. Researchers have finally gained some understanding about the relationship between social support and physical health. Many studies have been shown that if a high level of social support becomes available to everyone, it will benefit their overall health at later stage of life. The importance of social support implies to everyone in our society, ranging from young childhood through older adulthood. The providers of social support can be anyone in society who brings the positive environment and reinforcement to the individuals, especially from their family members. The amount of social support available in the environment for the individual can be determined by looking at the six criteria of social support i.e friends, family, neighbours, social and religious activities, e networking. The higher score means the better social support the person has in their life, thus reducing their chance of developing any negative outcome in their health. Cristine (1986) explored personal and psychosocial predictors of retirement satisfaction of women. The most significant predictors of retirement satisfaction are self-esteem, health, emotional support, and ethnicity. Financial security remained a significant predictor of satisfaction, whereas health did not. Suggestions were made to recognize the importance of psychological health in retirement.

The myth of retirement and health states that health declines following retirement. But study conducted by Charles (2007) indicated that health decline with age and retirement is not the cause for deterioration of health among older. Mein and Martikainen (2002) determined whether retirement is good or bad for mental and physical health functioning of civil servants. Retirement age is associated with improvement or deterioration in mental and physical health. (Yau,2002) Mental health functioning deteriorated among those who continued to work, but improved among the retired. However, improvements in mental health

were restricted to those in higher employment. They found that retirement age had no effects on physical and mental health.

There exists association between engagement in various activities and general well being. The results of the investigations have demonstrated that, there is a positive association of life satisfaction with the involvement in the activities connected with the occupation, hobbies, interaction with the friends, and members of voluntary organizations. Engagement in religious and household activities, and interaction with family members, neighbours and relatives have impact on the retirees' happiness and health (Mishra, 1992).

## **1.5 Socio Economic Status**

Socio economic status means the position occupied by an individual in a society on the basis of finance, education, profession and wealth. Socio economic status (SES) can be often measured as a combination of education, income, and occupation. It is considered as the social standing, status or class of an individual or group in a society. By viewing status of an individual in a society we can place them on high, average, middle or low level. SES affects overall human functioning which includes of physical and mental health, development across their life span. There is variation in socio economic status, including disparities in the distribution of wealth, income, and access to resources. Women are considered responsible for family because she has to raise children and everyone in a family. Women are more often responsible for raising children and are increasingly likely to raise children alone. This fact is one of the many reasons that the socio economic standing of women is of great importance to the well-being of future generations. Everyone benefits from an increased focus on the foundations of socio economic inequities and efforts to reduce the deep gaps in socio economic status in the India, United States and abroad.

Research indicated that socio economic status is a key factor in determining the quality of life of women, with resulting effects on the lives of children and families. Inequities in wealth and quality of life for women are long standing and exist both locally and globally. Low SES among women and its correlates, such as poverty, lower education, and poor health for children and families, ultimately affect our society as a whole.

According to findings of the 2006 American Community Survey (ACS), salaries of American women are about 77.3 percent of that of American men. In some states, women make as little as 66% of men's earnings (U.S. Census Bureau, 2006). Findings of the ACS

indicate that among individuals possessing a graduate or professional degree, on average, the women earned about 66.4% of what the men earned (U.S. Census Bureau, 2006). While they make less money, women are more likely to be single heads of household than men, thus bearing the responsibility of raising children with fewer economic resources. In 2006, there were about 14 million female heads of household, compared to 5 million male heads of household in the United States (U.S. Census Bureau, 2006). About 18% of U.S. children live below the poverty line (U.S. Census Bureau, 2006). Women with fewer economic resources may be less likely to marry and benefit from dual or higher household incomes (Edin and Kefalas, 2005).

Increasing evidence supported the link between lower SES and negative psychological health outcomes for women.

## **1.6 Significance of the Problem**

Old age or ageing is associated with an increased likelihood of major life transitions. One such life event is retirement, which may be a period when physical activity patterns could change due to decline in occupational demands. Retirement is the period where an individual stops employment completely. Women after leaving profession or job are called as women retirees. Some women retirees keep themselves busy in performing different activities whereas some women retirees substitute voluntary community work for their former work. This gives meaning to their roles after retirement. Household tasks, family roles, leisure time activities, physical activities actually increase after retirement. Some retirees choose active leisure activities and some choose passive leisure time activities, whereas some retirees want to remain in isolation that is they develop a feeling of being neglected and keep themselves alone. The skills and knowledge acquired before retirement have value in the life of a women retiree but there is need to recognize those skills and knowledge. Learning something new, education and training affects the ability to do various activities after retirement. Planning for retirement must have preparation for financial well being, a social network, a set of leisure activities and health status. All of these factors actually relate to each other. When retiring person has a sound retirement plan, he or she can adjust better after retirement. A successful retirement living includes the creation of a network of groups, family members and friends. It has been anticipated by Christine (2003) that few people choose to be alone after retirement and some choose to do something different or they perform different functions and roles even after retirement. The role of

retiree and the stage of retirement is a socially constructed concept that was created as a result of the passage of the social security act in 1935 (women and social security). After retirement it takes some time to adjust. Adjusting to retirement is a process that is not always attained immediately after leaving the workplace or job. Once the adjustment of retirement has set in, it is important to remember that there is life even after retirement so retirees has to set goals for life or find activities that provide a sense of purpose and meaning to life, whether it is setting out a garden, playing or spending more time with grandchildren. It is important to feel useful and productive after retirement. There are many activities which the retirees can perform and lead a healthy life.

Retirement is not simply an economic transition, but it is a social process which is shaped and constructed by social factors, social support and experiences gained through social relations. Today is the age of technology and due to this technological age there are many things that contribute to enhancement of social relations .individuals can expand their social tie ups through social sites, online networking, internet etc. but as far as the physical presence is concerned it is decreasing day by day .investigator has observed that social networking as far as retirees are concerned, they only want to be professionally occupied and their personal relations are limited to some extent. But retirees who are not technologically sound or comfortable, their social network is limited to home only. The home is a very important factor in the lives of retired women but after retirement they develop feeling of being neglect, loneliness, feeling unwanted. There are certain factors that contribute to physical health status and changes in social network dominate the definition of retirement. But after reviewing the literature it has been observed that social network is very essential for retirees for their psychological well being and health. After retirement, those in high social network and with high social activities may develop sense of retirement satisfaction and lead a good life. All this have good effect on health also. Retirement is a period which indicates a shift of identity from financial independence to financial dependence. Kelly and Wayne (2003) believed that the women retirees with poor social network lead a life with social isolation along with health problems and they suffer considerable emotional stress. In a similar way retirement is often seen as leaving a social network at workplace which is impossible to replace on a personal level as a result of this the retirees are not capable of running their lives, but if they have keep themselves busy or if they expand their social network then it will have positive effect on their lives. Ziemroski (2008) observed that social network fulfil three basic needs of retiree's i.e. Socialization, carrying out the task of daily

living and personal assistance during time of crisis. Therefore it was concluded that there is no age for retirement but research conducted by Howard Litwin (2009) also revealed that social network after retirement had different effects on the psychological well being of retirees. Several retirement based studies have also indicated that social network has a positive effect on the physical and mental well being. It had been observed those retirees who have not wide social network they develop a feeling of depression and all these lead to depressive symptoms which have adverse effect on health.

It has been observed that leisure time increases after retirement so activities may also increase during retirement. Retirees should plan their leisure time to keep themselves busy. They should perform retirement hobbies or some form of free time activities that are necessary in life of all retirees. It argued that in case of retirement, various factors are associated with each other such as leisure activities, social network and health status. In developed countries and India due to social change and demographic trend the number of women retirees is increasing as more women participate in paid employment outside the home. Women have to think and plan period before and after retirement i.e. they have to plan about leisure time, social activities and maintenance of health. The role of women retirees and the period after retirement, identified today is a socially constructed concept. Retirees should adjust themselves after retirement .Adjusting to retirement is a process that is not always completed immediately after leaving the work place. It is important to plan and to set goals or to find leisure activities that provide a sense of purpose and meaning to life even after retirement, whether it is working in a shop or running own business, or spending more time with grandchildren or friends, working in a garden, performing household activities or some kind of social and religious activities.. Having contacts with family members or friends contributes to post retirement adjustment period. Women, in particular who have worked outside of the home, frequently miss their work related friends once they retire. It is important for them to expand their social network by making contacts with people. It has been observed that leisure time physical activity may increase during retirement. Avlund and Legarth (1994) described different patterns of activities .Their findings suggested that different types of activities as well as variations with activities may be important for promoting health among elderly people. Donna (1999) highlighted the importance of household physical activities and the contribution of social support for household physical activities. Caspersen, et.al. (2009) and Scharff, et.al (1999) investigated that older rural women have often limited financial resources, endure social isolation and less leisure time

activities as compared to older urban women. Carrath and Logan (2002) investigated factors related to life style physical activity behaviour. Brown, Frankel and Fennell in 1999 found that participation in variety of Leisure time activities is important to well being of older people. This type of leisure time activity and frequency of involvement contributes to well being of elderly people. There are many leisure time activities like active, passive, recreational etc. Retirees can select any of them and can utilize their time properly.

Several of the retirement studies indicated that some types of leisure time activities contributed to the health of women retirees, yet it remains unclear exactly how the activities contribute. It has been indicated that leisure participation enhances health at various levels. Melamed and Meir (1995) findings showed that leisure activities develop personality of an individual and are meaningful and satisfying. They provide a link between activity and meaning. Because leisure participation enhances health, it is important that all people have greater opportunities to experience meaningful leisure. On the other hand, since leisure time is more abundant in retirement then the demand for goods to use with that time could increase. Leisure goods and time are complementary in the production of satisfaction. Therefore engagement in leisure activities after retirement is essential because it also contribute to well being.

Poor health and low socio economic status do not close the doors to satisfactions in the retirement period. Apart from socio economic status factor there are many other factors that contribute to the well being. Christine and Balaswamy (2009) found predictors of satisfaction of women retirees. Good social network and activities maintain psychological health of women even after retirement. Participation in regular physical activities has substantial benefits for the health and functioning of all people, including older people (Mezzo et.al. 1998). A physically active lifestyle and performing leisure activities found to minimize the physiological changes associated with ageing and help delay or prevent the onset of common chronic diseases including cardiovascular diseases, diabetes, arthritis and osteoporosis (Singh, 2002). A review by Keysor and Jette (2001) indicated that participation in regular physical activity improves functional capability of older through enhancing muscle strength, aerobic capacity, balance and flexibility. It is known that social network and activities help to reduce the possibility of falling ill, which is a major cause of disabilities in late life (Skelton, 2001). Participation in regular physical activity thus contributes greatly to independent lifestyles in older people. Participation in physical activity has also been shown to generate positive effects on the cognitive functioning of older people.

It has been anticipated by Price in 2001 that regular physical activity is also associated with life satisfaction. Fondow and Meghan (2007) studied effects of retirement and health among men and women. They found the myth of retirement and health status which states that health declines following retirement but this is not true. Several studies have found support for the myth, but others have found that health may actually improve in retirement. Retirement is a major life transition that affects daily activities, social relationships, and income and is believed to have important consequences for health. Investigator has observed that if women retirees will be counselled properly they can enjoy their post retirement life. Investigator feels that there is association between leisure activities, social network and health status of women retirees.

After reviewing the related literature it was observed that much research work has been done on retirement, leisure time activities, social network and health status, but not much work has been done on social network, leisure time activities and health status of women retirees belonging to India and UK. Therefore the present research work was an endeavour to study these variables and thus the problem was stated as:

## **1.7 Statement of the Problem**

ASSOCIATION BETWEEN WOMEN RETIREES OF INDIA AND UK WITH RESPECT TO THEIR LEISURE TIME ACTIVITIES, SOCIAL NETWORK PATTERN AND HEALTH STATUS

## **1.8 Operational Definitions of the Terms Used**

### **Leisure Time Activities**

Leisure time is a period of free time spent out of work. There are many activities such as eating and sleeping, going to work or running a business, attending school and doing homework, household tasks and life related stress. The distinction between leisure and compulsory activities cannot be defined properly. I.e. people sometimes do work-oriented tasks for pleasure as well as for long-term utility. Leisure activities are divided into many categories namely Productive, Intellectual, Physical, Social, religious and recreational categories. Apart from this Leisure activities can be broadly categorized into active and passive leisure time activities.



Active leisure time activities are those which involves physical activities include walking and yoga, which expend little energy and have little contact or competition.

Passive leisure time activities are those in which a person does not perform any physical task. Going to the cinema, watching television, reading book etc. are some of passive leisure time activities.

## **Social Network Pattern**

A social network is a social system made of individuals or organizations that are tied by one or more specific types of relationships such as values, views, opinions, visions, ideas, financial exchange, friendship, dislike, likes, conflict or trade. A social network is a pattern of continuous interchange of mutual assistance that plays a significant role in maintaining the physical, social and psychological health of the individual over time. A Social network helps to fulfil three basic needs of the older people which are socialization, carrying out the task of daily living and personal assistance during time of crisis.

## **Health Status**

The level of health of the individual, group or population can be subjectively assessed by the individual or by more objective measures. It can be categorized as very good, good, fair, bad, very bad by measuring health status.

## **Women Retirees**

Retirement is the point where a person stops employment completely. Women after leaving profession or job are called as women retirees.

## **Socio Economic Status**

The position of an individual in a society which includes education, income, and type of occupation, place of residence, heritage and religion is known as socio economic status.

## **1.9 Objectives**

To conduct the present study, the following objectives have been framed:

1. To identify the leisure time activities and social network pattern of women retirees of India and UK

2. To explore the social network pattern of women retirees of India and UK
3. To reveal the level of health status of women retirees of India and UK
4. To find out the difference between the pattern of leisure time activities, social network pattern and health status of women retirees of India and UK
5. To compare the association of leisure time activities, social network pattern and health status of women retirees belonging to India and UK
6. To find out the association between leisure time activities, social network pattern and health status with respect to socio economic status of women retirees of India and UK

### **1.10 Hypotheses**

On the basis of the objectives of the present study, following hypotheses were formulated:

- a) Women retirees belonging to India have different pattern of leisure time activities

Mishra (2010) explored leisure activities of Indian retirees and found that leisure activities of Indian retirees are according to their interests. The Investigator has observed that women retirees in India generally engage themselves in performing household activities and playing with their grandchildren. Parkash (1999) found that TV watching and listening radio are the common leisure activities performed by Indian retirees. Therefore investigator wants to identify the pattern of leisure time activities among Indian and UK women retirees. Hooyman et al in 1996 identified various types of leisure time activities that retirees can perform at any stage of their life.

- b) Women retirees belonging to UK have different pattern of leisure time activities

It has been hypothesized that leisure time activities vary with respect to social class, life satisfaction and demographic factors. Kimberling (2011) investigated different types of leisure activities among retirees belonging to UK. He found that bird-watching, volunteering and travelling, TV watching; e networking, sailing clubs, cruising, travel and sightseeing are the common leisure time activities of retirees in UK. Retirees are much technologically sound and aware so they engage themselves in varieties of leisure activities. Jonathan (1999) has conducted research on leisure time activities in UK. He explored that advancement in technology and sociology has enabled people to enjoy their leisure time. Research also

concluded that British people use their leisure time by performing variety of activities as compared to Indian people.

c) Women retirees belonging to UK have significantly different pattern of leisure time activities than women retirees belonging to India.

Routine activities such as household work, travel, attending religious ceremonies, educational, depend on many factors such as health, social network, location, family, friends and time. Routine activities have also importance in the later life of retirees. Retirees have choice to do activities of their own choice after retirement. Leisure activities bring meaning and opportunity in the life of retiree and these keep older adults engaged and to live their lives successfully. Indoor, outdoor, educational and recreational activities are activities that provide older adults newer and satisfying learning opportunities. This provides the meaning for successful aging (Atchley, 1999).

Religious activities are more common activities which the retirees perform after retirement. Interests and participation in political activity also increases with age so, many retirees also engage themselves in political activities also. There are also some ethnic and cultural differences among older adults. African Americans are more likely to spend time in church, and Italians and Mexicans are apt to spend more time with their families, than their Scandinavian and English counterparts. Research has clearly indicated that physical, social and active recreational leisure time activities are related to a higher quality of life in the older population.

d) Women retirees belonging to India have different social network pattern

As far as social network of Indian retirees are concerned, social support network for the retirees is different for those retirees who live in joint families than in nuclear families. It has been observed that Indian women retirees are involved in religious and social activities to widen their social network. Family also plays a role in enhancing their social network. Kelly (1988), Laslett (1989), Ruskin (1999) Zelinski and Cathi (2007), Hess and Helly (2008), Social networking statistics (2010), Swinton (2013) identified the different dimensions of social network pattern.

e) Women retirees belonging to UK have different social network pattern

By reviewing the literature it has been found that In UK, retirees want to remain professionally occupied even after retirement so they engage themselves in e networking,

telephonic conversation online networking. Women after retirement miss their work and colleagues. Online social networking site survey report found that in UK, older people are connected with other people through e networking and other aspects of social network. As far as personal contacts are concerned, they are missing. It has been observed that half of Internet users are between the age group of 60-65. These findings have been released in June (2010) by the American association of retired persons (AARP). After reviewing the literature it has been observed that people belonging to UK are more tech-savvy. The retired person spends their time in online networking. Robinson (2010) also said that older people use online social networks and online dating services to enhance their social networks.

f) Women retirees belonging to UK have significantly different social network pattern than women retirees belonging to India

British people feel useful and productive after retirement. Today is the age of technology and due to this technological age there are many things that contribute to enhancement of social relations. Individuals can expand their social tie ups through social sites, online networking, internet etc. but as far as the physical presence is concerned it is decreasing day by day. Investigator has observed that social networking as far as retirees are concerned, they only want to be professionally occupied and their personal relations are limited to some extent. (Kelly and Wayne, 2003).

g) There exists no significant difference between leisure time activities and social network of women retirees of India and UK

The satisfaction gained by experiencing leisure activity is more important. Sandberg (1999) explored different activities and importance of activities in the life of old people. He found that a majority of older adults are satisfied with their lives. After retirement period retirees spend time in performing various leisure activities. Planning and preparation of leisure time activities have meaning in the life of retirees. It makes retirees to have a more positive bent of mind about life. Older adults wish to remain independent as long as possible, and able to choose, perform and control the activities in which they participate. Research has consistently indicated that physical, social, active, passive and recreational leisure time activities are related to a higher quality of life in the older population. Kethy 2002 and Sharon (2006) found that high percentage of people die during their first year of retirement because of lack of leisure time activities. Lack of activities may lead to feeling of depression among older adults. Galit also in 2005 examined the pattern of leisure activities and leisure roles in

the life of individual. These variables also play a key role in helping to shape women's assessment of retirement and social network. Social network has many dimensions like family, friends, e networking, social activities and meeting neighbours. These dimensions are more or less same in India and UK.

h) Women retirees belonging to India have different level of health status

Christine and Balaswamy (2009) found different factors responsible for health. It includes self esteem, mastery of concept or idea, emotional support, social network. All these factors may lead to well being of retirees.

i) Women retirees belonging to UK have different level of health status as compared to the women retirees of India

Poor health and low socio economic status do not close the doors to satisfactions in the retirement period. Apart from socio economic status factor there are many other factors that contribute to the well being. Christine and Balaswamy (2009) found predictors of satisfaction of women retirees. Good social network and activities maintain psychological health of women even after retirement. Participation in regular physical activities has substantial benefits for the health and functioning of all people, including older people (Mezzo et.al. 1998). A physically active lifestyle and performing leisure activities found to minimize the physiological changes associated with ageing and help delay or prevent the onset of common chronic diseases including cardiovascular diseases, diabetes, arthritis and osteoporosis (Singh, 2002).

It has been anticipated by Price in 2001 that regular physical activity is also associated with life satisfaction. Fondow and Meghan (2007) studied effects of retirement and health among men and women. They found the myth of retirement and health status which states that health declines following retirement but this is not true. Several studies have found support for the myth, but others have found that health may actually improve in retirement. Retirement is a major life transition that affects daily activities, social relationships, and income and is believed to have important consequences for health. Investigator has observed that if women retirees will be counselled properly they can enjoy their post retirement life. Investigator feels that there is association between leisure activities, social network and health status of women retiree. Engagement in religious and household

activities, and interaction with family members, neighbors and relatives have impact on the retirees' happiness and health (Mishra, 1992).

j) There is no significant difference between health status of women retirees belonging to India and UK

Charles concluded that retirement has positive effects on health status of women retirees belonging to UK. Dhaval and Spasojevic (2006) revealed that health deteriorates with age and retirement has no effect on health status. Research conducted by John (2007) explored that after retirement, leisure time increases. As a result, individuals spend their time in maintaining their health. Retirees spend their time in availing medical facilities. At the same time, the extra time could also be spent in engaged in healthy eating behaviours. Mein (2003) found that retirement at age 60 had no effects on physical health functioning of retirees belonging to UK. Retirees belonging to UK are more conscious about their health. For this they go for many health improvement programmes. It has been anticipated that Mental health functioning deteriorated among those who continued to work, but improved among the retirees.

A study conducted by Basu (2006) explored that in India, retirees find themselves with a lot of free time on their hands and nothing constructive to do, this leads to deterioration of their physical as well as mental health (Neha 2009). Therefore the present research is an attempt to examine whether women retirees belonging to UK have better health status than women retirees belonging to India or not.

k) There is no significant association between women retirees of India and UK with respect to their leisure time activities, social network and health status

Studies conducted by Sharon (2006), Donna (1999), Melamed (1995), Russell (1996) highlighted that leisure activities, social network and health status are responsible for life satisfaction after retirement. There is less literature available and available research does not show the association between retirees with respect to their leisure time activities, social network and health status. All these variables are important for the well being of an individual.

l) Leisure time activities, social network and health status of women retirees of India are positively associated with their levels of socio economic status

Caspersen, et.al. (2009) and Scharff, et.al (1999) investigated that older rural women have often less economic resources, social isolation and less leisure time activities as compared to older urban women. Carrath and Logan (2002) investigated factors related to life style physical activity behaviour. Brown, Frankel and Fennell in 1999 found that participation in different pattern of Leisure time activities is important for well being of older people. This type of leisure time activity and frequency of involvement contributes to well being of elderly people. There are many leisure time activities like active, passive, recreational etc. Retirees can select any of them and can utilize their time properly. Retirees who belong to upper class can buy the leisurely goods and can have association on their health and general well being.

m) Leisure time activities, social network and health status of women retirees of UK are positively associated with their levels of socio economic status

Research indicated that socio economic status is a main factor in determining the quality of life of women and has effect on the lives of children and families. Inequities in wealth and quality of life for women are no longer responsible for life satisfaction after retirement. Low SES among women and its correlates, such as poverty, lower education, and poor health for children and families, ultimately affect our society as a whole. (American Community Survey, 2006).

n) Leisure time activities, social network and health status of women retirees of India and UK are not positively associated with their socio economic status

It has been hypothesized that leisure activities and increased social network is very essential in predicting the well being of older people .The width of social network, type and frequency of leisure time activities are essential for good health of everyone. Torres (1999) identified that leisure activities contribute to good health. Social factors are responsible for good retirement. It has been investigated by Helen and James (2003) that in the absence of social relationships, older people feel alone and this may lead to physical and mental problems. The related literature revealed that there is positive association between leisure activities, social network and health status. But no study is found which showed the relationship between leisure time activities, social network pattern and health status with respect to socio economic status of older people

## **1.11 Delimitation of the Present Study**

The study was delimited to socio economic status of women retirees in India and UK.

## **Chapter –II**

### **Method and Procedure**

To achieve the objectives of the study, scales pertaining to leisure time activities and social network pattern were standardized. Qualitative and quantitative methods were applied to test the hypotheses of the present study.

#### **2.1 Population and Sample**

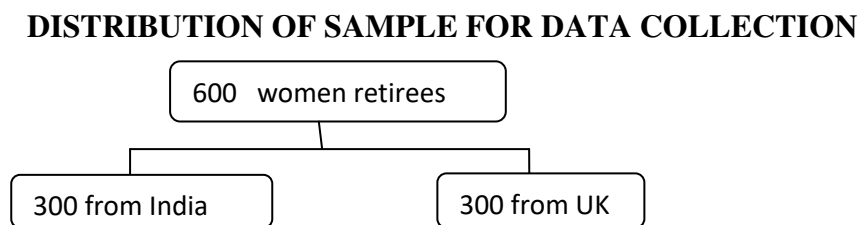
The population of the present study was retired women of UK and India. As the study was focussed on both quantitative and qualitative analysis, therefore two types of samples were drawn. Data were collected from women retirees belonging to UK and India. 600 women retirees constituted the sample of the present study. Out of which, data of 300 women retirees were selected from India and data of 300 women retirees were taken from UK.



Purposive Sampling technique was applied to collect data of women retirees from India because the objective of the study was to study retired women only. The sampling frame for retired women of UK was not available that is why snow ball sampling technique was applied to collect data from UK. Thus, it was decided to collect data on reference basis.

For the qualitative analysis, 30 case studies of women retirees' i.e 15 from India and 15 from UK were conducted. The case studies from India were conducted through telephone and by meeting people personally. The case studies from UK were conducted through teleconferencing, meeting women personally and by approaching social networking site like growing old disgracefully.

The distribution of sample has been given below:



**Fig. 1**

## 2.2 Tools Used

To collect data following tools were used:

- Information sheet was prepared to get personal and demographical information about subjects
- The investigator constructed and standardized the following scales:
  - Leisure Time Activities Scale
  - Social Network Pattern Scale
  - To know the health status of women retirees, a scale of professional and personal health status prepared by Bawa and Shally (2010) was used
  - To study the socio economic status of Indian women retirees, scale prepared by Bhardwaj (2009) was used. To study the socio economic status of UK women retirees, modified form of socio economic scale was used.

- To conduct case studies of women, an interview schedule was prepared by the investigator. To get information from the subjects, an information sheet was prepared in which their personal, demographical and professional information was recorded. To get information regarding their leisure time activities, social network pattern and health status, an open ended questionnaire was prepared(As shown in appendix)

### **2.2.1 Standardization of Leisure Time Activities Scale**

Leisure time is a period of time spent out of work and essential domestic activity. It is also the period of recreational and discretionary time before or after compulsory activities such as eating and sleeping, going to work or running a business, attending school and doing homework, household chores, and day-to-day stress. Following steps were followed to construct and standardize the scale:

#### **Construction of Items**

Leisure time activities involve different dimensions like religion, social, sports, literary, travel, recreational, media and communication and household activities. Thus, the investigator consulted books, journals, encyclopedias, magazines, dictionaries, websites, expert opinion and other available literature (reference given in bibliography and webliography to construct the items pertaining to leisure time activities. This effort helped to construct 152 items in the preliminary draft pertaining to the leisure time activities.

#### **Item Content**

After consulting the books, literature related of leisure time activities, it was found that there are various dimensions of leisure time activities. Thus the item content of leisure time activities scale was restrained to eight dimensions as: - religious, social, sports, literary, travel, recreational, media and communication and household activities. The distribution of items, dimension wise is as shown below in the table.

**TABLE: 2.1**

**DISTRIBUTION OF ITEMS OF LEISURE TIME ACTIVITIES  
(DIMENSION WISE)**

Sr. No.	Dimension	No. of items
1.	Religious Activities	29

2	Social activities	22
3	Sports Activities	10
4	Literary Activities	26
5	Travel	07
6	Recreational activities	24
7	Media and communication	11
8	Household Activities	23
	Total items	152

### **Item Format**

After preparing a rough draft of the scale, likert type format of the scale was decided, this was based on five point scale i.e. daily, several times in week, several times in month, rarely and never. All items were to be scored from 4, 3,2,1,0 from left to right responses .Intensity of participation in leisure time activities increases from right to left. Total scores for each dimension explore the time spent on that leisure time activity by an adult. The higher score on a particular dimension reveals the preferred leisure time activity of the adult.

### **Validity of the Scale**

To find out what the scale measures, it was decided to determine its construct validity. For this purpose, the scale was sent to 20 experts belonging to the sociology, psychology and educational field. They opined to whether the items meet the objectives of the leisure time activities scale construction. After considering their opinion, it was decided to delete two items and modify 4 items. Thus the total scale consisted of 150 items as shown in table 2.2.

**TABLE - 2.2**  
**ITEMS RETAINED IN PRELIMINARY DRAFT OF LEISURE TIME**  
**ACTIVITY SCALE**

<b>Dimension</b>	<b>Items Constructed</b>	<b>Items Modified</b>	<b>Items Deleted</b>
<b>Religious</b>	<b>29</b>	<b>-</b>	<b>-</b>

<b>Social</b>	<b>22</b>	<b>-</b>	<b>-</b>
<b>Sports</b>	<b>10</b>	<b>-</b>	<b>-</b>
<b>Literary</b>	<b>26</b>	<b>-</b>	<b>-</b>
<b>Travel</b>	<b>07</b>	<b>01</b>	<b>-</b>
<b>Recreational</b>	<b>24</b>	<b>02</b>	<b>02</b>
<b>Media and Communication</b>	<b>11</b>	<b>01</b>	<b>-</b>
<b>Household</b>	<b>23</b>	<b>-</b>	<b>-</b>
<b>Total items</b>	<b>152</b>	<b>04</b>	<b>02</b>

Thus the first draft of leisure time activities scale consisted of 150 valid items of different dimensions.

### **Data collection for standardization of leisure time activities scale**

The scale of 150 items was administered to 550 older women belonging to different areas. Random sampling technique was applied for collecting information from Indian adults belonging to different areas like Kolkata, Mumbai, Goa, Chennai, Bangalore, Punjab, Haryana, Himachal Pradesh, Jammu, Delhi, Bikaner and Chandigarh. Snowball sampling technique was applied for collecting information from adults belonging to different areas of UK like London, Liverpool and Birmingham. The detailed instructions to fill up the scale were given to them and they were assured of keeping the information confidential.

### **Reliability**

The total scores for each respondent on each dimension were calculated to find the reliability of the scale. The reliability of this scale was calculated by using cronbach alpha. The items below the value of 30 were deleted and other items were retained after applying cronbach alpha. The total no of items retained were 131 which are as shown in the table 2.3 below:

**TABLE: 2.3**

#### **DISTRIBUTION OF ITEMS RETAINED AFTER RELIABILITY**

<b>Dimension</b>	<b>Item Deleted</b>	<b>Item Retained</b>
<b>Religious</b>	15,18,28	1-14,16,17,19-29

<b>Social</b>	44,48	30-43,45-47,49-51
<b>Sports</b>	-	52-61
<b>Literary</b>	64,83	62,63,65-87
<b>Travel</b>	90	88,89,91-94
<b>Recreational</b>	100,101,109,118	95-99,100,102-108,110-118
<b>Media and Communication</b>	120	119,121-129
<b>Household</b>	135,138,139,145,147,150	130-134,136,137,140-144,146,148-150

Dimension wise cronbach alpha of each dimension is shown as below in table 2.4

**TABLE: 2.4**  
**INTERNAL CONSISTENCY OF LEISURE TIME ACTIVITIES SCALE**

<b>Dimension</b>	<b>No. of items</b>	<b>Cronbach alpha</b>
<b>Religious</b>	26	.975
<b>Social</b>	20	.942
<b>Sports</b>	10	.898
<b>Literary</b>	24	.975
<b>Travel</b>	06	.822
<b>Recreational</b>	20	.942
<b>Media and Communication</b>	10	.719
<b>Household</b>	15	.910

### **Scoring Procedure**

Leisure time activities scale consisted of 131 items in the final draft. Each item has five responses i.e., daily, several times in week, several times in month, rarely and never. All items were to be scored from 4,3,2,1,0 from left to right responses. Intensity of participation in leisure time activities increases from right to left. Total scores for each dimension explore the time spent on that leisure time activity by the adult. The higher score on a particular dimension reveals the preferred leisure time activity of the adult.

## Administration of the Scale

Leisure time activity scale is meant for older adults. The scale can be administered individually as well as in group. There is no time limit for completing the scale. Instructions are to be given to the subjects i.e (i) they are to be informed that there are no right and wrong responses (ii) the scale only checks the type of leisure time activity of an individual (iii) confidentiality of the information given would be assured to the subject.

**Table: 2.5**

### **DISCRIMINATION INDEX TABLE OF LEISURE TIME ACTIVITIES SCALE**

<b>ITEM NO.</b>	<b>DISCRIMINATION INDEX</b>	<b>ITEM NO.</b>	<b>DISCRIMINATION INDEX</b>
1	0.49	23	0.33
2	0.21	24	0.26
4	0.31	25	0.33
5	0.71	26	0.25
6	0.62	27	0.27
7	0.34	28	0.22
8	0.26	29	0.32
9	0.21	30	0.32
10	0.26	31	0.28
11	0.5	32	0.22
12	0.23	33	0.28
13	0.33	34	0.23
14	0.36	35	0.49
15	0.54	36	0.35
16	0.23	37	0.35
17	0.26	38	0.23
18	0.24	39	0.22
19	0.27	40	0.51
20	0.27	41	0.23
21	0.23	42	0.45
22	0.24	43	0.22

44	0.21	92	0.55
45	0.69	93	0.56
46	0.85	94	0.32
47	0.51	95	0.23
48	0.39	96	0.36
49	0.21	97	0.22
50	0.22	98	0.27
51	0.25	99	0.57
52	0.24	100	0.25
53	0.23	101	0.27
54	0.39	102	0.34
55	0.25	103	0.26
56	0.68	104	0.22
57	0.25	105	0.23
58	0.26	106	0.29
59	0.42	107	0.34
60	0.25	108	0.66
61	0.33	109	0.45
62	0.22	110	0.24
63	0.24	111	0.81
64	0.22	112	0.56
65	0.29	113	0.55
66	0.24	114	0.45
67	0.64	115	0.25
68	0.44	116	0.23
69	0.22	117	0.25
70	0.25	118	0.55
71	0.82	119	0.64
72	0.53	120	0.22
73	0.49	121	0.21
74	0.51	122	0.42
75	0.24	123	0.44

76	0.23	124	0.25
77	0.54	125	0.55
78	0.67	126	0.22
79	0.23	127	0.47
80	0.38	128	0.42
81	0.38	129	0.68
82	0.44	130	0.68
83	0.51	131	0.53
84	0.25		
85	0.47		
86	0.48		
87	0.7		
88	0.66		
89	0.62		
90	0.69		
91	0.47		

## **Preparation of Norms**

A measuring instrument involves four types of errors i.e., Personal Errors, Variable Errors, Constant Errors, Interpretative Errors.

The test scores or raw scores of highly reliable and valid test are meaningless. The raw scores are made meaningful with the help of the test norms. The raw scores are transformed into the standard scores which are easily interpreted.

To find out norms for leisure time activities scale, the scale constructed by the investigator, consisting of 131 valid and reliable items, was administered to 550 women belonging to India and UK as given above.

## **Area Norms**

Three sets of area norms have been prepared for the leisure time activity scale separately for India and UK that shows change with respect to area. A norm is the average value of the particular trait for woman of that particular area. Area norms have been prepared in the form of standard scores and 'T' scores.



T-scores were calculated for women belonging to India and UK and results have been given in table 2.5 and 2.6 respectively.

**TABLE - 2.6**

**NORMS FOR WOMEN OF INDIA FOR LEISURE TIME ACTIVITY SCALE**

<b>Raw Score</b>	<b>Z-Score</b>	<b>T-Score</b>
2	-2.25793	27.42065
3	-1.60302	33.96977
7	-1.55264	34.47355
10	-1.50227	34.97733
13	-1.45189	35.48111
14	-1.40151	35.98489
16	-1.35113	36.48866
19	-1.30076	36.99244
22	-1.25038	37.49622
30	-1.20213	38.48103
40	-1.14962	38.50378
46	-1.09924	39.00756
58	-1.04887	39.51134
63	-0.99849	40.01511
64	-0.94811	40.51889
70	-0.89773	41.02267
79	-0.84736	41.52645
81	-0.79698	42.03023
88	-0.7466	42.53401
91	-0.69622	43.03778
96	-0.44433	45.55668
100	-0.39395	46.06045
103	-0.34358	46.56423

105	-0.2932	47.06801
109	-0.24282	47.57179
119	-0.19244	48.07557
125	-0.14207	48.57935
134	-0.09169	49.08312
146	-0.04131	49.5869
154	0.009068	50.09068
164	0.714358	57.14358
183	0.764736	57.64736
196	0.815113	58.15113
214	0.865491	58.65491
226	0.915869	59.15869
240	0.966247	59.66247
256	1.016625	60.16625
257	1.067003	60.67003
265	1.11738	61.1738
284	1.167758	61.67758
297	1.218136	62.18136
309	1.268514	62.68514
320	1.318892	63.18892
333	1.36927	63.6927
342	1.621159	64.19647
350	1.470025	64.70025

**TABLE - 2.7**

**NORMS FOR WOMEN OF UK FOR LEISURE TIME ACTIVITY SCALE**

<b>Raw Score</b>	<b>Z-Score</b>	<b>T-Score</b>
4	-1.66529	33.34712

5	-1.58254	34.1746
12	-1.54117	34.58833
18	-1.45842	35.4158
23	-1.41705	35.82954
24	-1.37567	36.24328
31	-1.3343	36.65701
39	-1.29293	37.07075
40	-1.25155	37.48448
53	-1.21018	37.89822
54	-1.1688	38.31196
77	-1.12743	33.34712
76	-1.08606	34.1746
92	-1.04468	34.58833
93	-1.00331	35.4158
99	-0.96194	35.82954
100	-0.92056	36.24328
102	-0.87919	36.65701
103	-0.83782	37.07075
116	-0.79644	37.48448
123	-0.75507	37.89822
124	-0.75507	38.31196
137	-0.71369	38.72569
138	-0.67232	39.13943
170	-0.63095	39.55317
171	-0.58957	39.9669
198	-0.5482	33.34712
199	-0.50683	34.1746

## 2.2.2 Standardization of Social Network Pattern Scale

The social network pattern scale is a brief instrument designed to gauge social isolation among retired women by measuring perceived social support received by family, friends, neighbours, through e networking, religious activities and social activities. This scale also measures the level of perceived support received from different sources of social network and to specify and distinguish the nature of net working as far their family, friends, neighbourhood and e networking or religious and social networks are concerned. Following steps have been followed to construct and standardize the social network scale:

### **Construction of Items**

Social network involves family, friends, neighbours, e networking, religious activities and social activities. Thus, the investigator consulted books, journals, encyclopedias, magazines, dictionaries, websites, expert opinion and other available literature (reference given in bibliography and web-bibliography) to construct the items pertaining to social network. This effort helped to construct 52 items in the first draft pertaining to the social network pattern.

**TABLE: 2.8**

**ITEMS RETAINED IN FIRST DRAFT OF SOCIAL NETWORK SCALE  
(AREA WISE)**

<b>Dimension</b>	<b>No. of items</b>
Family	12
Friends	12
Neighbours	09
E networking	06
Religious Activities	06
Social Activities	07
Total items	52

## Item Content

After consulting the books, literature related of social network, it was found that there are various patterns of social network. Thus the item content of social network pattern scale was restrained to six dimensions as: family, friends, neighbours, e networking, religious and social activities.

## Item Format

Likert type format for preparing social network scale for adults was decided. The scale was based on five point scale i.e. daily, 3-4 time in a week, 1-2 times in a week, 2-4 times in a month, once in a month .Some items have responses like: none, 1-2 times in a week, 3-4 times in a week, 5-8 times in a month, more than 9 times in a month. Items with responses daily, 3-4 time in a week, 1-2 times in a week, 2-4 times in a month, once in a month were scored as 5,4,3,2,1. Intensity of social network increases from right to left. items with responses : none,1-2 times in a week,3-4 times in a week, 5-8 times in a month, more than 9 times in a month were scored as 0,1,2,3,4. Width of social network increases from left to right. Total scores for social network explore the width of social network of an adult.

## Validity of the Scale

To find out what the scale measures, it was decided to know its construct validity. The opinions of 20 experts were sought to determine the validity of the scale. The experts were from the field of education, psychology and sociology working in different universities and colleges i.e. Punjab University, Chandigarh, Punjabi University, Patiala, Kurukshetra University, Kurukshetra, H.P. University, Shimla, Jammu University, Jammu, State College of Education, and Patiala. Thus the preliminary draft consisted of 57 items which are as shown below in a table 2.9:

**TABLE -2.9**  
**ITEMS RETAINED IN PRELIMINARY DRAFT OF SOCIAL NETWORK SCALE**

<b>Items Constructed</b>	<b>Items Modified</b>	<b>Items added</b>
52	3	5

Thus the first draft of social network pattern scale consisted of 57 valid items.

### **Data collection for standardization of social network scale**

The scale of 57 items was administered to 550 older women belonging to different areas. Random sampling technique was applied for collecting information from Indian adults belonging to different areas like Kolkata, Mumbai, Goa, Chennai, Bangalore, Punjab, Haryana, Himachal Pradesh, Jammu, Delhi, Bikaner and Chandigarh. Snowball sampling technique was applied for collecting information from adults belonging to different area of UK like England, London, Liverpool and Birmingham. The detailed instructions to fill up the scale were given to them and they were assured of keeping the information confidential.

### **Reliability of the scale**

Total scores for each respondent on each item were calculated to find the reliability of the scale. The reliability of this scale was calculated by using cronbach alpha. At this stage the items below the value of .30 were deleted and other items were retained after applying cronbach alpha. Internal consistency was found. The cronbach alpha for 51 items was found to be .904.

**TABLE: 2.10**

### **CRONBACH ALPHA VALUE FOR SOCIAL NETWORK PATTERN SCALE**

<b>Dimension</b>	<b>Cronbach alpha</b>
Family	.904
Friends	.900
Neighbours	.804
E networking	.622
Religious Activities	.710
Social Activities	.655

Distribution of items of social network scale is as shown below in the table 2.11:

**TABLE: 2.11**

**DISTRIBUTION OF ITEMS RETAINED AFTER RELIABILITY  
(AREA WISE)**

Dimension	No. of items
Family	12
Friends	12
Neighbours	09
E networking	06
Religious Activities	05
Social Activities	07
Total items	51

**Scoring Procedure**

The scale was based on five point scale i.e. Daily, 3-4 time in a week, 1-2 times in a week, 2-4 times in a month, once in a month .Some items have responses like: none,1-2 times in a week, 3-4 times in a week, 5-8 times in a month, more than 9 times in a month . Items with responses daily, 3-4 time in a week, 1-2 times in a week, 2-4 times in a month, once in a month were scored as 5, 4, 3, 2, 1. Intensity of social network increases from right to left. items with responses : none,1-2 times in a week,3-4 times in a week, 5-8 times in a month, more than 9 times in a month were scored as 0,1,2,3,4. Width of social network increases from left to right. Total scores for social network explore the width of social network of an adult. Scoring of items was done as given in table 2.11:

**TABLE: 2.12  
SCORING TABLE**

Item no	Scoring
1-2,5-12,15-21,24-28,30,31,36-39,41-47	0,1,2,3,4
3-4,13-14,22-23,29,32-35,40,48-51	5,4,3,2,1

**Administration of the Scale**

Social network scale is meant for adults. The scale can be administered individually as well as in group. There is no time limit for completing the scale. Instructions are to be given to the subjects. They are to be informed that there are no right and wrong responses. The scale only checks the width of social network of an individual. Confidentiality of the information given was assured to the subject.

**Table: 2.13**

**DISCRIMINATION INDEX TABLE OF SOCIAL NETWORK SCALE**

<b>Item No.</b>	<b>Discrimination Index</b>	<b>Item No.</b>	<b>Discrimination Index</b>
1	0.63	27	0.36
2	0.42	28	0.42
3	0.29	29	0.39
4	0.6	30	0.87
5	0.33	31	0.56
6	0.62	32	0.63
7	0.55	33	0.88
8	0.6	34	0.26
9	0.51	35	0.48
10	0.44	36	0.32
11	0.75	37	0.48
12	0.5	38	0.41
13	0.38	39	0.3
14	0.33	40	0.24
15	0.27	41	0.48
16	0.27	42	0.52
17	0.31	43	0.78
18	0.38	44	0.4
19	0.25	45	0.61
20	0.64	46	0.8
21	0.73	47	0.4
22	0.7	48	0.28



23	0.34	49	0.67
24	0.62	50	0.33
25	0.29	51	0.8
26	0.39		

### Preparation of Norms

A measuring instrument involves four types of errors i.e., Personal Errors, Variable Errors, Constant Errors, Interpretative Errors. The personal error is reduced by using an objective test, the variable error is minimized by selecting highly reliable test, the constant error is reduced by selecting a valid test and the interpretative error is minimized by developing test norms or standardization. The test scores or raw scores of highly reliable and valid test are meaningless. The raw scores are made meaningful with the help of the test norms. The raw scores are transformed into the standard scores which are easily interpreted.

To find out norms for social network pattern scale, the scale constructed by the investigator, consisting of 51 valid and reliable items, was administered to 550 women belonging to India and UK.

**TABLE: 2.14**

#### **NORMS FOR WOMEN OF INDIA FOR SOCIAL NETWORK PATTERN SCALE**

<b>Raw Score</b>	<b>Z-Score</b>	<b>T-Score</b>
3	-1.892	31.08
4	-1.674	33.26
5	-1.529	34.71
8	-1.383	36.17
9	-1.311	36.89
12	-1.238	37.62
13	-1.165	38.35

20	-1.092	39.08
21	-1.02	39.8
29	-0.947	40.53
30	-0.874	41.26
38	-0.801	41.99
37	-0.729	42.71
57	-0.656	43.44
58	-0.583	44.17
79	-0.511	44.89
80	-0.438	45.62
107	-0.365	46.35
108	-0.292	47.08
131	-0.22	47.8
132	-0.147	48.53
178	-0.074	49.26
179	-0.001	49.99
219	0.071	50.71
220	0.144	51.44
276	0.217	52.17
277	0.289	52.89
316	0.362	53.62
317	0.435	55.8
349	0.508	56.53

**TABLE - 2.15**

**NORMS FOR WOMEN OF UK FOR SOCIAL NETWORK PATTERN SCALE**

<b>Raw Score</b>	<b>Z-Score</b>	<b>T-Score</b>
------------------	----------------	----------------

1	-1.727	32.73
2	-1.647	33.53
3	-1.567	34.33
4	-1.487	35.13
5	-1.407	35.93
16	-1.167	38.33
17	-1.087	39.13
39	-1.007	39.93
40	-1.727	40.73
55	-1.647	41.53
56	-1.567	42.33
75	-1.487	43.13
76	-1.407	43.92
98	-1.167	44.72
99	-1.087	45.52
141	-1.007	46.32
142	-0.927	47.12
198	-0.847	47.92
199	-1.727	48.72
200	-1.647	49.52

### **2.2.3. Scale of Personal and Professional Health Status**

With a view to observe the health status of respondents, Scale of Personal and Health Status prepared by Bawa and Shelly were used by the investigator.

#### **Item Construction**

85 items in the first draft were categorized under two sub-areas i.e. personal status and health status. Fifty-six Items were constructed in the area of personal status and 29 items pertained to health status. The items were framed in positive and negative form.

## Item Format

Among three types of attitude scales, Likert type scale is easy to construct administer and adapts easily to attitude measurement situations, whereas in Thurstone type scale the process of calculations is elaborated and the conditions for Guttman's scale are difficult to meet. The items prepared are on five point scale using strongly agree, agree, undecided, disagree, and strongly disagree options.

## Validity

Face and construct validity has been found out by the authors of this test.

## Reliability

To find out the reliability of the scale of personal and professional health status, the scores obtained on the items pertaining to health and personal status separately were correlated with the total scores of the test. The following table indicates the value of internal consistency of the scale.

**TABLE: 2.16**

### **INTERNAL CONSISTENCY OF THE SCALE**

<b>Sr. No.</b>	<b>Sub Scales of the test</b>	<b>Value of Correlation</b>
<b>1</b>	Professional Health Status	0.77
<b>2</b>	Personal Status	0.96

The test-retest reliability was found by re-administering the scale after 20 days on the same 50 subjects (both men and women). Correlation coefficient was calculated and reliability of the whole test was found by using Spearman-Brown's formula. The reliability coefficient for the scale has been found to be 0.64 for health status and 0.96 for personal status as shown in table- 2.15

**TABLE: 2.17**

**TABLE SHOWING COEFFICIENT OF RELIABILITY**

<b>Sr. No</b>	<b>Sub Areas</b>	<b>Reliability Coefficient</b>
<b>1</b>	Professional Health Status	0.64
<b>2</b>	Personal Status	0.96

### **Scoring of the Scale of Personal and Professional Health Status**

As there were five options in the scale, and the subject has to tick one option. The system of scoring for positive item was 5, 4, 3, 2, 1 and for negative item was 1, 2, 3, 4, 5. The addition of scores of item numbers 2 and 4-15 provided the scores of professional health status and the sum of scores of remaining item numbers provided the scores of personal status. The data obtained from each subject was tabulated and treated to find out the Q1 and Q3 values from the scores of the subjects. The subjects who scored less than Q1 value i.e. 48 formed low health status group, and those who scored above Q3 value i.e. 56 formed high health status group. Similarly, for personal status those who scored below Q1 value i.e. 179 formed low personal status group and those who scored above Q3 value i.e. 204 formed high personal status group.

**TABLE: 2.18**

**TABLE SHOWING LEVELS OF PROFESSIONAL AND PERSONAL STATUS ON THE BASIS OF Q1 AND Q3 VALUES**

<b>Scores</b>	<b>Level of Status</b>	<b>Abbreviations used</b>
<48	Low Health Status	LHS
>56	High Health Status	HHS
<179	Low Personal Status	LPS
>204	High Personal Status	HPS

### **2.2.4. Socio Economic Status Scale**

Socio economic status appears to be the resultant of the position of an individual in a society by virtue of a complex fusion of both of them, which often do not run parallel to each other in their own areas. Socio economic status would, therefore, be a ranking of an individual by the society he lives in, in terms of his material belongings and cultural possessions along with the degree of respect, power and influence he wields. Scale of ‘Socio-economic status’ has been developed by R.L. Bhardwaj (2009), for literate people. This scale has seven areas such as: social, Family, education, profession, Caste, Total Assets, Monthly Income.

### **Reliability**

The reliability of the test of the revised scale has been calculated by test and retest method. The reliability coefficient correlation was found to be .76

### **Validity**

The content validity of the revised scale is high and promising.

### **Administration of the test**

It is a self administering scale. There is no time limit for the testees to record the responses in this scale.

### **Scoring for each item**

Scoring of the test is very easy and of a quantitative type. Scoring key provides the weightage score for each item. Every alternative of any of the items has only one weighted score. The scoring key has to be placed vertically between the two assigned points on the test. The scores then to be totalled vertically.

### **Interpretation**

Interpretation of status can be done with the help of Table given in the scale. Highest the score, highest will be the socio economic status of an individual.

**TABLE: 2.19**  
**INTERPRETATION OF THE SOCIO ECONOMIC STATUS**

Sr. No.	Category	Range of scores
---------	----------	-----------------

1.	Upper class	70 and above
2.	Upper middle class	60-69
3.	Middle class	40-59
4.	Upper lower class	30-39
5.	Lower class	39 and below

## 2.3 Procedure

Data were collected using both quantitative and qualitative techniques. For quantitative analysis, leisure time activities, social network, health status and socio economic status scales were administered. For qualitative analysis, case studies were conducted.

### 2.3.1 Data Collection for Quantitative Analysis

The data were collected from 600 women retirees belonging to India and UK using different tools. In order to evaluate social network of women retirees, scale of social network was used which includes items related to family, friends and neighbours, e-networking, religious activities and social activities.

In order to assess leisure time activities of women retirees, leisure time activity scale was used. The item content of leisure activities scale consisted of eight different areas i.e. religious activities, social activities, sports, literary activities, travel activities, recreational activities, media and communication activities and household activities.

To assess the health status of women retirees, health status scale developed by Bawa and Shelly was used. To measure socio economic status of women retirees scale prepared by R.L. Bhardwaj was used. Data were collected online through skype, e mail and personal visits to subjects in India and UK.

Data were collected by collecting information from various sources/organizations, such as office of Block Primary Education, office of Electricity Board, Banks, and office of Civil Hospitals, District Election Office, All India Women Conference and through personal visits. For collection of data from women retirees belonging to UK, It was collected online and personal references, teleconferencing, face book and through E-mails. Data were also collected by approaching world pulse organization, growing old disgracefully organization.

### **2.3.2. Data Collection for Qualitative Analysis**

To find out the association between women retirees belonging to India and UK with respect to leisure time activities, social network and health status, case studies were conducted. The information was also collected from their family members and neighbors. Fifteen case studies were conducted from India and UK each. Snowball sampling technique was used to collect information from UK women retirees. An information sheet was prepared to collect needed information.

The investigator personally met women in India to interview them whereas women of UK were contacted telephonically and through Skype for gathering information. The investigator spent maximum time and multiple meeting in developing rapport with women under study in India, so that expected information could be drawn out. After establishing congenial atmosphere, the desired questions were asked to extract the needed information. The information thus collected was used to prepare the case studies. To make the information more authenticated, their neighbors and family members were contacted. Case studies were analyzed to find out the association between women retirees.

## **2.4 Statistical Techniques**

After collection of quantitative data, it was tabulated considering the objectives of the study and was analyzed statistically for attaining the goals of the study. Following statistical techniques were applied:

1. Cronbach alpha was computed to find out the reliability of leisure time activity scale, and social network pattern scale.
2. To identify the pattern of leisure time activities and social network pattern of women retirees of India and UK,
  - (i) Q1 and Q3 values were found and percentages were calculated to find out pattern of leisure time activities and social network pattern of women retirees belonging to India and UK.
  - (ii) Number of women retirees preferring particular dimension of leisure time activities and social network pattern were found.
  - (iii) Percentage of respondents was calculated to identify the leisure time activities and social network pattern of women retirees of India and UK.
  - (iv) To find out significant difference in percentages Z scores were calculated.
3. t - test was computed to find difference in:
  - (i) Leisure time activities of women retirees belonging to India and UK



- (ii) Social network pattern of women retirees belonging to India and UK
- (iii) Levels of health status of women retirees belonging to India and UK
- 4. t –test was computed to find difference in health status of women retirees belonging to India and UK.
- 5. Correlation was computed to find out the relationship between leisure time activities Social network pattern and health status of women retirees belonging to India and UK.
- 6. Correlation was computed to find out the relationship between leisure time activities, social network pattern and health status with respect to socio economic status of women retirees belonging to India and UK.

## **Chapter-III**

### **Results and Discussion**

The raw data was tabulated to carry out the analysis. Descriptive and statistical techniques were employed to analyse the data. Descriptive, quantitative and qualitative analysis was done to draw conclusions. The results have been presented as given below:

3.1 Descriptive Analysis of Data

3.2 Quantitative Analysis of Data

3.3 Qualitative Analysis of Data

### 3.1 Descriptive Analysis of Data

After collecting data, scoring was done. In order to meet the objectives of the study, descriptive statistics namely mean, median, mode, standard deviation and skewness were employed to study the leisure time activities and social network pattern of women retirees belonging to India and UK.

#### 3.1.1 Frequency Distribution of Leisure Time Activities Scores of Indian Women Retirees

The tables 3.1.1 and 3.1.2 shows the frequency distribution of leisure time activities scores of Indian women retirees along with the descriptive statistics.

**TABLE: 3.1.1**

**Frequency Distribution of Leisure Time Activities Scores of Indian Women Retirees**

<b>Sr. No.</b>	<b>Class Interval</b>	<b>Frequency</b>	<b>Percentage</b>	<b>CPF</b>
1	57-84	32	10.67	10.66
2	85-113	72	24	34.67
3	114-142	35	11.67	46.33
4	143-170	03	1	47.33
5	171-198	37	12.33	59.67
6	199-226	22	7.33	67
7	227-254	40	13.34	80.33
8	255-282	29	9.67	90
9	283-310	24	8	98
10	311-338	06	2	100
	Total	300	100	100

**Mean=176.31      Median= 174.00      Mode=111.00      SD=76.73      Skewness=0.203**  
**SE=.141**

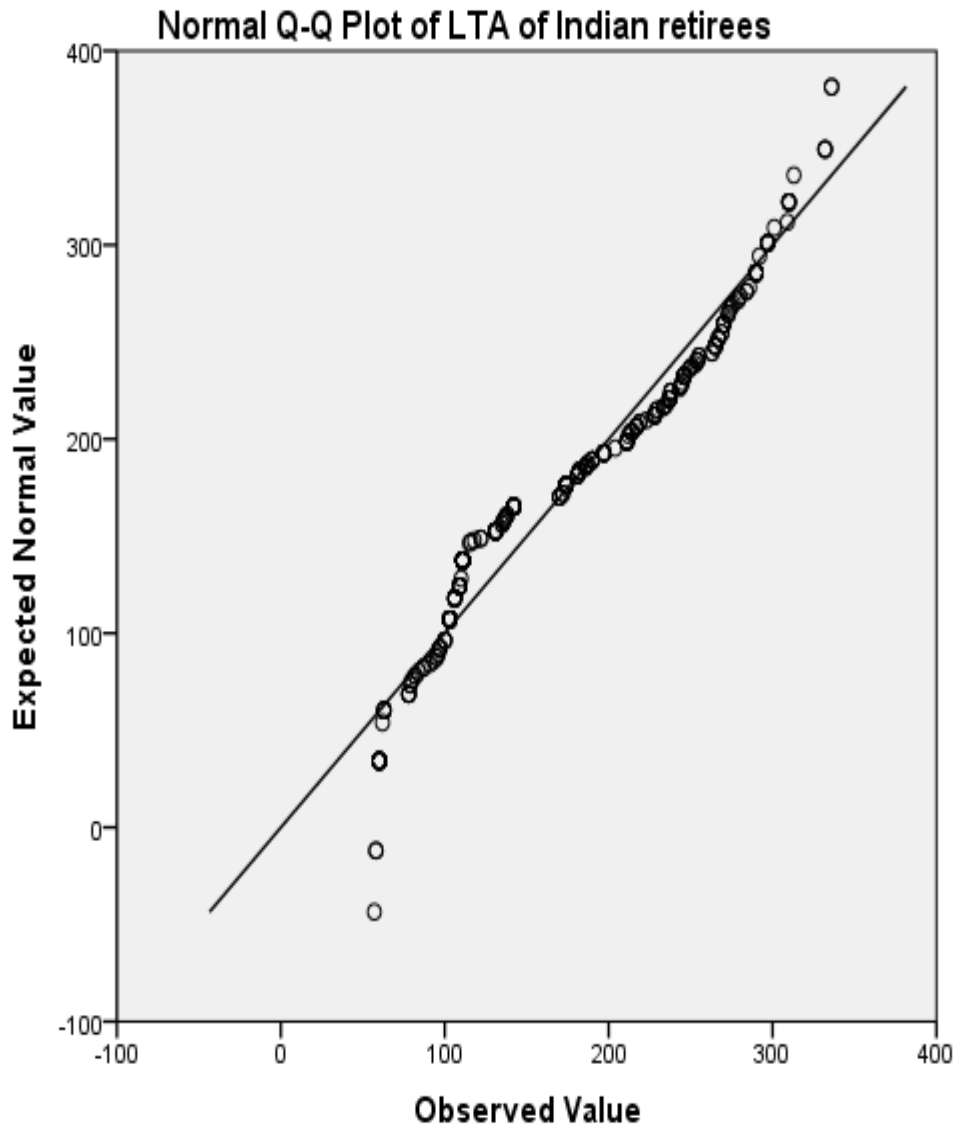
Skewness and Z values have also been calculated which are as given in table below:

**TABLE: 3.1.2**

**Skewness of Leisure Time Activities Scores of Women Retirees of India**

<b>Skewness</b>	<b>SE</b>	<b>Z value</b>	<b>Remark</b>
0.203	.141	1.43	P>0.05

The table 3.1.1 shows the mean score of leisure time activities of Indian women retirees which has been found to be 176.31 with SD 76.73. The mean, median and mode of women retirees on leisure time activities are 176.31, 174.00 and 111.00 respectively. Table 3.1.2 shows the values of skewness and standard error which have been found to be 0.203 and .141 respectively. Z value has been found to be 1.43, showing the curve as symmetrical. Thus the data can be treated as normally distributed for the leisure time activities as shown in histogram and normal probability curve given below:



**Figure 2**

### **3.1.2 Frequency Distribution of Social Network Pattern Scores of Women Retirees of India**

The tables 3.1.3 and 3.1.4 shows the frequency distribution of social network pattern scores of Indian women retirees along with the descriptive statistics.

**TABLE: 3.1.3**

**Frequency Distribution of Social Network Pattern Scores of Women Retirees of India**

<b>Sr. No.</b>	<b>Class Interval</b>	<b>Frequency</b>	<b>Percentage</b>	<b>CPf</b>
1	82-96	7	2.33	2.33
2	97-111	41	13.67	16
3	112-126	102	34	50
4	127-141	107	35.67	85.67
5	142-156	36	12	97.67
6	157-172	7	2.33	100
	Total	300	100	100

**Mean=126.39 Median= 126.50 Mode=134.00 SD=15.36 Skewness= -.076 SE=.141**

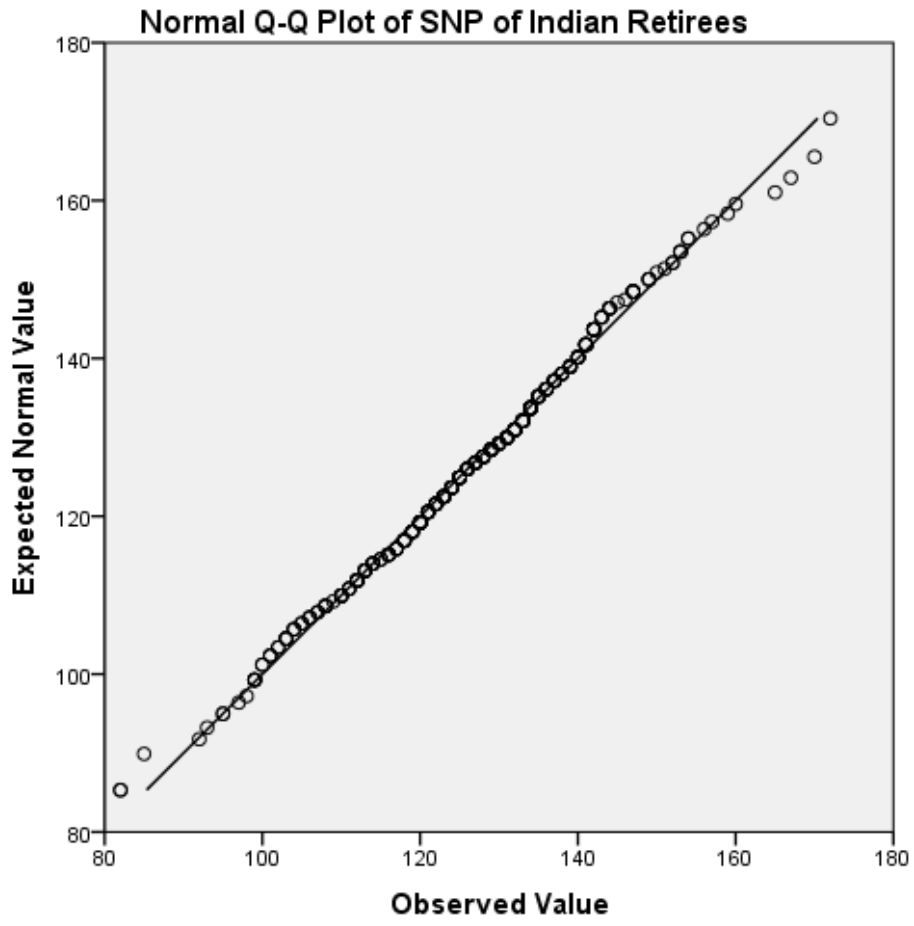
Skewness and Z values are also calculated which are as given in table below:

**TABLE: 3.1.4**

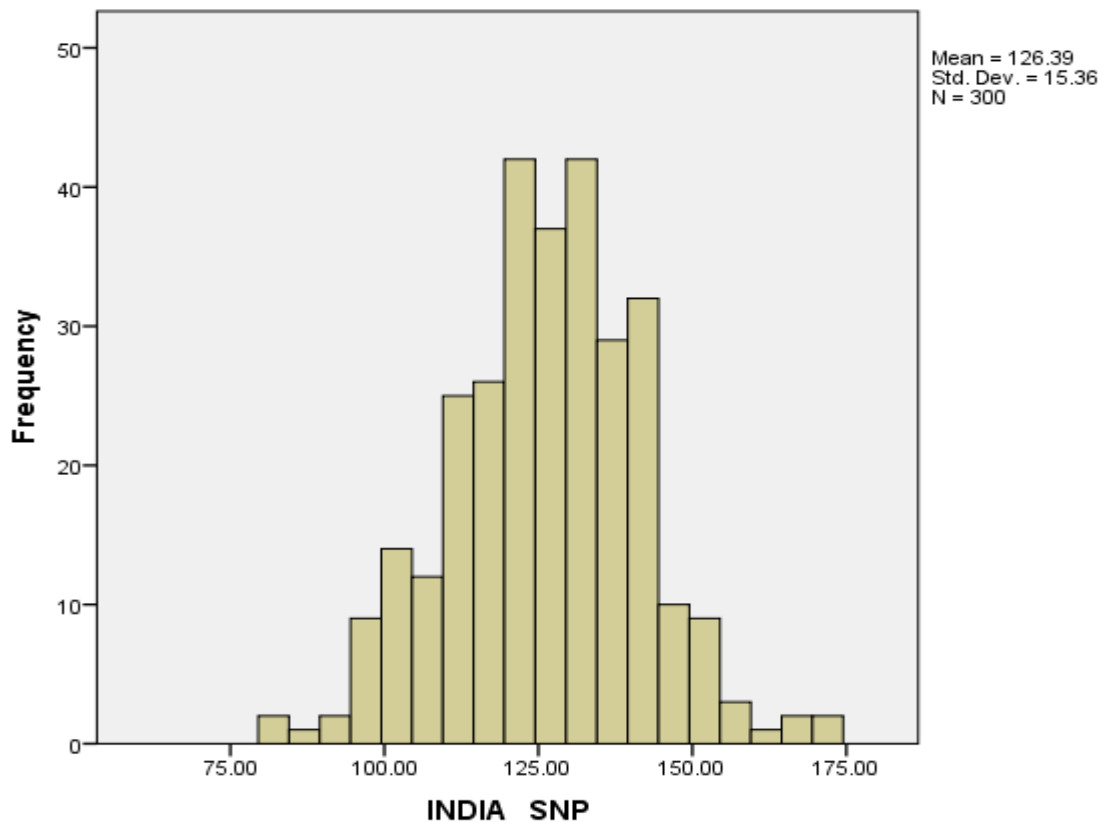
**Skewness of Social Network Pattern Scores of Women Retirees of India**

<b>Skewness</b>	<b>SE</b>	<b>Z value</b>	<b>Remark</b>
-.076	.141	.539	P>0.05

The table 3.1.3 indicates that the mean score of pattern of social network of Indian women retirees have been found to be 126.39 with SD 15.36. The mean, median and mode of women retirees on social network pattern are 126.39, 126.50 and 134.00 respectively. Table 3.1.4 reveals the values of skewness and standard error which have been found to be -.076 and .141 respectively. Z value is .539 which shows that given data is normal. Thus the data can be treated as normally distributed for the social network pattern which is as shown below in the histogram and normal probability curve:



**Figure 3**



**Figure. 4**

### **3.1.3 Frequency Distribution of Leisure Time Activities Scores of Women Retirees of UK**

The tables 3.1.5 and 3.1.6 shows the frequency distribution of leisure time activities scores of women retirees of UK along with the descriptive statistics.

**TABLE: 3.1.5**

#### **Frequency Distribution of Leisure Time Activities Scores of Women Retirees of UK**

<b>Sr. No.</b>	<b>Class Interval</b>	<b>Frequency</b>	<b>Percentage</b>	<b>CPF</b>
1	50-89	27	9	9
2	90-129	70	23.34	31.33
3	130-169	56	18.66	50

4	170-209	68	22.67	71.67
5	210-249	47	15.67	88.66
6	250-289	16	5.34	94
7	290-329	9	3	97.67
8	330-369	4	1.34	99
9	370-409	1	0.34	99.67
10	410-450	2	0.67	100
	Total	300	100	100

**Mean=172.56 Median= 169.00 Mode=107.00 SD=67.54 Skewness = 0.203 SE=.141**

Skewness and Z value was also calculated which is as given in table below: -

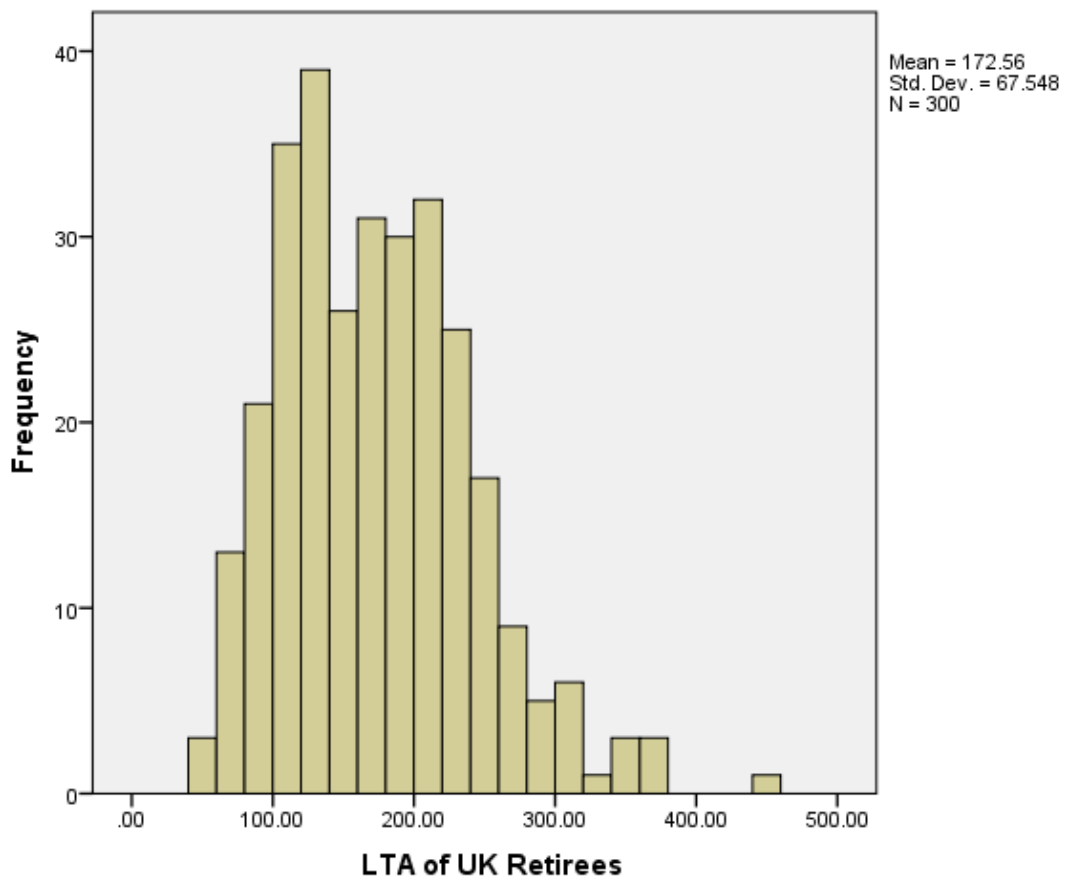
**TABLE: 3.1.6**

**Skewness of Leisure Time Activities Scores of Women Retirees of UK**

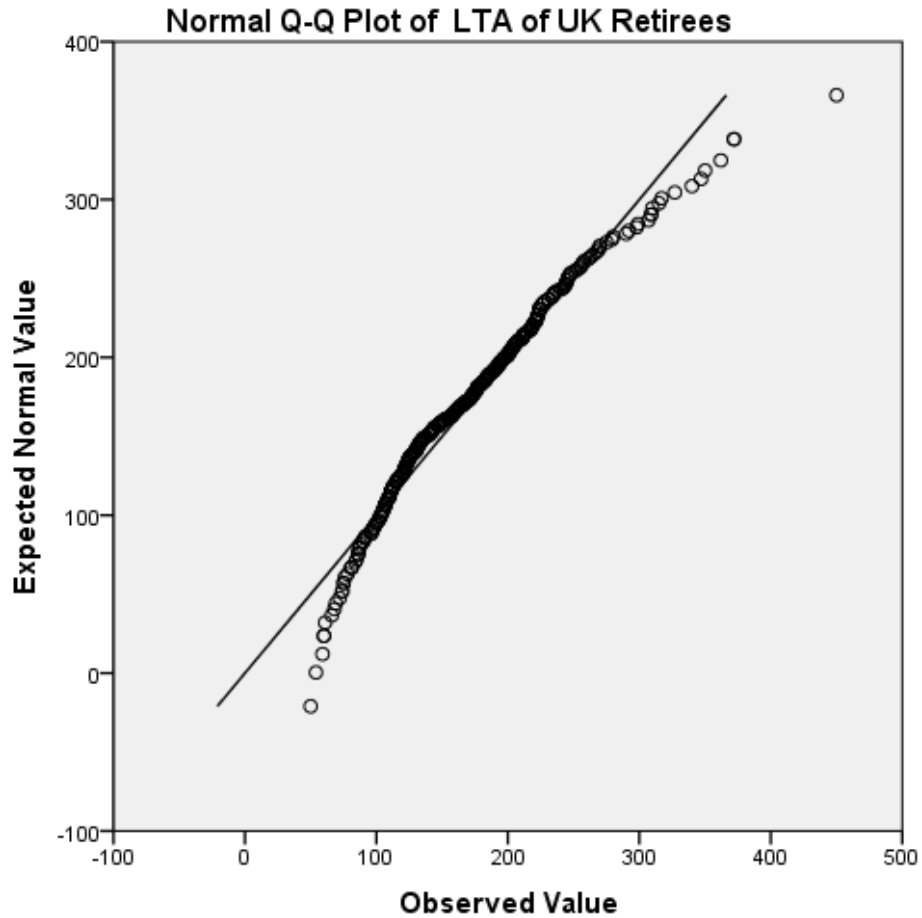
<b>Skewness</b>	<b>SE</b>	<b>Z value</b>	<b>Remark</b>
0.203	.141	1.43	P>0.05

The table 3.1.5 indicates that the mean score of leisure time activities of UK women retirees have been found to be 172.56 with SD 67.54 .The mean, median and mode of women retirees of UK on LTA are 172.56, 169.00 and 107.00 respectively. The values of skewness and Standard error is shown in table 3.1.6 which have found to be 0.203 and 1.43.On the basis of Z value, the curve can be considered symmetrical and the data can be treated as normally distributed for the pattern of leisure time activities as shown below in figures :





**Figure 5**



**Figure 6**

**3.1.4 Frequency Distribution of Social Network Scores of Women Retirees of UK**

The tables 3.1.7 and 3.1.8 shows the frequency distribution of social network scores of women retirees of UK along with the descriptive statistics.

**TABLE: 3.1.7**

**Frequency Distribution of Social Network Scores of Women Retirees of UK**

<b>Sr. No.</b>	<b>Class Interval</b>	<b>Frequency</b>	<b>Percentage</b>	<b>Cpf</b>
1	85-97	6	2	2
2	98-111	37	12.34	14.33
3	112-124	93	31	45.34

4	125-137	104	34.67	80
5	138-150	47	15.67	95.67
6	151-163	13	4.34	100
	Total	300	100	100

**Mean=126.26    Median= 126.00    Mode=119.00    SD= 13.96    Skewness= -.106**  
**SE=.141**

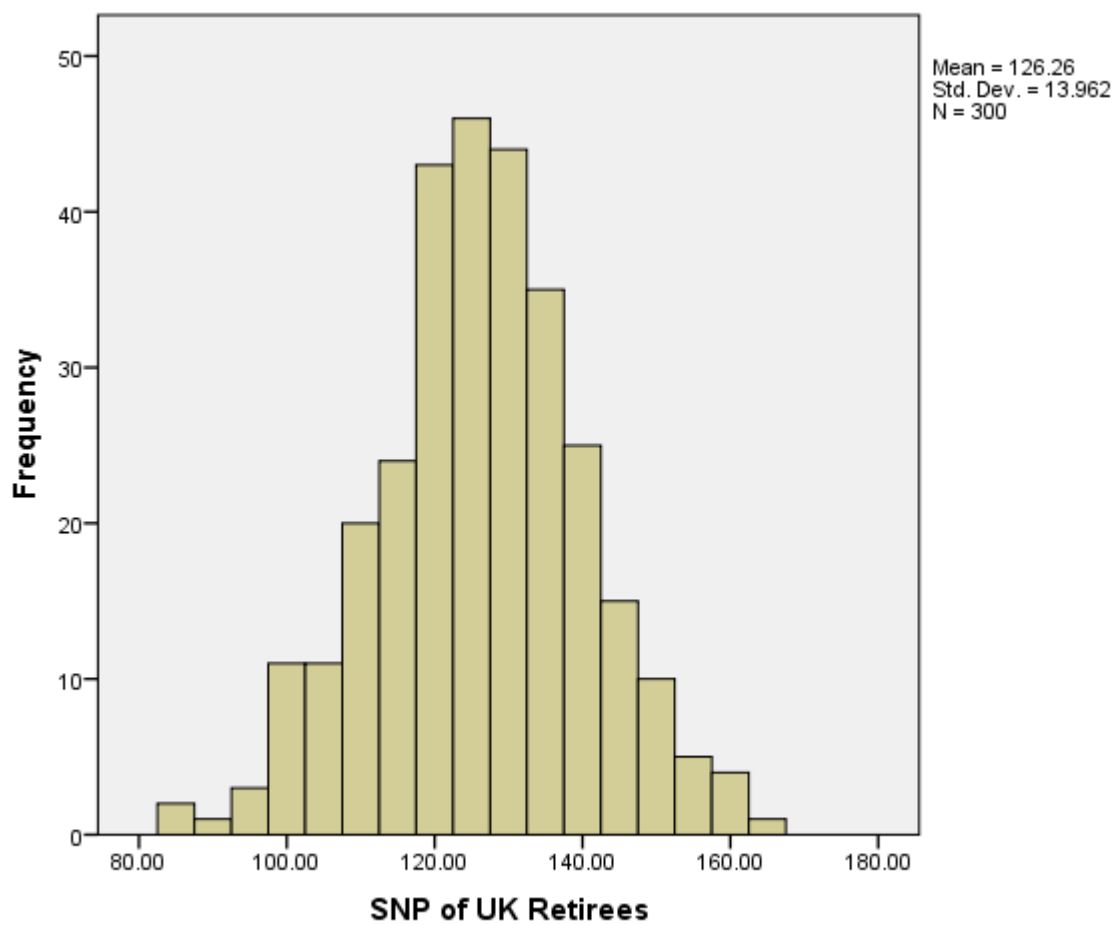
Skewness and Z value was also calculated which is as given in table below:-

**TABLE: 3.1.8**

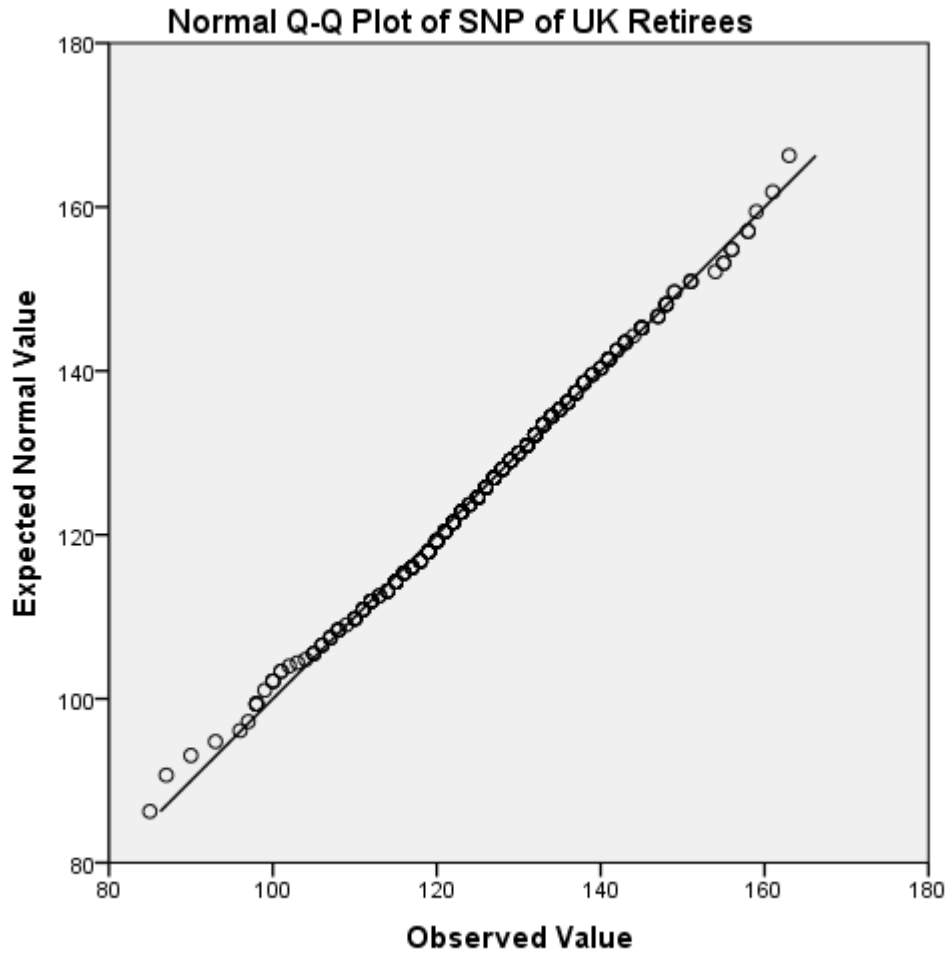
**Skewness of Social Network Pattern Scores of Women Retirees of UK**

<b>Skewness</b>	<b>SE</b>	<b>Z value</b>	<b>Remark</b>
-.106	.141	.751	P>0.05

The table 3.1.7 explores that the mean score of social network of Indian women retirees have been found to be 126.26 with SD 13.96 .The mean, median and mode of women retirees of UK social network are 126.70, 126.00 and 119.00 respectively. Table 3.1.8 shows the values of skewness and standard error which have found to be -.106 and .141 respectively and Z value is .751 showing the curve as symmetrical. Thus the data can be treated as normally distributed for the social network pattern of women retirees of UK as shown in histogram and normal probability curve given below:



**Figure 7**



**Figure: 8**

## **3.2 Quantitative Analysis of Data**

The results of the present study have been presented in the following order:

### **I. Leisure Time Activities**

3.2.1 Identification of pattern of leisure time activities of Indian women retirees.

3.2.2 Identification of pattern of leisure time activities of women retirees of UK.

3.2.3 Difference between patterns of leisure time activities of women retirees of India and UK.

3.2.4 Difference in Leisure Time Activities of Women Retirees of India and UK

### **II. Social Network Pattern**

3.2.5 Identification of social network pattern of Indian women retirees.

3.2.6 Identification of social network pattern of women retirees of UK.

3.2.7 Difference between social network patterns of women retirees of India and UK.

3.2.8 Difference between social networks of women retirees of India and UK

3.2.9 Difference between Leisure Time Activities and Social Network Pattern of Women Retirees of India and UK

### **III. Health Status**

3.2.11 Identification of level of health status of Indian women retirees.

3.2.11 Identification of level of health status of women retirees of UK.

3.2.12 Difference between levels of health status of women retirees of India and UK.

3.2.13 Difference in Health Status of UK and Indian Women Retirees

### **IV. Association between women retirees with respect to their Leisure Time Activities, Social Network Pattern and Health Status**

3.2.14 Association of Indian women retirees with respect to their leisure time activities,  
Social network pattern and health status

3.2.15 Association of UK women retirees with respect to their leisure time activities, social

network pattern and health status

3.2.16 Difference in association between women retirees of India and UK with respect to their leisure time activities, social network pattern and health status

## V. Socio Economic Status

3.2.17 Association among leisure time activities, social network pattern and health status of Indian women retirees vis -a-vis their levels of socio economic status

3.2.18 Association among leisure time activities, social network pattern and health status of Indian women retirees with their socio economic status

3.2.19 Association among leisure time activities, social network pattern and health status of UK women retirees vis -a-vis their levels of socio economic status

3.2.20 Association among leisure time activities, social network pattern and health status of UK women retirees with their socio economic status

## I. Leisure Time Activities

The objective of the study was to identify the pattern of leisure time activities of women retirees of India and UK. To achieve this objective, Q1 and Q3 values of each dimension were found and percentages of each dimension were calculated to know the pattern of leisure time activities of Indian and UK women retirees as given in the following tables:

### 3.2.1 Identification of pattern of leisure time activities of Indian Women Retirees.

**Table: 3.2.1**

#### **Leisure Time Activities of Indian Women Retirees**

<b>Sr. No</b>	<b>Dimension</b>	<b>No. of women retirees</b>	<b>% age</b>	<b>Ranking</b>
<b>1</b>	<b>Religious</b>	147	49	2
<b>2</b>	<b>Social</b>	145	48.3	3
<b>3</b>	<b>Sports</b>	127	42.3	6

<b>4</b>	<b>Literary</b>	150	50	1
<b>5</b>	<b>Travel</b>	130	43.3	7
<b>6</b>	<b>Recreational</b>	141	47	5
<b>7</b>	<b>Media and Communication</b>	132	44	4
<b>8</b>	<b>Household</b>	121	40.3	8

The table shows the percentage of those women retirees of India, who have engaged themselves in different types of leisure time activities. The findings indicates that 50% of Indian women retirees preferred literary activities followed by 49% religious and 48.3% social activities , whereas 47% women retirees preferred recreational activities followed by 44% media and communication and 43.3% travel activities. Only 42.3% women retirees preferred sports activities and 40.3% women retirees' least preferred household activities. It indicates that literary activities are highly preferred and household activities are least preferred by the Indian women retirees.

Traditionally Indian women retirees spent their leisure time by participating in simple activities. Galit (2005) found that women retirees explore and live by reading literature. Dey (2003) found that women spend their time by interacting with their grandchildren and participate in simple social activities. Religious activities are more common focus of women retirees. Interests and participation in religious and social activities increases with age. Parkash (1999) also found that Indian women retirees engage themselves in recreational activities. Television watching and listening to radio are found to be the common leisure time activities of Indian women retirees. Interviews of women retirees revealed that they do not structure their leisure time properly but they only structure their time in performing household activities. Gautam (2007) explored that participation in religious and social activities are related to life satisfaction .It is also found by Singh (2006) that involvement in greater number of social and household activities leads to satisfaction. However, the findings of the present study indicate that Indian women retirees prefer literary and religious activities as their leisure time activities. It may be due to the culture of India and lack of interest in technology of this generation who are retired.



### 3.2.2 Identification of pattern of leisure time activities of women retirees of UK

Table: 3.2.2

#### Leisure Time Activities of Women Retirees of UK

Sr. No	Dimension	No. of women retirees	%age	Ranking
1	Religious	110	36.6	1
2	Social	104	34.6	3
3	Sports	87	29	8
4	Literary	106	35.3	2
5	Travel	98	32.6	5
6	Recreational	97	32.3	6
7	Media and Communication	101	33.6	4
8	Household	96	32	7

The above table reveals the percentage of those women retirees of UK, who have engaged themselves in different types of leisure time activities. The findings indicates that 36.6 % of UK women retirees preferred religious activities followed by 35.3% literary and 34.6 % social activities.33.6% preferred media and communication activities followed by 32.6% travel and 32.3% recreational activities, whereas 32% preferred household activities and only 29% women retirees preferred sports activities. It indicates that religious activities are highly preferred and sports activities are least preferred by the UK women retirees.

Ellen (2011) suggested that an increased risk for physical and mental problems can be decreased if retirees engage themselves in number of activities such as reading, travelling, household and recreational activities etc. Religion does not play a great part in the lives of retirees but retirees involve themselves in meditation, spending time in church etc. A

survey done by worldview reading unit (2005) in the U.K. also showed that reading is a favourite pastime among retirees. In a survey done in UK, it had been found that 64 percent of people in the U.K read during their free time. Kimberling (2011) investigated that leisure time activities are numerous for the retiree over 55 years of age. Activities, such as cruising, bird-watching, volunteering, travelling, Sightseeing, TV Watching and Cruising are commonly performed activities by retirees belonging to UK. It has also been suggested by Price (2001) that leisure-time physical activity may increase during retirement. Sports and watching TV after retirement can improve health status of retirees in UK. Engagement in leisure time activities can reduce the risk of various diseases. However the findings of present study have also explored that women retirees of UK have more preference for religious and literary activities followed by social activities due to the reason that religious activities have a big role in providing satisfaction and happiness after retirement. It also helps to maintain good mental and physical health.

### 3.2.3 Difference between leisure time activities of women retirees of India and UK.

In order to find out the difference in pattern of leisure time activities of UK and Indian women retirees, Z values have been calculated which are as given in the following table:

**Table: 3.2.3**

**Difference in Pattern of Leisure Time Activities of UK and Indian Women Retirees**

Dimension	Leisure time activities (India)		Leisure time activities (UK)		Z-value	Remarks
	N	Proportion	N	Proportion		
<b>Religious</b>	147	49	110	36.6	.488	P>.05
<b>Social</b>	145	48.3	104	34.6	.490	P>.05
<b>Sports</b>	127	42.3	87	29	.378	P>.05
<b>Literary</b>	150	50	106	35.3	.097	P>.05
<b>Travel</b>	130	43.3	98	32.6	.522	P>.05
<b>Recreational</b>	141	47	97	32.3	.370	P>.05

<b>Media and Communication</b>	132	44	101	33.6	.669	P>.05
<b>Household</b>	121	40.3	96	32	.955	P>.05

The above table reveals the Z values of leisure time activities of women retirees of India and UK. It has been explored that there exist no significant difference in the eight dimensions of leisure time activities of women retirees of India and UK, the Z values being .488,.049, .378, .097,.522, .370,.669 and .955 respectively for religious, social, sports, literary, travel, recreational, media and communication and household activities.

As far as the pattern of leisure time activities is concerned, no significant difference had been found in the pattern of LTA of Indian and UK women retirees. Therefore the hypothesis which state that women retirees belonging to UK have significantly different pattern of leisure time activities than women retirees belonging to India has been rejected.

Social, literary, recreational, media and communication and household activities are the common activities which women retirees perform in their leisure time, whether they belong to India or UK. It has been observed that reading newspaper, magazines etc are favourite past time activities of Indian and UK women retirees. Therefore, there is no significant difference in the pattern of leisure time activities of UK and Indian women retirees.

### **3.2.4 Difference in Leisure Time Activities of Women Retirees of India and UK**

To know the difference in leisure time activities of women retirees of India and UK, Z value has been calculated and the result has been presented in the following table:

**TABLE: 3.2.4**

#### **Difference in Leisure Time Activities of Women Retirees of India and UK**

<b>Group</b>	<b>N</b>	<b>Mean</b>	<b>SD</b>	<b>SE</b>	<b>Z value</b>	<b>Remarks</b>
<b>India</b>	300	178.7086	76.05	4.06	1.715	P>.05
<b>UK</b>	300	168.4640	66.25	4.19		

The above table shows the mean scores and Z value .It has been revealed that the mean score of Indian women retirees is 178.70 and of UK women retiree is 168.46.The Z value has been found to be 1.715 which is not significant at 0.05 level.

## II. Social Network Pattern of Women Retirees

The objective of the study was to identify the social network pattern of women retirees of India and UK. To achieve this objective, Q1 and Q3 values of each dimension were found and percentages were calculated to know the pattern of social network of Indian and UK women retirees as given in the following tables:

### 3.2.5 Identification of social network pattern of Indian women retirees

**Table: 3.2.5**

**Social Network Pattern of Indian Women Retirees**

<b>Sr. No</b>	<b>Social network pattern</b>	<b>No. of women retirees</b>	<b>% age</b>	<b>Ranking</b>
1	Family	144	48	4
2	Friends	189	63	2
3	Neighbours	132	44	6
4	E networking	133	44.3	5
5	Religious	176	58.6	3
6	Social activities	192	64	1

The above table indicates that women retirees belonging to India prefer to widen their social network by engaging themselves in different pattern of social dimensions. 64% of Indian women retirees widen their social network by engaging themselves in participating and performing social activities, 63% widen their social network by communicating with their friends and 58.6% perform religious activities, 48 % women retirees communicate with

their families ,whereas 44.3 % engage themselves in e- networking and only 44% women retirees connect with their neighbours. It indicates that engagement in social activity is highly preferred pattern of social network whereas meeting neighbours is least preferred social network pattern by Indian women retirees.

Helly (1998) found that even after retirement retirees need friends, therefore they join clubs, attend social activities in their neighbourhood or at any religious functions. Kelley (1987) Laslett (1989) found that playing with children and grandchildren lead to life satisfaction after retirement. The above mentioned factors may also be the reason to engage themselves in social activities as a most preferred activity of indian women retirees.

### 3.2.6 Identification of social network pattern of women retirees of UK

**Table: 3.2.6**

**Social Network Pattern of Women Retirees of UK**

<b>Sr. No</b>	<b>Social network pattern</b>	<b>No. of women retirees</b>	<b>%age</b>	<b>Ranking</b>
1	Family	128	42.6	5
2	Friends	137	45.6	4
3	Neighbours	110	36.6	6
4	E networking	201	67	1
5	Religious	176	58.6	2
6	Social activities	156	52	3

The above table explores that, woman retirees belonging to UK prefer to widen their social network by engaging themselves in different social activities. 67% of UK women retirees widen their social network by engaging themselves in e networking, 58.6% participating and performing religious activities and 52 % widen their social network by participating in social activities. 45.6 prefer to communicate with their friends.42.6 % connect with their families whereas only 36.6 % prefer to communicate with their

neighbours. It indicates that activities related to e networking are highly preferred pattern of social network whereas meeting with their neighbours are least preferred social network pattern by UK women retirees.

Retirees use online networking sites to interact with their friends, relatives and family members. Report of social networking statistics (2010) showed that 60% of people of 50 to 64 years of age use social media and 43% people of age group 65 plus use social networking sites. Smith (2009) found that retirees are now using social networking sites to communicate with people. Retirement study by pew internet (2012) revealed that retirees of age group 50-65 are active on social networking sites like face book, twitter etc. Richmond (2012) explored that percentage of use of social networking sites by senior citizens in UK is increasing from 2010, 2011 and 2012. Older people use e mails, teleconferencing etc to communicate with their friends and relatives. Tornstam (1994) revealed that after retirement when women retirees have no routine work then they take a shift from materialistic world to cosmic world. Hess (1998) found that spirituality leads to happiness, satisfaction and independence among older adults. Ruskin (1999) reported that going to church, performing religious practices, service to others bring deep personal satisfaction among retirees belonging to UK. Swinton (2013) has revealed the different attitudes to neighbours of different generations. Young generation barely spoke with their neighbours. The survey showed that as the people get older or retire in UK they begin to build their relation with their neighbours but they call upon their neighbours only in emergency conditions.

### 3.2.7 Difference between social network pattern of women retirees of India and UK

In order to find out the difference in pattern of leisure time activities of UK and Indian women retirees, Z values have been found which are as given in the following table:

**Table: 3.2.7**

#### **Difference in Social Network Pattern of UK and Indian Women Retirees**

Dimension	Social network pattern(India)		Social network pattern(UK)		Z-value	Remarks
	N	Proportion	N	Proportion		
<b>Family</b>	144	48	128	42.6	2.450	P<.05

<b>Friends</b>	189	63	137	45.6	0.193	P>.05
<b>Neighbours</b>	132	44	110	36.6	1.550	P>.05
<b>E networking</b>	133	44.3	201	67	10.306	P<.05
<b>Religious</b>	176	58.6	131	58.6	0.5374	P>.05
<b>Social activities</b>	192	64	156	52	2.6204	P<.05

The table indicates the Z values of social network pattern of UK and Indian women retirees. The Z values being 2.450, 0.193, 1.550, 10.306, 0.5374 and 2.6204 respectively. Z values is significant for family, e networking and social activities, whereas Z values for friends, neighbours and religious activities are not significant and shows that there exist no significant difference in these pattern of social network of Indian and UK women retirees except family, e networking and social activities. Therefore the hypothesis which state that women retirees belonging to UK have significantly different social network pattern than women retirees belonging to India has been partially accepted.

(Cristine, 2003) has been observed that everybody need support after retirement and this support comes, when people have strong social network . There is no significant difference in family, friends, e networking, neighbours and religious activities as a pattern of social network of UK and Indian women retirees. They have widened their social network by engaging themselves in religious activities. They also communicate with their friends and neighbours. Mostly retirees call upon their neighbours in emergency conditions. There is significant difference in social activities as a pattern of social network of UK and Indian women retirees. Indian retirees prefer to live with their families whereas women retirees of UK prefer to live alone .Indian women retirees have widened their social network by involving themselves in different social activities. In UK women retirees mostly join social organizations and widen their social network. Women retirees of UK prefer to communicate with their families and friends through e networking .Their personal contacts are limited. Indian women retirees prefer to communicate with their families and friends through personal contacts. Indian women retirees rarely use social networking sites to communicate with their families and friends.

In order to find out the difference in pattern of leisure time activities of UK and Indian women retirees, Z values have been found which are as given in the following table:

### 3.2.8 Difference in Social Network Pattern of Women Retirees of India and UK

To know the difference in social network pattern of women retirees of India and UK, Z value has been calculated and the result has been presented in the following Table:

**Table: 3.2.8**

#### Difference in Social Network Pattern of Women Retirees of India and UK

Group	N	Mean	SD	SE	Z- value	Remarks
India	300	125.86	15.397	.82304	-.933	P>.05
UK	300	126.97	135.57	.85869		

The above table shows the mean scores and Z value .It has been revealed that the mean score of Indian women retirees is 125.86 and of UK women retiree is 126.97.The Z - value has been found to be -.933 which is not significant at 0.05 level.

### 3.2.9 Difference between Leisure Time Activities and Social Network Pattern of Women Retirees of India and UK

To know the difference in leisure time activities and social network pattern of women retirees of India and UK, Z value has been calculated and the result has been presented in the following table:

**Table : 3.2.9**

#### Difference between Leisure Time Activities and Social Network Pattern of Women Retirees of India and UK

Group (India &UK)	N	Mean	S.D.	S.E.	Z- value	Remark
-------------------------	---	------	------	------	----------	--------



<b>LTA</b>	600	174.44	72.24	2.449	.418	P>.05
<b>SNP</b>	600	126.32	14.66	.598		

The above table has revealed that mean score of UK and Indian women retirees is 174.44 and of women retiree of UK is 126.32 with SD values 72.24 and 14.66 respectively. The Z value has been found to be .418 which is not significant at 0.05 level.

Therefore in the light of the results given in tables 3.2.7 and 3.2.8, the hypothesis which states that there exist no significant difference between women retirees of India and UK with respect to their leisure time activities and social network pattern stands accepted.

Kimberling (2011) investigated different types of leisure activities among retirees belonging to UK. He found that bird-watching, volunteering and travelling, TV watching; e networking, sailing clubs, cruising, travel and sightseeing are the common leisure time activities of retirees in UK. Retirees are much technologically sound and aware so they engage themselves in varieties of leisure activities.

Mishra (2010) explored leisure activities of Indian retirees and found that leisure activities of Indian retirees remain connected with their hobbies and interaction with the friends and members of voluntary organizations. The Investigator has observed that women retirees in India generally engage themselves in performing household activities and playing with their grandchildren. Parkash (1999) found that TV watching and listening radio are the common leisure activities performed by Indian retirees. Robinson (2010) also said that older people use web-based social networks and online dating services to boost their social networks.

Indian women retirees are involve religious and social activities to widen their social network. Family also plays a role in enhancing their social network. Kelly (1988), Laslett (1989), Ruskin (1999) Zelinski and Cathi (2007), Hess and Helly (2008), Social networking statistics (2010), Swinton (2013) identified the different dimensions of social network pattern. Retired women involves themselves in various types of leisure time activities and try to widen their social network by engaging themselves in various social activities.

### **III. Health status of women retirees**

#### **3.2.10 Identification of level of health status of Indian women retirees**

The objective of the present study was to reveal the health status of women retirees of India and UK. To achieve this objective, Q1 and Q3 were found out and percentages were calculated to know the low health status and high health status of Indian women retirees. Scores below 48 shows poor health status of women retirees and scores above 56 is considered as high health status.

**Table: 3.2.10**

**Level of Health Status of Indian Women Retirees**

<b>Group</b>	<b>N</b>	<b>%</b>
Poor Health Status	121	40
Good Health Status	174	58

The above table reveals the percentages of poor and good health status of Indian women retirees. The findings in the table indicate that 58% of Indian women retirees have good health status whereas 40% has poor health status.

**3.2.11 Identification of level of health status of women retirees of UK**

The objective of the present study was to reveal the health status of women retirees of UK. To achieve this objective, percentages were calculated to know the poor health good and high health status of UK women retirees.

**Table: 3.2.11**

**Level of Health Status of UK Women Retirees**

<b>Group</b>	<b>N</b>	<b>%</b>
Poor Health Status	73	24.3
Good Health Status	165	55

The above table shows the percentages of poor and good health status of women retirees of UK. The finding in the table indicates that 55% of Indian women retirees have good health status whereas 24.3% has poor health status.

### 3.2.12 Difference between levels of health status of women retirees of India and UK.

To know difference in low and high health status of women retirees of India and UK Z values have been also calculated which are as shown below in table:

**Table: 3.2.12**

#### Difference in Low and High Health Status of UK and Indian Women Retirees

Groups	India		UK		Z value	Remarks
	N	Proportion	N	Proportion		
<b>PHS</b>	121	.40	73	.24	23.897	P<.05
<b>GHS</b>	174	.58	165	.55	54.42	P<.05

The table reveals the Z values of low and high health status of UK and Indian women retirees'. The Z values being 23.897 and 54.42 respectively show that there exist significant difference in the poor and good health status of women retirees belonging to India and UK. Therefore the hypothesis which stated that women retirees belonging to UK have different level of health status as compared to the women retirees of India is accepted.

### 3.2.13 Difference in Health Status of UK and Indian Women Retirees

To know health status of women retirees of India and UK, Z value has been calculated which is as shown below in table:

**Table: 3.2.13**

#### Health Status of Indian and UK Women Retirees

Group	N	Mean	SD	SE	Z- value	Remark
India	300	55.95	5.010	.289	193.43	P<.05
UK	300	155.76	56.36	3.25	47.86	P<.05

The above results show the mean scores and Z value of health status of UK and Indian women retirees. It has been explored that the mean score of Indian women retirees is 55.95 and of UK women retiree is 155.76. The Z values have been found to be 193.43 and 47.86 respectively which are significant at 0.05 level. By comparing mean scores of India and UK it has been found that mean score of health status of women retirees of UK is more as compared to mean score of health status of women retirees of India which is 55.95. Therefore the hypothesis which states that there exist no significant difference between health status of women retirees belonging to India and UK stands rejected.

Social network helps to build companionship and interaction with more people in the community. They need to keep themselves busy by connecting with other people. All these factors lead to sound physical as well as mental health.

Housing and decreased social status is another problem. The home is a very important factor in the lives of retired women. After retirement they develop feeling of being neglect, loneliness, feeling unwanted (Kelley and Wayne, 2003). Bali (1999) investigated that retirees experience kind of lost feeling and this may lead to poor health but interactions with friends, family members, playing with grandchildren, interactions with neighbours, participating in religious and household activities leads to sound physical as well as mental health (Mishra, 1992). Interviews of women retirees revealed that they do not structure their time properly. They only structure their time in performing their household activities. They do not structure time for self care activities and this can lead to poor health (Parkash, 1999).

#### **IV. Association between women retirees with respect to their leisure time activities, social network pattern and health status**

The objective of the present study was to compare the association of leisure time activities, social network pattern and health status of women retirees belonging to India and UK. To achieve this objective, after applying Pearson Correlation, the results have been presented in the tables as given below:

**3.2.14 Association of Indian women retirees with respect to their leisure time activities, social network pattern and health status**

**Table: 3.2.14**

**Association of Indian women retirees with respect to their leisure time activities, social network pattern and health status**

<b>India</b>	<b>Mean</b>	<b>S.D</b>	<b>N</b>	<b>Correlation</b>	<b>Z value</b>	<b>Remarks</b>
LTA	176.31	76.73	300	.075	1.298	P>.05
SNP	126.39	15.35	300			
LTA	176.31	76.73	300	.049	.8469	P>.05
HS	55.95	5.010	300			
SNP	126.39	15.35	300	.108	18.278	P<.05
HS	55.95	5.010	300			

The table explores the Z values of correlation which are 1.298 for LTA and SNP, .8469 for LTA and HS, 18.278 for SNP and HS. The values show that there is significant correlation between social network pattern and health status of women retirees belonging to India. There is no association between leisure time activities and social network pattern, leisure time activities and health status.

Literature shows that social activities have the potential to increase social involvement and better health in many ways. Many recreational activities, such as watching TV etc leads to better health status (Kethy 2002). Kumar (1999) found association between social network and health status of older people in India. Mickel (1992) investigated the impact of employment on the health of retirees with particular attention to the social roles that affect health through their impact on social networks. The present study is also in tune with this literature that wide social network can lead to better health of retirees.

### 3.2.15 Association of UK women retirees with respect to their leisure time activities, social network pattern and health status

To know association between leisure time activities and social network pattern, leisure time activities and health status, social network pattern and health status of women retirees of UK, Pearson correlation was employed and the results have been presented in the following table:

**TABLE: 3.2.15**

#### Association of Leisure Time Activities and Social Network Pattern, Leisure Time Activities and Health Status, Social Network Pattern and Health Status of Women Retirees of UK

India	Mean	S.D	N	Correlation	Z value	Remarks
LTA	172.56	67.54	300	.019	1.55	P>.05
SNP	57.54	3.456	300			
LTA	172.56	67.54	300	.013	2.52	P<.05
HS	155.76	56.36	300			
SNP	57.54	3.456	300	.091	1.64	P>.05
HS	155.76	56.36	300			

The table explores the Z values of correlation which are 1.55 for LTA and SNP, 2.52 for LTA and HS, 1.64 for SNP and HS. The values show that there is significant correlation between leisure time activities and health status of women retirees belonging to UK.

Price (2001) explored that leisure-time physical activity may increase during retirement. Sports and watching TV after retirement can improve health status of retirees in UK. Engagement in leisure activities can reduce the risk of various diseases. Activities bring meaning and opportunity which keep retirees engaged and to live their lives successfully. Household, literacy, travel, media and communication, social and religious are activities that afford newer and satisfying learning opportunities. This provides the positive setting for successful aging and improved health status (Atchley 1999).

Participation in physical activity has also been shown to generate positive effects on the cognitive functioning of older people. By reviewing the related literature it has been found

that no much literature is available which shows the association between retirees with respect to their leisure time activities, social network and health status but the finding of the present study is in tune with the available literature.

### **3.2.16 Association between women retirees of India and UK with respect to their leisure time activities, social network pattern and health status**

To know association between women retirees of India and UK with respect to their leisure time activities, social network pattern, and health status, pearson correlation was employed and the results have been presented in the following table:

**Table: 3.2.16**

#### **Association between women retirees of India and UK with respect to their leisure time activities, social network pattern and health status**

<b>Group(India and UK)</b>	<b>Mean</b>	<b>S.D</b>	<b>N</b>	<b>Correlation</b>	<b>Z value</b>	<b>Remarks</b>
LTA	174.44	72.24	600	0.21	.511	P>.05
SNP	126.32	14.66	600			
LTA	174.44	72.24	600	.007	.171	P>.05
HS	171.27	27.64	600			
SNP	126.32	14.66	600	.043	1.07	P>.05
HS	171.27	27.64	600			

The table explores the Z values of correlation which are .511 for LTA and SNP,.171 for LTA and health status and 1.07 for social network pattern and health status. Values show that there is no significant association. Therefore the hypothesis which states that there is no significant association between women retirees of India and UK with respect to their leisure time activities, social network and health status is accepted.

## V. Socio Economic Status

### 3.2.17 Association among leisure time activities, social network pattern and health status of Indian women retirees vis -a-vis their levels of socio economic status

The objective of the present study was to find out the association of leisure time activities, social network pattern and health status with respect to the levels of socio economic status of women retirees of India and UK. To achieve this objective socio economic status was categorized into three levels i.e. low, average and high socio economic status. After applying correlation, Z values has been found out and the results have been presented in the tables as given below:

**Table: 3.2.17**

#### Association among Leisure Time Activities, Social Network Pattern and Health Status of Indian Women Retirees with Respect to their levels of Socio Economic Status

Group	Levels	LTA	SNP	HSS
SES	Low	.616	.296	.285
		P> .05	P>.05	P>.05
	Average	.172	.790	.248
		P>.05	P>.05	P>.05
	High	.410	.884	.486
		P>05	P>.05	P>.05

The above table reveals the Z values of correlation of leisure time activities, social network pattern and health status of Indian women retirees with respect to levels of socio economic status. There is no significant association between leisure time activities with respect to low and average levels of socio economic status as the values are not significant.



### 3.2.18 Association among leisure time activities, social network pattern and health status of Indian women retirees with respect to their socio economic status

To know association among leisure time activities, social network pattern and health status of Indian women retirees with respect to their overall socio economic status, correlation was found and the result is presented in the table:

**Table: 3.2.18**

#### Association among leisure time activities, social network pattern and health status of Indian women retirees with respect to their socio economic status

Group	LTA	SNP	HS
SES	.393	.108	1.000**
	P>.05	P>.05	P>.01

\*\*Correlation is significant at 0.01 level

The above results shows that social network pattern and leisure time activities has no association with socio economic status as the correlation values are .393 and .108 respectively which are not significant but health status of Indian women retirees is associated with socio economic status as the value is 1.000 which is significant at 0.01 level. Therefore leisure time activities, social network pattern with respect to the level of socio economic status of Indian women retirees is not positively associated but there is association between socio economic status and health status. Mishra (1992) found that occupation, status of the family, determines the quality of life and health. High socio economic status, higher education affects health of an individual. It has been observed through interviews that women retirees with high socio economic status involve themselves in self-care activities more, as compared to the women retirees with low or average socio economic status.

**3.2.19 Association among Leisure Time Activities, Social Network Pattern and Health Status of Women Retirees of UK with respect to Low, Average and High Socio Economic Status**

To know association of leisure time activities, social network pattern and health status of women retirees of UK with respect to their levels of socio economic status, Pearson correlation was employed and the results have been presented in the table as given below:

**Table 3.2.19**

**Association of Leisure Time Activities, Social Network Pattern and Health Status of Women Retirees of UK With Respect to Low, Average and High Socio Economic Status**

<b>Group</b>	<b>Levels</b>	<b>LTA</b>	<b>SN</b>	<b>HS</b>
<b>SES</b>	<b>Low</b>	.084	.123	.052
		P>.05	P>.05	P>.05
	<b>Average</b>	.161	.180	.407
		P>.05	P>.05	P>.05
	<b>High</b>	.506	.872	.072
		P>.05	P>.05	P>.05

The above table shows the Z values of correlation of leisure time activities, social network pattern and health status of women retirees of UK with respect to the levels of socio economic status. All the values are not significant. The values of LTA, SNP and HS with respect to low socio economic status are .084, .123 and .052 respectively which are not significant. The values of LTA, SNP and HS with respect to average socio economic status are .161, .180 and .407 respectively. There is no association between average socio economic status and LTA, SNP and HS. The values of LTA, SNP and HS with respect to high socio

economic status are .506, .872 and .072 respectively. Therefore there is no association among leisure time activities, social network pattern and health status with respect to their high level of socio economic status.

**3.2.20 Association among Leisure Time Activities, Social Network Pattern and Health Status of Women Retirees of UK with respect to Socio Economic Status**

To know association of leisure time activities, social network pattern and health status of women retirees of UK with respect to their socio economic status, Pearson correlation was employed and the results have been presented in the table as given below:

**TABLE: 3.2.20**

**Association of Leisure Time Activities, Social Network Pattern and Health Status of Women Retirees of UK With Respect To Socio Economic Status**

<b>Group</b>	<b>LTA</b>	<b>SNP</b>	<b>HS</b>
<b>SES</b>	.465	.242	.108
	P>.05	P>.05	P>.05

The above table shows the Z values of correlation of leisure time activities, social network, and health status with respect to socio economic status. Values are not significant .Therefore the hypothesis which states that there is no significant association of leisure time activities, social network and health status of women retirees of UK with respect to their socio economic status is accepted.

## **Chapter IV**

### **Qualitative Analysis**

To meet the objectives of the study qualitative analysis was done. Case studies were conducted from retired women from India and UK and interpretations were done to draw out conclusions. Information sheet was prepared to get the information from retired women belonging to India and UK.

#### **4.1 Case studies of UK women retirees**

##### **Case study-I**

Mrs. Alison did her MBBS in 1975 and was trained as a haematologist. She became permanent consultant haematologist at Poole hospital in 1988 and specialized in patients with bleeding and clotting problems, especially Haemophilia and she was the Director of the Bournemouth and Poole Haemophilia Centre from 1990 to 2006. She retired in 2006, at the age of 55 voluntarily. It has been noticed that most women in UK retire at 60. She is getting small pension from her work, and at 60 and 10 months she also received her government pension too. Her husband is 5 years older than her and he had also retired at 55. He had been at home for 5 years and she decided to retire early to enjoy the opportunity to travel with him. They have two children, Clare was born in 1987 and Roger in 1988. Clare qualified as a doctor last year and Roger is in his fifth year of medical training. She belongs to upper middle class family.

She uses her professional experience in raising funds and going out to India every year to work in camps for children and young men suffering with haemophilia. She has been doing this for 7 years. This takes a lot of her time as she collects articles from her friends to give those to poor people. She goes to organizations and give talks about her work in India.

She is member of the Committee of her local Residents' Association which campaigns to keep their area tidy and to preserve the trees and traditional buildings and maintain the golden beaches nearby and to provide beach facilities for holiday visitors.

Her parents, and Paul's parents, have all now dead, so they do not have any responsibility except that they feel responsible for Roger as he is still in Medical School. Her closest friends are all younger to her and still working and she is involved with people in the Bournemouth and Poole Medical Society of which Paul is this year's President. She has visited India a lot and is familiar with the culture.

Her religious group is the Religious Society of Friends (Quakers) which is broadly a Christian Group which respects and welcomes people of all faiths. She takes the responsibility for organizing Sunday Meetings for the Children. She travels a lot. Recently she had come back after 6 weeks travel in Australia, New Zealand and Malaya. Her husband, Paul was born in New Zealand and has many relatives there and his childhood was in Sydney where they visited many old schools and college friends. In Malaya, they did some challenging walking in the high jungles of the Cameron Highlands. In May 2012, they went to USA for three weeks to see their friends and Paul sang in Chicago with the Bournemouth Symphony Chorus on tour. She plays double bass in an amateur orchestra every week and sings in a choir once a week-which gives concerts and puts on operas. Her husband and she have always been very interested in music and they go to many concerts. She takes alcohol sometimes in a month and rarely smokes.

Her health is fine. She has had no major illnesses and takes no medication and she often goes for all routine checks ups. Her blood pressure is fine. She keeps herself fit by weekly yoga class, play tennis two or three times a week and once every two week spend a day hiking with the Bournemouth and Poole Ramblers Club. Her friends include those whom she sees at the Yoga Sessions, the Tennis Club, the Sandbanks Association, the Quaker Meeting house, the local cafe, Cafe Shore, for coffee mornings, the walking group, the Orchestra and the Opera Chorus. Her best friends are Anne, a hardworking general practitioner, Joey, a physiotherapist and Susannah, an educational journalist. Susannah and she often have walked in the woods to see the snowdrops.

They have their own our house and have no loans. Paul is a retired psychiatrist with a generous pension. She often goes to a concert of Rachmaninov.

## **Interpretation**

As far as social network of Dr. Alison is concerned, she is very social because of her interest in travelling and music. Her leisure time is used in attending music programmes and singing. She spends a lot of time in community work especially in helping patients of haemophilia. She rarely involves herself in visiting websites and other social networking sites. She prefers to attend her social circle personally .She loves nature and selflessly works for its perseverance as she belongs to high social status she spends her time in attending different organizations or associations and providing her valuable experience in haemophilia through them. She belongs to medical field and is aware of health fitness that is why she enjoys a good health status even at this age and is not suffering from any disease. Beside she

is enjoying a very active life and is keeping herself busy physically and mentally. She is involved in her activities due to which she maintains a good physical and mental health.

## **Case Study II**

Penny larwood did her B.Sc in nursing. She is a retired nurse at pool hospital. She retired in 2008, at an age of 60. She is receiving her government pension. She is divorcee. She has two children and they are well settled but they are not living with her. She belongs to middle class family. Her parents are dead also. She has only one sister living in England. She is living alone in her home.

As she is living alone in her home so she has no responsibility of her children and other family members. Her leisure time activities include reading newspaper, going out for a walk with her neighbours. During her free time she involves herself in smoking and drinking alcohol. She also involves herself in net surfing, chatting with friends, playing games on mobile. As she has no work to do after retirement she involves herself in self care activities also. She loves to watch birds. She goes for sightseeing and does photography too after retirement. She read books also. She use her professional experience in helping the poor and sick people She also sometimes go to health care related organisations and keep herself updated. Her children and husband are not living with her, so she is free and not having to worry about their care. She prefers to live alone in her home. She meets her friends and colleagues several times in a month.

As far as her health is concerned she is fine and had no major illnesses and take no medication and she often go for all routine checks ups. Her blood pressure is fine. She often spends a day in Poole Ramblers Club.

## **Interpretation**

As far as social network of Penny, She has no wider social network. She connects with her relatives and friends only through phones and networking sites only. She connects with people mostly through social networking sites. She lives alone in her home so she does not like to meet people personally. Her leisure time activities includes, travelling, smoking, drinking alcohol, sleeping, reading, watching birds and sightseeing. She reads a lot in her free time .Her health is fine as she goes for routine medical checkups. She has no major illness. As she drinks and even smoke so she is having problem of blood pressure .She belongs to middle class family and is alone so she is enjoying her life even after retirement.

### **Case Study III**

Marry Cooper did her B.A (Hons) in politics, sociology and did her post graduation degree in Economics. She worked in Durham University as a Lecturer in Adult and Continuing Education Dept. Mary started her degree course at York University at the age of 38, when her oldest daughter was 13 and the youngest 4. It was a struggle for her and she said that her education was the best thing she ever did (apart from having 4 daughters). She is divorcee. She has four daughters and they are well settled and married. She belongs to middle class family. Her parents are dead also. She is living alone in her home.

As she is living alone in her home so she has no responsibility of her children and other family members because all are well settled in UK. Her leisure time activities include reading newspaper, e mailing friends. She involves herself in self care activities also. She reads a lot. She read books related to philosophy, sociology and Christianity. She love folk dancing and perform dance in programmes even after retirement also. Being one of the original founding members of the growing old disgracefully network, it was a great experience for her. It was just what older women needed at the time after retirement. She writes books and gets them published. Writing books was a wonderful achievement for her. She said that the whole experience of g.o.d organization has transformed he life and she is living her old life gracefully. She is working with university of thirkhage for retired people and adult education. She goes for lunch and dinner with her daughters several times in a month. She enjoy with her books. She does not perform any religious activity. She is in a good state of physical and mental health even after retirement .She has only hearing problem.

### **Interpretation**

Social network of Marry is wider as she is a member of growing old gracefully organization. She meets her friends at this organization several times in a month. As she is working with university of Thirkhage for retired people, there she has many friends with whom she spends her time .She enjoys with the company of her friends .Her leisure time activities includes reading philosophical, sociological and Christianity books. She also writes books and gets them published. She is not religious minded person. She reads newspaper daily. She loves dancing .She love to perform folk dances in various functions organized by organization. As far as her health status is concerned, she is enjoying good physical and mental health because she involves herself in self care activities. She has no major illness apart from that she is having hearing problem.

## **Case Study 1V**

Johnson Dee is retired primary school teacher. She is living with her husband. Her children are married and well settled in UK. Her parental family is of lower class but she belongs to middle class. As she is living with her husband in her home and their children are not living with them, so they have no responsibility of their children and has no grandchildren. Her leisure time activities includes reading newspaper, going out for a walk with her friends she smoke daily and take alcohol several times in a week. She also involves herself in net surfing, chatting with friends, playing games on mobile she involve herself in self care activities also. She watches TV. During her free time she read books related to history of religion, she read novel, magazines also. She does gardening also.

She connects with wonderful members of this organization, from all over the U.K. She loves her retirement and being in g.o.d. has played a huge part in that. Whenever she needs help, her friends are available to her. She has good relation with her neighbours. She communicates with her friends or relatives through emails. She does not use face book. She does not take part in religious activities/functions. Her health is fine. She has had no major illnesses. She often go for all routine checks ups. She is not suffering from high blood pressure. She is suffering from joint pains only.

## **Interpretation**

Social network of Dee is wider because she is an active member of growing old disgracefully organization. Dee said that without money one cannot enjoy her or his life so she has saved enough money to live independently after retirement. Retirement is a unique experience which everyone has to manage. There is life even after retirement. She has no interest in participating religious activities. She has increased her social participation by joining social organization in UK. She uses social networking sites to interact with people. Her leisure time activity includes reading newspaper, watching TV, self care activities, drinking and smoking. She involves herself in drinking and smoking but she has no major health problem because she involve herself in self care activities. Her health is fine but she is suffering from joint pains. She belongs to middle class family and she is enjoying her life even after retirement as she saved enough money for her post retirement life.



## **Case Study V**

Mrs Mandy belongs to business class family. She has 3 sisters and all are well settled in UK. Her husband is also a businessman. She has 2 daughters and one son .All are married .She has 2 grandchildren .She has many warehouses and hotels in UK .she belongs to upper middle class family. Mandy did her B.Sc medical but after marriage she joined family business. She involved in manufacturing of wholesale garment business. She joined business in 1973 and after 27 years of this profession, she retired as business women.

She loves to travel. When she gets time she visits several places around England. She spends her time with relatives and friends. She keeps herself busy in reading books. She reads newspaper, magazines in her free time. She is very fond of making food also. She communicates with her friends or relatives through emails. She does not use face book. She does not take part in religious activities.

She has wider social network. She participates in social activities. She believes in true charity. She has given charity to many social organizations. She is fond of online networking .She chats with her relatives, friends through Skype, telephone, facebook etc. She has joined many social organization that work for the welfare of rural women. She is also a social worker. She love to serve for the welfare of women. She participated in women related conferences organized in different parts of UK.

She goes for a walk daily and takes balanced diet but she is suffering from joint problems and high blood pressure .she has no major health related problems Her health is fine. She has had no major illnesses.

## **Interpretation**

Leisure time activities of Mandy include travelling, reading performing social activities. She visited India many times so she is aware of its culture. She believes in true charity that is work selflessly. This is the reason she has joined many social organizations so she has wider social network. After retirement she has increased her social network and she performs many leisure time activities. All these activities keep her busy and mentally and physically healthy even after retirement.

## **Case Study VI**

Mrs. Marget did her nursing in 1974 and was trained as a nurse. She became permanent consultant haematologist at Poole hospital in 1987. She is getting small pension from her work. Her husband had also retired at 59. They have three children. Her children are

well settled and married .She belongs to upper middle class family. Her maternal and paternal sides are well settled.

She is member of the growing old disgracefully organization. She has visited India a lot and is familiar with the culture. Her religious group is the Religious Society of Friends (Quakers) which is broadly a Christian Group which respects and welcomes people of all faiths. Her husband and she have always been very interested in music and they go to many concerts. She takes alcohol sometimes in a month and rarely smokes. She often goes to clubs to enjoy with her friends because she feels happy in the company of her friends. In her free time she reads literature related to health and yoga. She reads magazines related to health. She loves to cook food for her family members.

As far as her social network is concerned she uses social networking sites to interact with her friends. She uses Skype to interact with her relatives and friends.

Her health is fine. She has had no major illnesses and takes no medication and she often goes for all routine checks ups. Her blood pressure is fine. She keeps herself fit by attending weekly yoga class. She does minor physical exercises. She has strong immune system as she takes lot of fruits and drink lot of milk.

## **Interpretation**

Marget spends her leisure time in reading books related to health. She loves to chat with her friends by using social networking sites. She has joined social clubs and religious group. She belongs to medical field and is aware of health fitness, that is why she enjoys a good health status even at this age and is not suffering from any disease. She is enjoying a very active life and is keeping herself busy physically and mentally.

## **Case Study VII**

Rosey Nelson did her B.A in sociology and did her post graduation degree in Commerce. She worked in secondary school. Her mother was also a teacher now she is dead. She is divorcee. She has two daughters and they are businesswomen and married. She belongs to middle class family. She is living alone in her home. As she is living alone in her home so she has no responsibility of her children and other family members because all are well settled in UK. Her leisure time activities include reading newspaper, e mailing friends. She involves herself busy in reading books. She reads a lot. She read books related to philosophy, sociology and commerce. She writes books and gets them published. She enjoy with her old friends. She does not perform any religious activity.

She does not like to interact with people. She has only few friends and relatives with whom she can talk her personal matters. She has joined social organizations to keep herself busy. She often goes to old age homes also to interact with the people staying there. She wants to write a book for old people staying in old age homes.

She has respiratory problem .She is taking medicine for this regularly. Apart from this she has no other physical problem but sometimes she feels alone as she is living alone in her house. She said that she has much time after retirement but she is not enjoying her retirement period because of loneliness.

### **Interpretation**

Her leisure time activities include reading philosophical, sociological and commerce books. She also writes books and gets them published. She is not religious minded person .She reads newspaper daily. As far as her health status is concerned, she has no major illness apart from that she is having respiratory problem. She said that she is not enjoying her retirement period as she is living alone in her house.

### **Case Study VIII**

Nadia Patnova is graduate in arts. She did her graduation at an age of 25 years. She joined her teaching profession in 1970. She retired as primary school teacher in 2000. She is divorcee. Her children are married and settled in UK .Her parental family is of lower class but she belongs to middle class. She has no responsibility of their children and has two grandchildren. They are not living with her. She lives alone in her home but sometimes her close friend Gargi stays with her.

Her leisure time activities include reading newspaper, going out for a walk with her Friends. She smokes daily and takes alcohol several times in a week. She does not involve herself in net surfing, chatting with friends, playing games on mobile .She watch TV. During her free time she read books related to history of religion, she read novel, magazines also. She does gardening also.

She connects with wonderful members of the growing old disgracefully organization, U.K. Whenever she needs help, her friends are available to her. She has good relation with her neighbours. She communicates with her friends or relatives through emails. She does not take part in religious activities and functions but she prays to god daily.

She is suffering with rheumatic pains. She has had no major illnesses. She often goes for all routine checks ups. She is not suffering from high blood pressure.

## **Interpretation**

Social network of Nadia Patnova is wider because she is an active member of growing old disgracefully organization. Her leisure time activities include reading newspaper, watching TV, drinking and smoking. She involves herself in drinking and smoking but she has no major health problem because she involves herself in self care activities. Her health is fine but she is suffering from joint pains. She belongs to middle class family and she is enjoying her life even after retirement as she saved enough money for her post retirement life. She said that after retirement she has joined social organization so that she can make herself busy as she lives alone in her home.

## **Case study IX**

Jean Fairbeen finished an MA in Applied Translation Studies from the University of Leeds in 1965. She also has a campaigning and activist background .She joined her profession as a translator in university in 1970.She retired from this profession in 2005. She worked for Feminist Society also. She put language skills to worthwhile use as well as gain more translation experience. She belongs to upper class family. Her maternal and paternal sides are well educated and well settled. Her husband has own publishing house in UK. She has one daughter and two sons. All are married. Her daughter is also an active member of social organization named world pulse organization. Jean is living with her husband and one of her son in UK.

Music, art, literature, politics, women's rights, tourism, sport, and literary activities are her leisure time activities .She said that after retirement she has enough time to engage herself in such types of leisure time activities. She belongs to Christianity so she goes to church sometimes in a week.

As she was an active member of world pulse organization, therefore she has wider social network. She has any friends whom she can talk. She communicates with her friends, family members with the help of Skype and teleconferencing. She participates in social activities but she does not participate much in religious activities. She uses social networking sites whenever she gets the time.

As far as her health is concerned she is not suffering with major health ailments. She is an active member of many social organizations and perform many leisure time activities, thus all this make her feel physically and mentally active so she does not have major health related problems. She is suffering from rheumatic pains and headache sometimes.

## **Interpretation**

If a retiree keep herself busy in performing leisure time activities and utilize her time properly after retirement then she can enjoy her retirement period with full satisfaction. Therefore there is close association between leisure time activities ,social network and health status. Therefore retirement period can be make successful if planned properly.

## **Case Study X**

Henry Lewis did her business studies at an age of 25 years. After that she taught business school undergraduates also for a short time because she wanted to set up her own business. Therefore she set up her business in 1977 and retired in 2007 .She belongs to upper middle class family. Her husband supported her in all spheres of her life .She has only one son named Martin. Her husband is also a businessman. Now their son is running their business.

Henry said that she was passionate about promoting ethical ways of doing business that support local communities. Her expertise was in the field of community-based and social entrepreneurship, in particular with women. Leisure activities of Henry include literary, travelling, sightseeing, bird watching and photography. She loves to visit different parts of country. She has faith in the presence of God but she does not go to church daily .She prays to God daily. She is fond of watching sports programmes in TV. Social Network of Henry is restricted to social networking only. She communicates with her friends and relatives with the use of e mails and teleconferencing. As far as health status of Henry is concerned she has sound health but she is suffering from diabetes. She said that after retirement she is enjoying her life as she has enough time to take care of herself.

## **Interpretation**

Involvement in leisure time activities has positive impact on health status and increased social participation. After retirement if retiree involves herself in different types of activities then it will lead to better health status and wider social network.

## **Case Study XI**

Georgia did her B.Sc. in nursing. She appointed as a nurse in 1970. She is a retired nurse at pool hospital. She retired in 2005. She is receiving her government pension.

She is living with her husband. She has three children and they are well settled but they are not living with her. She belongs to middle class family.

Her leisure time activities include reading newspaper, going out for a walk with her neighbours. During her free time she involves herself in smoking and drinking alcohol. She also involves herself in net surfing, chatting with friends, playing games on mobile.

She loves to watch birds. She goes for sightseeing and does photography too after retirement. She read books also. She read books related to health.

Social network of Georgia is wider but she does not meet people personally but she communicates with her friends, relatives through e mails and face book. Sometimes she goes to attend seminars related to health.

She has a medical background so she is health conscious. She often goes for routine medical check up. Her health is fine. She has had no major illnesses and takes no medication. Her blood pressure is fine. She often spends a day in Poole Ramblers Club with her friend Penny Larwood.

### **Interpretation**

As far as social network of Georgia, She has no wider social network. She connects with her relatives and friends only through phones and networking sites only. She connects with people mostly through social networking sites. Her leisure time activities includes, travelling, smoking, drinking alcohol, sleeping, reading, watching birds and sightseeing. She reads literature related to health as she belongs to medical background. Her health is fine as she goes for routine medical checkups. She has no major illness. As she smoke sometimes so she has minor respiratory problem

### **Case Study XII**

Petal Johnson did her graduation and joined teaching profession in 1977. She served in teaching profession and retired in 2007. Her maternal and paternal sides belongs to lower class but her husband belongs to middle class .she said that she has faced many difficulties in life. Her financial problems solved on getting job. She has one son. Due to some unavoidable reasons Petal is not living with her husband .She is divorcee. She brought up her son and now he is married and petal is living with her son and daughter in law. She has two grandchildren also.

Leisure time an activity of Petal Johnson is includes creative writing, she likes to write stories, poems. She watches programmes related to sports. She does not take part in parties organized by relatives. Sightseeing and bird watching are her favourite leisure time

activity. Sometimes she drinks and smoke. She does not do any physical exercise therefore she is obese.

Social network of Petal Johnson is limited to her family and relatives only. She does not participate in social activities. She communicates with her relatives and friends only through e mails and mobile phones. She goes to social clubs to keep herself busy.

After retirement she has changed her eating habits. She drinks and smokes sometimes so she has minor respiratory problems also. She is obese and suffers from high blood pressure. She said that before retirement she was not health conscious but after retirement she takes care of her health and perform many activities to keep her active.

### **Interpretation**

After retirement Petal has time to enjoy nature. She writes stories and poems. Social network of Petal is limited to her family and relatives. She uses online social networking sites to connect with people. According to her life after retirement can be made meaningful if planned properly. Involvement in leisure time activities increased social network and improve health status too.

### **Case Study XIII**

Mrs. Maria did her MBBS in 1967. She appointed as a physician at Poole hospital in 1970 and retired in 2000. She is getting pension from her work. Her husband is also a physician and retired. They have two children. She belongs to upper middle class family. Her children are also in medical profession and are well settled and married. She has visited India a lot and is familiar with the culture.

She belongs to Christian Group which respects and welcomes people of all faiths. She is religious minded lady. She travelled a lot but now she does not travel because she is too old to travel. Her husband and she have always been very interested in music and they go to many concerts. She takes alcohol sometimes in a month and rarely smokes. Her favourite leisure time activities are sightseeing, photography and watching birds.

As far as social network of Maria is concerned she has wider social network. She communicates with her friends on phone, face book. She has also joined social organizations like world pulse in order to keep in touch with the intellectual minded people.

She is suffering from rheumatic pains and minor old age problems .She try to keeps herself fit by meditation. She goes for a morning walk with her husband daily to keep them fit. As her whole family belongs to medical stream therefore they all are health conscious. She said that retirement is a period where retirees can utilize their time and engage

themselves with many leisure time activities to maintain their health and increase their social participation and increase their social network.

## **Interpretation**

As far as leisure time activities of this case are concerned, she loves nature so she goes for sightseeing. Her preferred leisure time activities are bird watching, photography and listening music. Social network of Maria is wider as she belongs to medical field. She communicates with her old friends through e mails, phones, using online networking. She belongs to medical field and is aware of health fitness that is why she enjoys a good health status even at this age. She is suffering from rheumatic pains; she is enjoying a very active life and is keeping herself busy physically and mentally. She is involved in her activities due to which she maintains a good physical and mental health.

## **Case Study XIV**

Mrs. Julia Roberts is Postgraduate in commerce. She Appointed as a cashier in a bank on 1971 and retired in 2008. She served in this profession for more than 35 years. She retired at an age of 60. Now she is getting pension from her work by state govt. She has well educated and well settled family background. Her husband is retired Lecturer. She has one daughter and one son, both are well settled in UK. Her son is a doctor and daughter is in teaching profession. She belongs to upper class family with all the facilities available to every family member. She has own house and own car. She is getting good pension also.

Leisure time activities of Mrs. Julia includes self care activities, reading novels, chatting with friends through face book. During her free time she involves herself in self care activities also. She goes to long drive with her husband. Her favourite leisure time activities are bird watching and sightseeing.

She uses social networks to interact with people. She often uses social networking sites. She access social networks through mobile phones face book. She use e mails, group SMS, Skype to communicate with her family members and friends who live far away. She often goes to social clubs to attend social activities. She goes to coffee points to meet her friends.

She is physically fit. She reads literature related to health. She never suffered from and dangerous disease. She often goes for medical check up. She goes for walk daily. She takes balanced diet. Her body weight is not over. She is enjoying her life even after retirement. She is suffering from high blood pressure and headache.



## **Interpretation**

Mrs. Julia is very social. She uses social networking sites like internet, face book, skype, group sms etc to communicate with her relatives, friends and family members. During her free time she involves herself in self care activities. She involves herself in many recreational activities also. She has sound social network system and she is technologically sound. She is enjoying her retirement period. She is suffering from high blood pressure .She said that she has planned her retirement period so she is enjoying it and involve herself in various meaningful activities so that she can keep in touch with the people and maintain her health.

## **Case Study XV**

Mrs. Sanora did her post graduation degree in Economics. She worked in Govt School in UK. She joined teaching profession in 1970 and retired in 1995. She is divorcee. She has three daughters and they are well settled and married. She belongs to middle class family. Her parents are dead also. She is living alone in her home. As she is living alone in her home so she has no responsibility of her children and other family members because all are well settled in UK.

Her leisure time activities include reading newspaper, e mailing friends. She involves herself in self care activities also. She reads a lot. She reads books related to philosophy and Christianity.

She reads books a lot. She said that the whole experience of g.o.d organization has transformed her life and she is living her old life gracefully. She meets people at organization. She uses social networking sites to communicate with her daughters. Health status of Sanora is fine. She only has the feeling of loneliness. Sometimes she feels that her life before retirement was good because she has no time to think but now she feels feeling of neglect sometimes. She is suffering from respiratory problems.

## **Interpretation**

Social network of Sanora is wider as she is a member of growing old gracefully organization. She meets her friends at this organization several times in a month. She spends her time with her daughters. She enjoys with the company of her friends .Her leisure time activities includes reading philosophical, sociological and Christianity books. She is not religious minded person. She reads newspaper daily. As far as her health status is concerned she sometimes feels lonely. Apart from this she is suffering with respiratory problems.

## **4.2 Case Studies of Women Retirees Belonging To India**

### **Case I.**

Mrs. Kamla is Graduate in Hindi. She did B.Ed and appointed as a Hindi mistress in a Govt Middle School at an age of 21. She served in teaching profession for more than 30 years. She retired in 2005, at the age of 58. Now she is getting pension from her work. Her husband is 2 years older than her. He is retired as a General Manager from telecommunication department. She has 4 daughters and one son. All are well educated and well settled. She belongs to middle class family.

She is very religious minded lady. She prays to god daily. She daily watches religious programmes on TV. She decorates her home with religious calendars also. She rarely visits to her neighbours. She takes part in social functions organized by friends or relatives. During her free time she loves to watch movies. She performs Yoga several times in a month. She read newspaper daily. She also involves herself in self care activities. She helps her children in their professional activities. She chats telephonically with family members daily. In morning, she prepares breakfast for all family members. In her leisure time she involves herself in cleaning the home. She has a wider social network. She feels happy to meet friends, relatives and family members. She has many friends with whom she has a close contact. She accompanies her family members for going out for many times in a month. She has 1-2 neighbours with whom she can talk about personal matters also. Many people seek her advice in their personal matters also. She accesses her social networks only through mobile phones. She does not use social networking sites such as internet, facebook etc. She attends religious functions many times in a month. She goes for a morning walk daily. She often visits her relatives and friends but she spends maximum time with her family members. She attends kitty parties 1-2 times in a month also. She is very fond of reading newspaper .After retirement; she has increased her social participation. She has changed her eating habits. She is suffering from blood pressure and urinary tract problems. She goes for medical check up once in a month. She has not been operated major surgery. She has rheumatic pains also but in spite of these problems she keeps herself busy in household work.

### **Interpretation**

As far as a leisure time activity of Mrs. Kamla is concerned, she is very social. She spends her maximum time with her family members. She attends kitty parties also. Her social network is limited to telephone only. She enjoys the company of friends, neighbours and family members. As she is very religious minded lady, she attends many religious functions

organized by neighbours, relatives or friends. She has one or two close friends with whom she can talk about her personal matters. She reads newspaper daily. Her morning starts with reading newspaper. In her leisure time she reads religious books also. She engages herself in household activities. She goes for walk and sometimes performs yogic exercises. She keeps herself fit by performing household activities but she is suffering with high blood pressure and urinary tract problems. She thinks that retirement is a most enjoyable time for everyone if spend properly. She has planned herself for retirement .She has contacts with her married children and she is living with her son. She has saved enough money to live independently after retirement. She is free to take family decisions also. Her children talk to her daily on telephone. She is enjoying her married life and her retirement life.

## **Case Study II**

Mrs. Geeta Bhagwat Kale is Graduate in Hindi. She did B.Ed and appointed as a teacher in a Govt elementary School in Bombay. She served in teaching profession for 32 years, 5 months and 7 days. She retired as a headmistress (Primary school) in 2002, at the age of 58. Now she is getting pension from her work. She is married twice. Her first husband is dead and due to some personal reasons she is not living with her second husband also .Her second husband is also a retired teacher. She has a daughter and a son. Both are married .Her Son has settled in abroad. Now she is living alone in her home. She made paying guest for working ladies in her home, so she is living with those girls. She belongs to middle class family.

She is very religious minded lady. She prays to god daily. She daily watches religious programmes on TV .She attend religious lectures several times in a week. She make friendship with religious minded people. She make people aware of getting out of myths and superstitions. During her free time she watch religious movies. She goes to park with her friends daily. She organized tea parties at home also for her friends. She performs yoga also. Whenever she find time for leisure activities she write diary. She reads newspaper daily. She prefers to spend her time in getting knowledge of other countries also. Whenever she feels free she involves herself in spending time with the youngsters. She loves gossiping with her friends and neighbours. She involves in self care activities also.

She has a wider social network. She feels happy to meet friends, relatives. She has many friends with whom she has a close contact. She accompanies her friends and relatives for going out for many times in a month. She has to close friends with whom she can talk about personal matters also. She accesses her social networks through mobile

phones, social networking sites such as internet etc. She attends religious functions many times in a month. She goes for a morning walk daily with her friends .She attend kitty parties several times in a month .She cooks food for her paying guests and engage herself in cleaning the home also. In her leisure time she involves herself in gossiping with her friends and neighbours.

She often goes to nearby library in order to read religious books. She goes to pilgrimage several times in a month with her friends. She often visits Punjab and India in order to make herself happy. She has no responsibility of children, so she is living her life independently with full enthusiasm.

Her health is in a good state even at this age. After retirement, she has increased her social participation. She has not changed her eating habits. She is taking balanced diet .she goes for medical check up once in a month. She has not been operated major surgery .she is not effected by communicable disease easily. She takes care of herself by eating healthy food and by performing yogic exercises and walking. Her skin at this age is very charming. Sometimes she suffers from blood pressure. At the age of 68 she looks younger. She told that this is due to her healthy life style and healthy eating habits even after retirement.

### **Interpretation**

She thinks that retirement is most enjoyable moment of life. She has planned herself for retirement. She has contacts with her married children and she is living alone in her home. She tried to spend her time in making social network with people. She spends her maximum time with her friends, neighbours and with working women in her paying guest. She wants to enjoy every minute of her life. She spends her leisure activities in gossiping, taking part in religious activities and watching TV only. She visits many religious places several times in a month. She is healthy and she has no major health problem as she is very much aware about healthy diet. She takes balanced diet and keeps herself fit by doing yoga and morning walk. She has only high blood pressure problem. She has done financial Planning before retirement. She has her own home and paying guest. She belongs to middle class family. She said that there is life, even after retirement if planned properly. She said that retirees should undergo for guidance and counselling centres if they want to live happily after retirement.

### **Case Study III**

Mrs. Kavita is Postgraduate in commerce. She was appointed as a cashier in a bank on 21<sup>st</sup> may 1971 and retired as a Branch Manager, Chandigarh in September 2008.

She served in this profession for 38 years. She retired at an age of 60. Now she is getting pension from her work by state govt. She has well educated and well settled family background. Her husband is retired advocate .She has two sons, both are well settled in abroad. One son is advocate in America and other son is in teaching profession n Canada. One of her daughter in law is living with her with her children. Her parental family background is also very sound. Her brother is in army and sister is physician. She belongs to upper class family with all the facilities available to every family member. She has own house and own car. She is getting good pension also.

She is religious minded person. In her free time she goes to temple, read religious books, watch religious movies and drama. She participates in religious work. She makes friendship only with religious minded people. She often motivates the people to take part in religious activities. She reads newspaper daily. She does not like gossiping with people. She loves to cook food for her grandchildren. During her free time she involves herself in self care activities also. She goes to long drive also with her friends and husband. She gives preference to her family and religious activities. She has good number of friends. She meets her relatives, friends several times in a month. She said that before retirement she had no time for relatives, friends, but after retirement she got time for them also. Her neighbours are cooperative and helpful. She has neighbours with whom she has a close contact. She talks with her friends, relatives on phone 1-2 times in a week. She uses social networks to interact with people. She often uses social networking sites. She access social networks through mobile phones face book. She uses e mails, group SMS, skype to communicate with her family members and friends who live far away. She attend religious ceremonies. She often goes to social clubs to attend social activities. She also attend kitty parties several times in a month. She is physically fit. She reads literature related to health. She never suffered from and dangerous disease. She often goes for medical checkups. She goes for walk daily. She takes balanced diet, for this she has made a time table. Her body weight is not over. She tried to spend her time in social work. She wants to enjoy her life even after retirement. She is suffering from blood pressure, Diabetes, joint pains.

### **Interpretation**

Mrs. Kavita is very social. She has wider social network. She connects with religious minded people. She uses social networking sites like internet, face book, skype, group sms etc to communicate with her relatives, friends and family members. Enjoys her company of relatives, friends and family members. During her free time she involves herself

in self care activities. She involves herself in many recreational activities also. She plays with her grandchildren also. She thinks that life starts again after retirement. Retirement is a unique experience. She said that one should not be afraid from retirement. Retirees should enjoy their present, because present will never come back ,once gone. She has sound social network system and she is technologically sound. She is enjoying her retirement period. Her leisure time activities are restricted to religious activities and watching TV. Her health is fine with minor ailments. She is trying to keep herself fit and busy even after retirement. Her socio economic status is upper middle class as she has property about 15lacs to 34 lacs.

### **Case Study IV**

Mrs. Surinder Kaur is B.A, B.Ed. She was appointed as a primary teacher in a govt primary school, Bikaner in 1978. She retired as teacher in May 2010. She served in this profession for 38 years. She retired at the age of 58. Now she is getting pension from her work by Punjab govt. She has good family background. Her husband is in Army. She has two sons. One is working in Italy and he is married. His wife and children are living in India with his parents. Other son is studying in Delhi University in India and is unmarried. She belongs to middle class family.

She is religious minded lady. She goes to gurudwara daily, watches religious movies and drama. She participates in religious work She follows religious norms strictly. She read newspaper daily. She likes socially strong people. She cooks food for her grandchildren. Watching TV is her favourite past time activity. She is also fond of stitching, knitting. She does embroidery work also in her free time. She has her own boutique also.

She gives preference to her family and religious activities. She has good number of friends. She meets her relatives, friends several times in a month. Her neighbours are cooperative and helpful; she talks with her friends, relatives on phone 1-2 times in a week. She loves to play with her grandchildren. She helps her grandchildren in doing their homework. She gossips with her neighbours and friends. She feels happiness when she meets her relatives, friends. She visits her relatives and friends several times in a month.

She has very good health. She is not obese. She takes balanced diet and drink lot of water for healthy living. She is enjoying her life after retirement. Sometimes she suffers from minor ailments only like fever, headache etc.

### **Interpretation**

Social network of Mrs. Surinder Kaur is limited to friends, family, grandchildren and relatives. She is not fond of online networking. She love to gossip with her

friends. During her free time she keeps herself busy in many household activities. She is fond of knitting and sewing .She is running her own boutique also and keeps her busy in boutique. Watching TV, participation in religious activities is her free time activities .She is very fond of watching religious dramas also. As far as her health is concerned, she has sound physical and mental health. She does exercise and keep herself fit, that is why she is not obese. Sometimes she suffers from minor ailments like headache, fever etc. She has no major health related problems.

### **Case Study V**

Mrs. Bimla Devi did B.Com. She appointed as a Cashier in a bank and retired as bank manager in 2000. She served in this profession for 38 years. She retired at the age of 60. Now she is getting pension from her work by state govt. She has good family background. Her husband was in Army, but he is no more now. She has two sons and one daughter. All children are married. One son is settled in abroad. Other son is in India and is living with her with his family. She has own house equipped with all luxury things. She belongs to upper middle class family.

She is typical Indian lady who follows religious values. She daily worships Devi Devtas. She goes to temple daily, watch religious movies and drama. She participates in religious work. She follows religious norms strictly. Watching TV and sleeping is her favourite past time activity.

She meets her relatives, friends several times in a month. Her neighbours are cooperative and helpful .She talks with her friends, relatives on phone several times in a week. She helps her grandchildren in doing their homework. She loves gossiping with her neighbours and friends. She organizes religious ceremonies at her home also and participates in religious ceremonies with an objective to meet her friends and relatives.

She is obese. Due to overweight she does not feel very much active. She is suffering from many diseases like blood pressure, diabetes, joint pains .She said that due to high body weight she is suffering from ill physical health. But she has sound mental health.

### **Interpretation**

Social network of Mrs. Bimla Devi is limited to friends, family, grandchildren and relatives. She attends religious functions several times in a month. She makes friendship with religious minded people only. She engages herself in religious activities.

As far as leisure time activities of Mrs. Bimla are concerned Watching TV, participation in religious activities and sleeping are her Favourite free time activities. She engages herself in religious activities.

She is obese therefore she has no sound physical health. Due to overweight she cannot perform household activities and feels inactive. As she is overweight she is suffering from hypertension or high blood pressure. Her physical health is not so good. But a she does meditation and engage herself in religious activities, she has sound mental health.

### **Case Study VI**

Mrs. Anamika Malik is M.A, B.Ed. and is appointed as a teacher in a govt school, Kolkata in 1979. She retired as teacher in May 2011. She served in this profession for 39 years. She retired at the age of 58. Now she is getting pension from her work by Punjab govt. She has good family background. Her husband is a businessman. She has two sons. One is working in multinational company in Delhi and he is married. His wife and children are living in Delhi. Other son is studying in Delhi University in India and is unmarried. She belongs to middle class family.

She is religious minded lady. She goes to temple, watch religious movies and drama. She participates in religious ceremonies. She follows religious norms strictly. She read newspaper daily. She likes gossiping with religious minded people. She is a good cook and love to prepare food for their family members. Watching TV is her favourite past time activity. She is also fond of stitching; knitting. She does embroidery work also in her free time.

She gives preference to her family and religious activities. She has good number of friends. She meets her relatives, friends several times in a month. Her neighbours are cooperative and helpful She talks with her friends, relatives on phone in order to remain keep in touch with them. She loves to play with her grandchildren whenever they come to home . She helps her children whenever they need her help .She gossips with her neighbours and friends. She feels happiness when she meets her relatives, friends. She visits her relatives and friends several times in a month.

She has very good health. She is not obese. She takes balanced diet and drink lot milk. She is enjoying her life even after retirement. Sometimes she suffers from minor ailments like fever, headache etc.



## **Interpretation**

Social network of Mrs. Anamika Malik is limited to friends, family, grandchildren and relatives. She is not fond of online networking. She love to gossip with her friends and neighbours. During her free time she keeps herself busy in many household activities. She is fond of knitting and sewing. Watching TV, participation in religious ceremonies are her free time activities. She is very fond of watching religious dramas also. As far as her health is concerned, she has sound physical and mental health. She does exercise and keep herself fit that is why she is not obese. Sometimes she suffers from minor ailments like headache, fever etc. She has no major health related problems.

## **Case Study VII**

Mrs. Kavita is Postgraduate in Political science. She Appointed as a teacher in 1971 and retired in 2008. She served in this profession for 38 years. She retired at an age of 58. Now she is getting pension from her work by govt. She has well educated and well settled family background. Her husband is also a retired teacher. She has two sons, both are well settled in abroad. One son is advocate in India and other son is in teaching profession in Canada. Her parental family background is also very sound .she belongs to upper class family with all the facilities available to every family member. She has own house and own car. She is getting good pension also.

She is religious minded lady. She goes to temple daily, read religious books, watch religious movies and drama. She participates in religious work. She makes friendship only with religious minded people. She often motivates the people to take part in religious activities. She read newspaper daily. She does not like narrow minded people. She love to cook food for her husband. During her free time she involves herself in self care activities also. She goes to long drive also with her and husband. She organizes religious ceremonies as she is a member of a religious organization of her society. She has good number of friends. She meets her relatives, friends several times in a month. She said that before retirement she had no time for self care activities but after retirement she got time for them also. Her neighbours are cooperative and helpful. She has neighbours with whom she has a close contact. She talks with her friends, relatives on phone when she has time. She uses social networks to interact with people. She often uses social networking sites. She access social networks through mobile phones, face book .She use e mails, group SMS, skype to communicate with her son and friends who live far away. She attends religious ceremonies. She often goes to social clubs to attend social activities. She also attends kitty parties several

times in a month. She is physically fit. She reads books related to health care. She never suffered from and dangerous disease. She often goes for medical checkups. She goes for walk daily. She takes balanced diet, for this she has made a time table. Her body weight is not over. She tried to spend her time in social work. She wants to enjoy her life even after retirement. She is suffering from cervical pain, Diabetes, joint pains.

### **Interpretation**

Mrs. Savita is very social. She has wider social network. She connects with religious minded people. She uses social networking sites like internet, facebook, Skype, group sms etc to communicate with her son, friends and family members. She enjoys the company of relatives, friends and family members. During her free time she involves herself in self care activities. She involves herself in many recreational activities also. She thinks that life starts again after retirement. Post retirement life is also good if properly planned. She said that one should not be afraid from retirement. Retirees should enjoy their post retirement life. She has sound social network system and she is technologically sound. She is enjoying her retirement period. Her leisure time activities are restricted to religious activities and watching TV. Her health is fine with minor ailments. She is suffering from blood pressure. Her socio economic status is upper middle class.

### **Case Study VIII**

Mrs. Amarjit Kaur did M.A in English. She did B.Ed and appointed as a teacher in a Govt middle School in Maharashtra. She served in teaching profession for 32 years. She retired as a headmistress from middle school in 2002, at the age of 58. Now she is getting pension from her work. She is divorcee. She has two daughters and one son. Both are married. Her Son has having his own business. Now she is living with her son in her home. She belongs to middle class family.

She is very religious minded lady. She prays to god daily. She daily watches religious programmes on TV. She attends religious lectures several times in a week. She make friendship with religious minded people. She makes people aware of getting out of myths and superstitions. During her free time she watches religious movies. She goes to park with her friends daily. She performs light physical exercises also. She reads newspaper daily. She prefers to spend her time in getting knowledge of other countries also. Whenever she feels free she involves herself in spending time with her neighbours.

She has two friends with whom she has a close contact. She accesses her social networks through mobile phones, social networking sites such as internet etc. She attends

religious functions many times in a month. She goes for a morning walk daily with her friends. She attends kitty parties several times in a month. She loves to cook food for her children and engage herself in cleaning the home also. In her leisure time she involves herself in gossiping with her friends and neighbours.

She often goes to nearby library with her close friend in order to read religious books. She goes to pilgrimage several times in a month with her friends.

Her health is in a good state at this age. After retirement, she has increased her social participation. She has changed her eating habits. She is taking balanced diet. Sometimes she feels alone at home. She is suffering from high blood pressure. She goes for medical checkups once in a week. She is suffering from joint pains also.

### **Interpretation**

She is living with her son in her home .She tries to spend her time in making social network with religious minded people. She spends her time with her son, friends and neighbours. She wants to enjoy every minute of her life. She spends her leisure activities in gossiping, taking part in religious activities and watching TV only. She visits many religious places several times in a month with her close friend. She takes balanced diet and trying to keep herself fit by morning walk. She has problem of high blood pressure .Sometimes she feels alone. She has done financial Planning before retirement. She has her own home. She belongs to middle class family. She said that there is life, even after retirement if planned properly. She said that retirees should undergo for guidance and counselling centres if they want to live happily after retirement. She said that one should engage herself in leisure time activities in order to maintain physical and mental health.

### **Case Study IX**

Mrs. Rosaline is a retired nurse. She did B.Sc nursing and appointed as a nurse in a hospital at an age of 28 year. She served in nursing profession for more than 30 years. She retired in 2005, at the age of 58 year. Now she is getting pension from her work. Her husband is businessman. She has two daughters and two sons. All are married and well settled. She belongs to upper middle class family as her paternal and maternal sides are well educated and well settled. Her husband has also well established business in garment making. She has all the facilities of life.

She has firm faith in God. She prays to god daily. She daily watch religious programmes on TV She decorate her home with religious calendars also. She rarely visits to her neighbours. She takes part in social functions organized by friends or relatives. During

her free time she loves to watch movies. She is fond of Hindi classical songs. She read newspaper daily. She also involves herself in self care activities. She helps her children in their professional activities. She chats telephonically with family member and relatives. She has a wider social network. She feels happy to meet friends, relatives and family members. She has many friends with whom she has a close contact. She accompanies her family members for going out for many times in a month. She has two neighbours with whom she can talk about personal matters also she often use, face book etc. She attends religious functions many times in a month. She goes for a morning walk daily. She often visits her relatives and friends but she spends maximum time with her family members. She attends kitty parties 1-2 times in a month also. She is very fond of reading literature related to health. After retirement, she has increased her social participation. She is suffering from blood pressure. She goes for medical check up once in a month. She has not been operated major surgery. She has rheumatic pains.

### **Interpretation**

As far as leisure time activities of Rosaline is concerned, she is very social .She spend her maximum time with her family members. She attends kitty parties also. Her social network is limited to telephone and social sites. She enjoys the company of friends, neighbours and family members. As she is very religious minded lady, she attends many religious functions organized by neighbours, relatives or friends. She has one or two close friends with whom she can talk about her personal matters. She reads newspaper daily and love to listen Hindi classical songs. Her morning starts with a cup of tea. In her leisure time she reads religious books also. She engages herself in household activities. She goes for walk and sometimes perform yogic exercises She thinks that retirement is a most enjoyable time for everyone if spend properly. She has planned herself for retirement. She is living with her sons. She has saved enough money to live independently after retirement. She is free to take family decisions also. Her daughters talk to her daily on telephone. She is enjoying her married life and her retirement life. She said that post retirement period is the best period in one's life if planned properly.

### **Case Study X**

Mrs. Tripta Devi is M.A, B.Ed. She is postgraduate in English. At an age of 22 years she completed her graduation and in 1970, at an age of 25 years she was appointed as a

lecturer in college. She retired as a head teacher in 1965. She served in this profession more than 32 years. She belongs to upper class family as her parental and in laws sides are well educated and well settled. Her socio economic status is sound and she has enjoyed and is enjoying her life before and after retirement. She has two daughters and one two sons. All are married and settled.

As far as leisure time activities of this case are concerned it has been noted that after retirement engagement in religious activities are her favourite leisure time activity. Apart from this activity she performs social activities also. She reads newspaper daily but she has no interest in reading extra books such as novels and magazines. She is fond of music .She has no interest in travelling but she love to visit religious places. Gardening is her past time hobby. She sometimes cooks something special for her family members. She also performs household activities whenever she finds time. She said that she collects articles and give them to the poor people in order to serve the poor people. She does many social activities also.

Her social network is mainly limited to her family members but she also keeps herself in touch with her old friends. She visits her relatives and friends occasionally. She talk to her relatives mainly telephonically. She love to spend her time with her family members and her children. Even after retirement she is in touch with her old colleagues. She wishes her colleagues on their birthdays and on special occasions. She uses email to communicate with her friends also. She never uses social networking sites. She uses internet for some official purpose only. She spends most of her time at home.

She has no major illness. She is suffering from joint rheumatic pains .She goes for ayurvedic treatments for this. Apart from this she is suffering from high blood pressure also .She has not undergone any major operation .She takes healthy diet. She drinks lot of water. As she belongs to upper middle class family she is availing every facility of life.

### **Interpretation**

As far as leisure activities of this case are concerned, she performs religious activities mainly. She loves to visit religious places. She reads newspaper in order to keep abreast with the latest knowledge. Whenever she feels stress she listen songs to keep herself stress free. Her social network is restricted to her family, friends and neighbours. She loves to spend time with her old friends. She enjoys the company of her children. She is not fond of using social networking sites. She is suffering from high blood pressure and rheumatic pains. She is enjoying her retirement period as she has enough time to perform many leisure time

activities. She can meet her friends, relatives. She has no major responsibility now. There is life, even after retirement if planned properly.

### **Case Study XI**

Mrs. Durga Mahanti is M.A, B.Ed. She joined teaching as a profession in 1955 .At the time of appointment she was selected as a social science teacher but she retired as a head teacher in 1995. She has three daughters and two sons. All are married and well educated. She is living with her son, daughter in law and her grandchildren. Her husband was a lecturer in education department but he is no more.

She does not perform much leisure time activities. She performed religious activities only. She has faced adjustment problems after retirement. But now she has engaged herself in performing some leisure time activities such as reading books of religion. She attends religious ceremonies in order to remain stress free. She reads newspaper daily .She is not fond of any other type of leisure time activities. She does not perform household activities. She helps her grandchildren in doing their homework.

As far as social network of this retiree is concerned she has no wider social network. Her social network is restricted to her family and relatives. She does not use social networking sites. She communicates with her daughters and relatives only through telephone. She talks to her neighbours and has good relations with them. She spends her time with her grandchildren.

She is widow so she feels lonely sometimes as her husband is not with her. She is suffering from heart problems. Sometimes she feels depressed and due to this she is suffering from severe headache. As far as health status of this case is concerned as she is very old so she is suffering from many healths related problems. She said that she after retirement one can enjoy her life if planned properly. She said that her age does not bother her. She has saved enough for her children and family so that they can also enjoy their life.

### **Interpretation**

She express that if one has to be happy after retirement then retirement planning must be there. Financial security is the key of happiness after retirement. If a retiree is in a good financial condition only then she can spend her life happily because financial independence is must for retiree so women should save money before retirement. Age does not matter if retirees engage themselves in performing leisure time activities of their interest.

## **Case Study XII**

Mrs. Pooja did her M.Com and after that she joined the teaching profession in 1977. She appointed as a Commerce lecturer in school. She retired in the year of 2012. She has enjoyed her preretirement period.

She belongs to upper middle class family. She has one daughter and two sons. Her husband is retired bank manager. Her daughter and elder son is married. Her younger son is unmarried. Her family is well educated and well settled. She has her own house and car. Financially they are in a good state.

As far as her leisure time activities are concerned, she is very fond of watching TV and listening music. She reads newspaper daily. She engages herself in household activities. She often goes for shopping with her daughter and friends. She involves herself in self care activities also. In the evening when she gets time she involves herself in talking to her neighbours. She said that her neighbours are very close to her. She loves to chat with her family members. She is not fond of travelling.

Social network of her is limited to friends, neighbours and family members. Personally she does not has computer knowledge but she learns to operate internet from her son. With the help of her son she communicates with her relatives through emails and face book. She takes part in religious ceremonies. She goes for a walk daily with her friend. She enjoys the company of her friends even after retirement.

Her health is in a good state. She drinks lemon juice daily and eats balanced diet .She said that her husband is also very cooperative and caring and he also takes care of her health. She has no major illness but she is suffering from joint and knee pains.

### **Interpretation**

She is enjoying her post retirement period. She has good social network but she use less social networking sites as she is not tech savvy. But she personally meets her friends, relatives and love to spend with her neighbours. As she involves herself in many household activities that is why she has sound physical health and is not suffering from and serious illness. Her family environment is also very supportive and caring therefore she is enjoying her life with satisfaction. She said that meeting with friends and involving ourselves make people to feel young. She does not believe in isolation that is why she is enjoying her post retirement life. Financial planning before retirement is also important for successful retirement.

### **Case Study XIII**

Mrs. Jasvir did her post graduation in nursing in 1965 and she got job in govt medical dispensary in Jammu in 1971 and she retired from this profession in 2008. Her husband is running his own business in garment making. She belongs to upper middle class family. She has one daughter and one son. Her son is married and her daughter is unmarried. She said that before retirement she involve herself in restricted leisure time activities such as reading newspaper and listening to music only but after retirement she has enough time to perform leisure time activities. Now she engage herself in meditation and takes part in religious activities but much of time she engage herself in doing household activities only. She read articles, stories etc. She said that she does social work also. She often distributes clothes and some other articles to poor children. She does not engage herself in gossiping with the neighbours she loves to talk to her family members. She plays with her grandchildren also.

Her social network is good. She goes to park daily, meet people there and discuss important issues like politics and current affairs there. She does not gossip with people rather she does constructive talk with her age mates. She does not use social networking sites to communicate with people but she use phone to communicate with their friends, relatives or family members. She said that after retirement now she can take rest because she was fed up with the routine work before retirement. She was not phobic to retirement.

As far as health status is concerned she is health conscious as she belongs to medical field. She goes for medical checkups once in a week. She takes ayurvedic medicines. She performs some yogic exercises to keep herself fit. She try to maintain her health.

### **Interpretation**

Retirement does not mean an end to life. There is life even after retirement. After retirement one can take rest from the busy schedule of work. Everyone wants some resting period in life so retirement is such a period .one can keep her busy in doing some meaningful activities after retirement. Retirement is the period when there is scope for various meaningful activities. Proper planning for retirement is must for every retiree. She said that this is the time when she can enjoy her life.

### **Case Study XIV**

Mrs. Shakut is a retired teacher. She is Graduate in Hindi. She appointed as a Govt teacher in primary school in 1970. She retired in 2006. She served in teaching



profession more than 32 years. She always loved to teach that is why she joined teaching profession. She belongs to middle class family. She has one daughter and one son. Both are married. Her son is advocate and her daughter in law is also a working lady .Her husband is retired as a university lecturer. Her parental side is also well educated and well settled. She is retired from food cooperation department as a clerk. She and her husband is getting pension. Financially they are in a good state.

As far as her leisure time activities are concerned, she performs only two activities that are religious activities and household activities. She has one grandson and he is slow learner. She involves herself in playing with him. She spends whole time in her home only.

Her social network is not wider. She does not meet her neighbours. She talks to her family members only. Her social network is limited to her family members only. She does not go for walk and does not use social networking sites. She talks to her relatives and daughter telephonically.

She said that her son and daughter in law do not care for them. They are busy in their own life and she and her husband, they only spend their time with their grandson as his parents are working. She is not happy with her life after retirement. She said that after retirement she has faced many family problems and undergoes depression due to poor family environment.

Due to above said reasons she is suffering many health related problems such as heart and respiratory problems. She is suffering from hypertension. She said that women should save money before and after retirement. She should be independent. So retirement planning must be there.

## **Interpretation**

If a retiree wants to enjoy her life after retirement then she or he should have sound financial planning. Period of retirement can be enjoyed if planned properly. One should save money for future. Leisure time increases after retirement so one should perform the leisure activity of own choice. Life after retirement is good if family environment is good.

## **Case Study XV**

Mrs. Mamta is a postgraduate Graduate in Hindi. She appointed as a Hindi mistress in a Govt. School in 1971. She retired in 2008, at the age of 58. Now she is getting pension from her work. Her husband is businessman. She has 3 daughters and one son. All are well educated and well settled. She belongs to upper middle class family.

She is very religious minded lady. She prays to god daily. She decorates her home with religious pictures also. She visits to her neighbour's. She take part in social functions organized by friends or relatives. During her free time she love to listen classical music .She read newspaper daily. She also involves herself in self care activities. She helps her children in their professional activities. She chats telephonically with family members daily. In her leisure time she involves herself in cleaning the home. She has a wider social network. She feels happy to meet friends, relatives and family members. She has many friends with whom she has a close contact. She accompanies her family members for going out for many times in a month. She accesses her social networks only through mobile phones. She does not use social networking sites such as internet, facebook etc. She attends religious functions many times in a month. She goes for a morning walk daily. She attends kitty parties 1-2 times in a month also. She is very fond of reading newspaper. After retirement, she has increased her social participation. She has changed her eating habits. She is suffering from high blood pressure problem. She goes for medical check up once in a month. She has not been operated major surgery.

### **Interpretation**

As far as leisure time activities of Mrs. Mamta are concerned, she reads newspaper daily .Her morning starts with reading newspaper. In her leisure time she reads religious books also. She engages herself in household activities. She goes for walk and sometimes performs yogic exercises. She is very social. She spends her maximum time with her family members. She attends kitty parties also. Her social network is limited to telephone only. She enjoys the company of friends, neighbours and family members. As she is very religious minded lady, she attends many religious functions organized by neighbours, relatives or friends. She is suffering with high blood pressure problem. She thinks that retirement is a most enjoyable time for everyone if spend properly. She has planned herself for retirement. She has contacts with her married children and she is living with her son. She has saved enough money to live independently after retirement.

## **4.3 Interpretation of case studies of UK women retirees**

### **Leisure time activities**

Through case studies investigator has identified leisure time activities of UK women retirees. Religion plays a big role in their life and they have faith in the existence of God. They go for a church. Their social activities include going to clubs, take part in the activities organized by social organizations. They join social organizations. They also collect articles and

distribute them to needy people. Their sports activities include performing physical activities, going out for a walk. As far as their literary activities are concerned they love to read in their free time. They read books, magazines. They read newspaper daily and keeps themselves updated with the outside world. They write poems. Their leisure time activities includes reading philosophical, sociological and Christianity books .Their travel activities includes going out for hilly places. They take part in recreational activities also. They performs dance and sings in opera houses also. They play musical instruments also. They involve themselves in self care activities. Sightseeing, bird's watching, photography is their favourite leisure time activities. They engage themselves in e networking. Mostly retirees in UK use e networking sites, emails, skype to communicate with each others. Personal contacts are limited there. After retirement retirees also perform some household activities. Cooking food, cleaning home are some of the household activities of retirees belonging to UK.

### **Social Network Pattern**

Social network pattern is divided into broadly six categories namely: family, friends, neighbours, e networking, religious and social activities. UK retirees widen their social network system by using social networking sites. They connect with each other by using e mail, face book and social networking sites. British people tend not to live together with extended families and particularly not with their elderly parents. In UK, women retirees live alone in their home. Their children live separate from them. Family does not play a big role in their life. They communicate with their friends telephonically, who are far away from them. Many retirees have joined social organizations like growing old disgracefully, world pulse organization in order to widen their social network. They take part in social functions organized by these organizations. They go for clubs also to meet their friends. Women retirees who are belongs to medical field, they take part in the activities organized by people of same field. They do social work also.

### **Health Status**

UK retirees suffer from high blood pressure problem. Apart from this they suffers from diabetes, rheumatic pains, hearing problems, joint pains, obesity, minor ailments like fever, headache etc..They also suffer from respiratory problems. Many retirees sometimes smoke and drinks also that is why they suffer from respiratory and hypertension. Sometimes they feel loneliness. It has been observed that women retirees who perform

different types of leisure time activities after retirement and live with their children and take part in social activities more, they possess good state of physical and mental health. Due to medical advancement they are conscious about their health. British retirees are more health conscious. They avail medical facilities properly and perform self care activities also. They suffer from minor ailments like headache, rheumatic pains etc.

## **Socio Economic Status**

In these case studies, retirees are from different socio economic status families. It has been observed that women retirees belonging to upper middle class families with good social status, they are aware about their health. They are very health conscious. They go for routine medical checkups to keep themselves healthy. If retirees have sound family background and good educational family background then it have good effect on their health. Retirees who belong to upper class families then they perform many leisure time activities. They also purchase recreational equipment for themselves in order to remain busy. Retirees of middle class status perform many leisure time activities. Retirees of upper class enjoy their retirement period.

### **4.4 Interpretation of case studies of Indian women retirees**

#### **Leisure time activities**

Through case studies investigator has identified leisure time activities of Indian women retirees. They perform religious activities. In their leisure time they pray to God, read religious books, watch religious programmes, participate in religious ceremonies. Their social activities includes going to park, visiting to their neighbours, take part in social functions and social activities. Their sports activities include performing yogic exercises, going out for walk only. As far as their literary activities are concerned they love to read in their free time. They read newspaper daily and keep themselves updated with the outside world. Sometimes they write poems also. Their travel activities includes going out for religious places. They take part in recreational activities also. They involve themselves in self care activities also. Whenever they find time they engage themselves in e networking also. Only few retirees use e networking sites. Mostly retirees communicate with their relatives, family, friends and neighbours through personal contacts. After retirement retirees also perform some household activities. Mostly they engage themselves in cleaning their home, cooking food for their grandchildren, knitting and sewing etc.

## **Social Network Pattern**

Social network pattern is divided into broadly six categories namely: family, friends, neighbours, e networking, religious and social activities. Indian retirees widen their social network system by meeting their friends, relatives and neighbour personally. In India retirees live with their children therefore family plays a big role in their life. They communicate with their relatives telephonically, who are far away from them. Indian retirees do not use social networking sites; rather they prefer to meet people personally to make their social network wider. They take part in social functions or ceremonies to widen their social network. Indian retirees organize kitty and tea parties also. They organise religious activities also. They go for a morning walk with an objective to meet their friends.

## **Health Status**

Indian retirees suffer from high blood pressure problem. Apart from this they suffers from diabetes, rheumatic pains, urinary tract problems, joint pains, obesity, minor ailments like fever, headache etc. They also suffer from heart and respiratory problems. It has been observed that if retirees perform different types of leisure time activities after retirement then it will lead to their wider social network and thus they possess good state of physical and mental health.

## **Socio economic status**

In these case studies, retirees are from different socio economic status families. It has been observed that Indian women retirees belonging to upper middle class families with good social status are aware about their health. If retirees have sound family background and good educational family background then it have good effect on their health. Socio economic status has no association with respect to leisure time activities, social network and health status.

## **4.5 Comparison of case studies of women retirees belonging to India and UK**

### **Leisure time activities**

By comparing leisure time activities of women retirees belonging to India and UK, it has been concluded that there is no difference in their leisure time activities. They perform religious, social, sports, literary, recreational, media and communication and household activities when they find time. Their preferred leisure time activities are different but more or less they perform all types of the identified category of leisure time activities. Although cultural difference exists in both the countries but the leisure activities performed are more or less same.

### **Social Network Pattern**

Women retirees belonging to India widen their social network by meeting people personally as compared to women retirees belonging to UK. Women retirees in UK do not live with their families but they enjoy the companies of their friends. They join social organizations like growing old disgracefully, world pulse organization. Their social network pattern is preferably using of e networking, social networking sites, facebook, skype, e mails etc. Indian retirees take part in social functions and religious activities.

### **Health Status**

As far as health status of women retirees belonging to India and UK is concerned, it has been concluded by analysing case studies that due to advancements in medical field women retirees go for routine checkups. Health status depends on socio economic status of women retirees also. Women retirees of high socio economic status and good family background are more conscious about their health. Women retirees of UK sometimes smoke and drink also but women retirees belonging to India do not involve themselves in such types of activities.

Findings of both Qualitative and Quantitative analysis substantiated with each other. After quantitative and qualitative analysis of data, results and conclusions were drawn and results have been presented in the next chapter.

## Chapter V

### Conclusions, Limitations and Recommendations

#### 5.1 Conclusions

1. The findings indicates that 50% of Indian women retirees preferred literary activities followed by 49% religious and 48.3% social activities , whereas 47% women retirees preferred recreational activities followed by 44% media and communication and 43.3% travel activities. Only 42.3% women retirees preferred sports activities and 40.3% women retirees' least preferred household activities. It indicates that literary activities are highly preferred and household activities are least preferred leisure time activities of Indian women retirees. However, the findings of the present study indicate that Indian women retirees prefer literary and religious activities as their leisure time activities. It may be due to the culture of India and lack of interest in technology of this generation who are retired.

2. The findings indicates that 36.6 % of UK women retirees preferred religious activities followed by 35.3% literary and 34.6 % social activities.33.6% preferred media and communication activities followed by 32.6% travel and 32.3% recreational activities, whereas 32% preferred household activities and only 29% women retirees preferred sports activities. It indicates that religious activities are highly preferred and sports activities are least preferred by the UK women retirees.

However the findings of present study have also explored that women retirees of UK have more preference for religious activities followed by literary activities due to the reason that religion has a big role in providing satisfaction and happiness after retirement. Literary and social activities also help to maintain good mental and physical health.

3. As far as the pattern of leisure time activities is concerned, no significant difference had been found in the pattern of LTA of Indian and UK women retirees. Therefore the hypothesis which state that women retirees belonging to UK have significantly different pattern of leisure time activities than women retirees belonging to India has been rejected.

4. Women retirees belonging to India prefer to widen their social network by engaging themselves in different pattern of social dimensions. 64% of Indian women retirees widen their social network by engaging themselves in participating and performing social activities,

63% widen their social network by communicating with their friends and 58.6% perform religious activities, 48% women retirees communicate with their families, whereas 44.3% engage themselves in e-networking and only 44% women retirees connect with their neighbours. It indicates that social activities are highly preferred pattern of social network whereas meeting neighbours are least preferred social network pattern by Indian women retirees. It indicates that engagement in social activity is highly preferred pattern of social network whereas meeting neighbours is least preferred social network pattern by Indian women retirees.

5. Woman retirees belonging to UK prefer to widen their social network by engaging themselves in different social activities. 67% of UK women retirees widen their social network by engaging themselves in e-networking, 58.6% participating and performing religious activities and 52% widen their social network by performing social activities. 45.6% connect with their friends and 42.3% with their families whereas only 36.6% prefer to communicate with their neighbors. It indicates that activities related to e-networking are highly preferred pattern of social network whereas meeting with their neighbors are least preferred social network pattern by UK women retirees.

6. The Z values of social network pattern of UK and Indian women retirees shows the pattern of social network of UK and Indian women retirees. The Z values being 2.450, 0.193, 1.550, 10.306, 0.5374 and 2.6204 respectively. Z values is significant for family, e-networking and social activities, whereas Z values for friends, neighbours and religious activities are not significant and shows that there exist no significant difference in these pattern of social network of Indian and UK women retirees except family, e-networking and social activities. Therefore the hypothesis which state that women retirees belonging to UK have significantly different social network pattern than women retirees belonging to India has been partially accepted.

7. There is no significant difference in family, friends, e-networking, neighbours and religious activities as a pattern of social network of UK and Indian women retirees. They have widened their social network by engaging themselves in religious activities. They also communicate with their friends and neighbours. Mostly retirees call upon their neighbours in emergency conditions. There is significant difference in social activities as a pattern of social network of UK and Indian women retirees. Indian retirees prefer to live with their families whereas women retirees of UK prefer to live alone. Indian women retirees have widened their social



network by involving themselves in different social activities. In UK women retirees mostly join social organizations and widen their social network. Women retirees of UK prefer to communicate with their families and friends through e networking .Their personal contacts are limited. Indian women retirees prefer to communicate with their families and friends through personal contacts. Indian women retirees rarely use social networking sites to communicate with their families and friends.

8. There exist no significant difference between women retirees of India and UK with respect to their leisure time activities and social network pattern

9. The health status table reveals the percentages of poor and good health status of Indian women retirees. The findings in the table indicate that 58% of Indian women retirees have good health status whereas 40% has poor health status.

10. The health status table shows the percentages of poor and good health status of women retirees' of UK. The finding in the table indicates that 55% of Indian women retirees have good health status whereas 24.3% has poor health status.

11. There exist significant difference in the poor and good health status of women retirees belonging to India and UK. Therefore the hypothesis which stated that women retirees belonging to UK have different level of health status as compared to the women retirees of India is accepted.

12. By comparing mean scores of India and UK it has been found that mean score of health status of women retirees of UK is more as compared to mean score of health status of women retirees of India which is 55.95. Therefore the hypothesis which states that there exist no significant difference between health status of women retirees belonging to India and UK. women retirees stands rejected.

13. There is significant correlation between social network pattern and health status of women retirees belonging to India. There is no association between leisure time activities and social network pattern, leisure time activities and health status.

14. There is significant correlation between leisure time activities and health status of women retirees belonging to UK.

15. There is no significant association between women retirees of India and UK with respect to their leisure time activities, social network and health status

16. The correlation values of leisure time activities; social network pattern and health status of Indian women retirees with respect to levels of socio economic status shows that there is no significant association between leisure time activities with respect to low and average levels of socio economic status as the values are not significant.

17. The results shows that social network pattern and leisure time activities has no association with socio economic status as the correlation values are .393 and .108 respectively which are not significant but health status of Indian women retirees is associated with socio economic status as the value is 1.000 which is significant at 0.01 level. Therefore leisure time activities, social network pattern with respect to the level of socio economic status of Indian women retirees is not positively associated but there is association between socio economic status and health status.

18. There is no association among leisure time activities, social network pattern and health status with respect to their high level of socio economic status.

19 There is no significant association of leisure time activities, social network and health status of women retirees of UK with respect to their socio economic status.

20. Through personal interviews it has been found that women retirees belonging to UK want to continue their work or profession even after their retirement. They want to earn even after retirement therefore they join some organizations also. They want to be the part of organization in order to be professionally active. They need to keep themselves busy by connecting professionally with other professionals.

## **Qualitative findings**

### **Leisure time activities**

By comparing leisure time activities of women retirees belonging to India and UK, it has been concluded that there is no difference in their leisure time activities. They perform religious, social, sports, literary, recreational, media and communication and household activities when they find time. Their preferred leisure time activities are different but more or less they perform all types of the identified category of leisure time activities. Although

cultural difference exists in both the countries but the leisure activities performed are more or less same.

### **Social Network Pattern**

Women retirees belonging to India widen their social network by meeting people personally as compared to women retirees belonging to UK. Family plays a big role in the lives of Indian women retirees as compared with the UK women retirees. Women retirees in UK do not live with their families but they enjoy the companies of their friends. They join social organizations like growing old disgracefully, world pulse organization. Their social network pattern is preferably use of e networking, social networking sites, facebook, skype, e mails etc. Indian retirees take part in social functions and religious activities.

### **Health status**

As far as health status of women retirees belonging to India and UK is concerned, it has been concluded by analysing case studies that due to advancements in medical field women retirees go for routine checkups. Health status depends on socio economic status of women retirees also. Women retirees of high socio economic status and good family background are more conscious about their health. Women retirees of UK sometimes smoke and drink also but women retirees belonging to India do not involve themselves in such types of activities. It has been observed that Indian women retirees belonging to upper middle class families with good social status are aware about their health. If retirees have sound family background and good educational family background then it have good effect on their health. Socio economic status has no association with respect to leisure time activities, social network and health status.

Findings of qualitative analysis substantiated with the findings of quantitative analysis.

## **5.2 Limitations**

1. Due to cultural differences in India and UK, it was difficult to frame questionnaire for women retirees belonging to UK.
2. Sample size was difficult to frame as there was no sampling frame available for retirees belonging to UK.
3. There were a lot of challenges to collect data from UK.

4. It was difficult to convince women retirees for interviews.
5. Women retirees did not permit to record their interviews. They hesitated to give their personal contact and address.
6. Items in the scales of leisure time activities and social network were more and scales were lengthy to fill. Therefore women retirees were reluctant to fill those.
7. There is no information on the pre-retirement well-being of the retirees which can be seen as an important factor in adjustment to retirement.

### **4.3 Educational Implications**

This study has implications in the area of leisure time activities, social network and health status. It also has implications in the area of guidance and counselling and gerontology.

1. This research will assist counsellors, psychologists and health practitioners to manage the older adults and retirees. They can provide knowledge about retirement and post retirement period so that retirees can plan for their sound retirement.
2. It will help retirees to develop feeling of happiness and meaningfulness. They can change their life style after retirement. They can build their social network by participating in many social activities.
3. Retirees can involve themselves in number of leisure time activities and can pass their free time effectively.
4. Helping retirees to build social relationships and engage themselves in leisure time activities could be part of the retirement counselling programmes especially for the retirees who expect health problems in retirement. Routine activities, such as work, travel, religion, household or educational, usually depend on many factors such as health, location, family and socio economic status. Activities bring meaning and opportunity to the life of retirees. Retirees, who perform leisure time activities. Activities bring meaning to the life of retirees. Religious activities are activities that provide older adults newer and satisfying living opportunities. Women retirees spend more time on each activity. Planning and preparation make it more likely for retirees to have a more positive experience. Retirees wish to remain independent as long as possible, and able to choose, perform and control the activities in

which they participate. They may widen their social network by choosing any social network pattern. All these may have good effect on health and well being of retirees.

5. Retirees who experience problems in post retirement period could also be educated regarding use of leisure time, social network and health status.

6. Postretirement counselling programmes will involve leisure time activities and social network should be designed to improve transition to retirement and enhance adjustment to life transition. Other activities may encourage social connections for women retirees with common interests. These activities may bring new dimension, information and meaning into lives.

7. The counselling programmes should also monitor changes in lifestyles and help retirees to re-evaluate their values and goals to be congruent with current experience of retirement. Future studies may include leisure time activities, social network and health status of men retirees and professional also. Despite some limitations, this study has demonstrated that it is possible to identify leisure time activities, social network pattern and health status of women retirees.

## SUMMARY

Old age or ageing is associated with an increased likelihood of major life transitions. One such life event is retirement, which may be a period when physical activity patterns could change due to decline in occupational demands. Retirement is the period where an individual stops employment completely. Women after leaving profession or job are called as women retirees. Some women retirees keep themselves busy in performing different activities whereas some women retirees substitute voluntary community work for their former work. This gives meaning to their roles after retirement. Household tasks, family roles, leisure time activities, physical activities actually increase after retirement. Some retirees choose active leisure activities and some choose passive leisure time activities, whereas some retirees want to remain in isolation that is they develop a feeling of being neglected and keep themselves alone. The skills and knowledge acquired before retirement have value in the life of a women retiree but there is need to recognize those skills and knowledge. Learning something new, education and training affects the ability to do various activities after retirement. Planning for retirement must have preparation for financial well being, a social network, a set of leisure activities and health status. All of these factors actually relate to each other. When retiring person has a sound retirement plan, he or she can adjust better after retirement. A successful retirement living includes the creation of a network of groups, family members and friends. It has been anticipated by Christine (2003) that few people choose to be alone after retirement and some choose to do something different or they perform different functions and roles even after retirement. The role of retiree and the stage of retirement is a socially constructed concept that was created as a result of the passage of the social security act in 1935 (women and social security). After retirement it takes some time to adjust. Adjusting to retirement is a process that is not always attained immediately after leaving the workplace or job. Once the adjustment of retirement has set in, it is important to remember that there is life even after retirement so retirees has to set goals for life or find activities that provide a sense of purpose and meaning to life, whether it is setting out a garden, playing or spending more time with grandchildren. It is important to feel useful and productive after retirement. There are many activities which the retirees can perform and lead a healthy life.

Retirement is not simply an economic transition, but it is a social process which is shaped and constructed by social factors, social support and experiences gained through

social relations. Today is the age of technology and due to this technological age there are many things that contribute to enhancement of social relations. Individuals can expand their social tie ups through social sites, online networking, internet etc. but as far as the physical presence is concerned it is decreasing day by day. Investigator has observed that social networking as far as retirees are concerned, they only want to be professionally occupied and their personal relations are limited to some extent. But retirees who are not technologically sound or comfortable, their social network is limited to home only. The home is a very important factor in the lives of retired women but after retirement they develop feeling of being neglect, loneliness, feeling unwanted. There are certain factors that contribute to physical health status and changes in social network dominate the definition of retirement. But after reviewing the literature it has been observed that social network is very essential for retirees for their psychological well being and health. After retirement, those in high social network and with high social activities may develop sense of retirement satisfaction and lead a good life. All this have good effect on health also. Retirement is a period which indicates a shift of identity from financial independence to financial dependence. Kelly and Wayne (2003) believed that the women retirees with poor social network lead a life with social isolation along with health problems and they suffer considerable emotional stress. In a similar way retirement is often seen as leaving a social network at workplace which is impossible to replace on a personal level as a result of this the retirees are not capable of running their lives, but if they have keep themselves busy or if they expand their social network then it will have positive effect on their lives. Ziemroski (2008) observed that social network fulfil three basic needs of retiree's i.e. Socialization, carrying out the task of daily living and personal assistance during time of crisis. Therefore it was concluded that there is no age for retirement but research conducted by Howard Litwin (2009) also revealed that social network after retirement had different effects on the psychological well being of retirees. Several retirement based studies have also indicated that social network has a positive effect on the physical and mental well being. It had been observed those retirees who have not wide social network they develop a feeling of depression and all these lead to depressive symptoms which have adverse effect on health.

It has been observed that leisure time increases after retirement so activities may also increase during retirement. Retirees should plan their leisure time to keep themselves busy. They should perform retirement hobbies or some form of free time activities that are necessary in life of all retirees. It argued that in case of retirement, various factors are

associated with each other such as leisure activities, social network and health status. In developed countries and India due to social change and demographic trend the number of women retirees is increasing as more women participate in paid employment outside the home. Women have to think and plan period before and after retirement i.e. they have to plan about leisure time, social activities and maintenance of health. The role of women retirees and the period after retirement, identified today is a socially constructed concept. Retirees should adjust themselves after retirement. Adjusting to retirement is a process that is not always completed immediately after leaving the work place. It is important to plan and to set goals or to find leisure activities that provide a sense of purpose and meaning to life even after retirement, whether it is working in a shop or running own business, or spending more time with grandchildren or friends, working in a garden, performing household activities or some kind of social and religious activities.. Having contacts with family members or friends contributes to post retirement adjustment period. Women, in particular who have worked outside of the home, frequently miss their work related friends once they retire. It is important for them to expand their social network by making contacts with people. It has been observed that leisure time physical activity may increase during retirement. Avlund and Legarth (1994) described different patterns of activities. Their findings suggested that different types of activities as well as variations with activities may be important for promoting health among elderly people. Donna (1999) highlighted the importance of household physical activities and the contribution of social support for household physical activities. Caspersen, et.al. (2009) and Scharff, et.al (1999) investigated that older rural women have often limited financial resources, endure social isolation and less leisure time activities as compared to older urban women. Carrath and Logan (2002) investigated factors related to life style physical activity behaviour. Brown, Frankel and Fennell in 1999 found that participation in variety of Leisure time activities is important to well being of older people. This type of leisure time activity and frequency of involvement contributes to well being of elderly people. There are many leisure time activities like active, passive, recreational etc. Retirees can select any of them and can utilize their time properly.

Several of the retirement studies indicated that some types of leisure time activities contributed to the health of women retirees, yet it remains unclear exactly how the activities contribute. It has been indicated that leisure participation enhances health at various levels. Melamed and Meir (1995) findings showed that leisure activities develop personality of an individual and are meaningful and satisfying. They provide a link between activity and



meaning. Because leisure participation enhances health, it is important that all people have greater opportunities to experience meaningful leisure. On the other hand, since leisure time is more abundant in retirement than the demand for goods to use with that time could increase. Leisure goods and time are complementary in the production of satisfaction. Therefore engagement in leisure activities after retirement is essential because it also contribute to well being.

Poor health and low socio economic status do not close the doors to satisfactions in the retirement period. Apart from socio economic status factor there are many other factors that contribute to the well being. Christine and Balaswamy (2009) found predictors of satisfaction of women retirees. Good social network and activities maintain psychological health of women even after retirement. Participation in regular physical activities has substantial benefits for the health and functioning of all people, including older people (Mezzo et.al. 1998). A physically active lifestyle and performing leisure activities found to minimize the physiological changes associated with ageing and help delay or prevent the onset of common chronic diseases including cardiovascular diseases, diabetes, arthritis and osteoporosis (Singh, 2002). A review by Keysor and Jette (2001) indicated that participation in regular physical activity improves functional capability of older through enhancing muscle strength, aerobic capacity, balance and flexibility. It is known that social network and activities help to reduce the possibility of falling ill, which is a major cause of disabilities in late life (Skelton, 2001). Participation in regular physical activity thus contributes greatly to independent lifestyles in older people. Participation in physical activity has also been shown to generate positive effects on the cognitive functioning of older people.

It has been anticipated by Price in 2001 that regular physical activity is also associated with life satisfaction. Fondow and Meghan (2007) studied effects of retirement and health among men and women. They found the myth of retirement and health status which states that health declines following retirement but this is not true. Several studies have found support for the myth, but others have found that health may actually improve in retirement. Retirement is a major life transition that affects daily activities, social relationships, and income and is believed to have important consequences for health. Investigator has observed that if women retirees will be counselled properly they can enjoy their post retirement life. Investigator feels that there is association between leisure activities, social network and health status of women retirees.

After reviewing the related literature it has been observed that much research work has been done on retirement, leisure time activities, social network and health status, but not much work has been done on social network, leisure time activities and health status of women retirees belonging to India and UK. Therefore the present research work will be an Endeavour to study these variables and thus the problem can be stated specifically as:

## **ASSOCIATION BETWEEN WOMEN RETIREES OF INDIA AND UK WITH RESPECT TO THEIR LEISURE TIME ACTIVITIES, SOCIAL NETWORK PATTERN AND HEALTH STATUS**

### **Operational Definitions of the Terms Used**

#### **Leisure Time Activities**

Leisure time is a period of free time spent out of work. There are many activities such as eating and sleeping, going to work or running a business, attending school and doing homework, household tasks and life related stress. The distinction between leisure and compulsory activities cannot be defined properly. I.e. people sometimes do work-oriented tasks for pleasure as well as for long-term utility. Leisure activities are divided into many categories namely Productive, Intellectual, Physical, Social, religious and recreational categories. Apart from this Leisure activities can be broadly categorized into active and passive leisure time activities.

Active leisure time activities are those which involves physical activities include walking and yoga, which expend little energy and have little contact or competition.

Passive leisure time activities are those in which a person does not perform any physical task. Going to the cinema, watching television, reading book etc. are some of passive leisure time activities.

#### **Social Network Pattern**

A social network is a social system made of individuals or organizations that are tied by one or more specific types of relationships such as values, views, opinions, visions, ideas, financial exchange, friendship, dislike, likes, conflict or trade. A social network is a pattern of

continuous interchange of mutual assistance that plays a significant role in maintaining the physical, social and psychological health of the individual over time. A Social network helps to fulfil three basic needs of the older people which are socialization, carrying out the task of daily living and personal assistance during time of crisis.

## **Health Status**

The level of health of the individual, group or population can be subjectively assessed by the individual or by more objective measures. It can be categorized as very good, good, fair, bad, very bad by measuring health status.

## **Women Retirees**

Retirement is the point where a person stops employment completely. Women after leaving profession or job are called as women retirees.

## **Socio Economic Status**

The position of an individual in a society which includes education, income, and type of occupation, place of residence, heritage and religion is known as socio economic status.

## **Objectives**

To conduct the present study, the following objectives have been framed:

1. To identify the leisure time activities and social network pattern of women retirees of India and UK
2. To explore the social network pattern of women retirees of India and UK
3. To reveal the level of health status of women retirees of India and UK
4. To find out the difference between the pattern of leisure time activities, social network pattern and health status of women retirees of India and UK
5. To compare the association of leisure time activities, social network pattern and health status of women retirees belonging to India and UK
6. To find out the association between leisure time activities, social network pattern and health status with respect to socio economic status of women retirees of India and UK

## Hypotheses

On the basis of the objectives of the present study, following hypotheses have been formulated:

- a) Women retirees belonging to India have different pattern of leisure time activities
- b) Women retirees belonging to UK have different pattern of leisure time activities
- c) Women retirees belonging to UK have significantly different pattern of leisure time activities than women retirees belonging to India.
- d) Women retirees belonging to India have different social network pattern
- e) Women retirees belonging to UK have different social network pattern
- f) Women retirees belonging to UK have significantly different social network pattern than women retirees belonging to India.
- g) There exists no significant difference between leisure time activities and social network of
- h) Women retirees belonging to India have different level of health status.
- i) Women retirees belonging to UK have different level of health Status as compared to the women retirees of India
- j) There is no significant difference between health status of women retirees belonging to India and UK
- k) There is no significant association between women retirees of India and UK with respect to their leisure time activities, social network and health status.
- l) Leisure time activities, social network and health status of women retirees of India are positively associated with their levels of socio economic status
- m) Leisure time activities, social network and health status of women retirees of UK are positively associated with their levels of socio economic status
- n) Leisure time activities, social network and health status of women retirees of India and UK are not positively associated with their socio economic status.

## Delimitation

The study was delimited to socio economic status of women retirees in India and UK.

To achieve the objectives of the study, scales pertaining to leisure time activities and social network pattern were standardized. Qualitative and quantitative methods were applied to test the hypotheses of the present study.

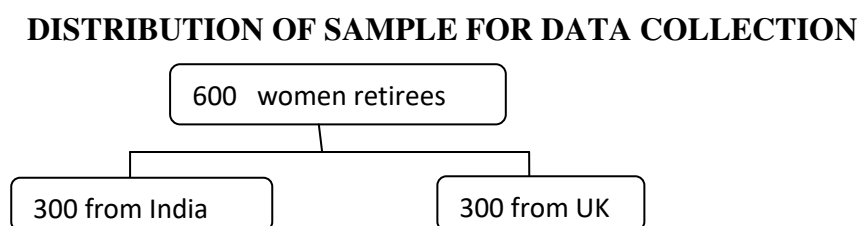
## Population and Sample

The population of the present study was retired women of UK and India. As the study was focussed on both quantitative and qualitative analysis, therefore two types of samples were drawn. Data were collected from women retirees belonging to UK and India. 600 women retirees constituted the sample of the present study. Out of which, data of 300 women retirees were selected from India and data of 300 women retirees were taken from UK.

Purposive Sampling technique was applied to collect data of women retirees from India because the objective of the study was to study retired women only. The sampling frame for retired women of UK was not available that is why snow ball sampling technique was applied to collect data from UK. Thus, it was decided to collect data on reference basis.

For the qualitative analysis, 30 case studies of women retirees' i.e 15 from India and 15 from UK were conducted. The case studies from India were conducted through telephone and by meeting people personally. The case studies from UK were conducted through teleconferencing, meeting women personally and by approaching social networking site like growing old disgracefully.

The distribution of sample has been given below:



**Fig. 1**

## **Tools Used**

To collect data following tools were used:

- Information sheet was prepared to get personal and demographical information about subjects
- The investigator constructed and standardized the following scales:
  - Leisure Time Activities Scale
  - Social Network Pattern Scale
  - To know the health status of women retirees, a scale of professional and personal health status prepared by Bawa and Shally (2010) was used
  - To study the socio economic status of Indian women retirees, scale prepared by Bhardwaj (2009) was used. To study the socio economic status of UK women retirees modified form of socio economic scale was used.
- To conduct case studies of women, an interview schedule was prepared by the investigator.

## **Procedure**

Data were collected using both quantitative and qualitative techniques. For quantitative analysis, leisure time activities, social network, health status and socio economic status scales were administered. For qualitative analysis, case studies were conducted.

### **Data Collection for Quantitative Analysis**

The data were collected from 600 women retirees belonging to India and UK using different tools. In order to evaluate social network of women retirees, scale of social network was used which includes items related to family, friends and neighbours, e-networking, religious activities and social activities.

In order to assess leisure time activities of women retirees, leisure time activity scale was used. The item content of leisure activities scale consisted of eight different areas i.e. religious activities, social activities, sports, literary activities, travel activities, recreational activities, media and communication activities and household activities.

To assess the health status of women retirees, health status scale developed by Bawa and Shelly was used. To measure socio economic status of women retirees scale prepared by

R.L. Bhardwaj was used. Data were collected online through skype, e mail and personal visits to subjects in India and UK.

Data were collected by collecting information from various sources/organizations, such as office of Block Primary Education, office of Electricity Board, Banks, and office of Civil Hospitals, District Election Office, All India Women Conference and through personal visits. For collection of data from women retirees belonging to UK, It was collected online and personal references, teleconferencing, face book and through E-mails. Data were also collected by approaching world pulse organization, growing old disgracefully organization.

### **Data Collection for Qualitative Analysis**

To find out the association between women retirees belonging to India and UK with respect to leisure time activities, social network and health status, case studies were conducted. The information was also collected from their family members and neighbors. Fifteen case studies were conducted from India and UK each. Snowball sampling technique was used to collect information from UK women retirees. An information sheet was prepared to collect needed information.

The investigator personally met women in India to interview them whereas women of UK were contacted telephonically and through Skype for gathering information. The investigator spent maximum time and multiple meeting in developing rapport with women under study in India, so that expected information could be drawn out. After establishing congenial atmosphere, the desired questions were asked to extract the needed information. The information thus collected was used to prepare the case studies. To make the information more authenticated, their neighbors and family members were contacted. Case studies were analyzed to find out the association between women retirees.

### **Statistical Techniques**

After collection of quantitative data, it was tabulated considering the objectives of the study and was analyzed statistically for attaining the goals of the study. Following statistical techniques were applied:

- 1 .Cronbach alpha was computed to find out the reliability of leisure time activity scale, and social network pattern scale.

2. To identify the pattern of leisure time activities and social network pattern of women retirees of India and UK,
  - i. Q1 and Q3 values were found and percentages were calculated to find out pattern of leisure time activities and social network pattern of women retirees belonging to India and UK.
  - ii. Number of women retirees preferring particular dimension of leisure time activities and social network pattern were found.
  - iii. Percentage of respondents was calculated to identify the leisure time activities and social network pattern of women retirees of India and UK.
  - iv. To find out significant difference in percentages Z scores were found.
3. t - test was computed to find difference in:
  - i. Leisure time activities of women retirees belonging to India and UK
  - ii. Social network pattern of women retirees belonging to India and UK
  - iii. Levels of health status of women retirees belonging to India and UK
  - iv. t –test was computed to find difference in health status of women retirees belonging to India and UK.
4. Correlation was computed to find out the relationship between leisure time activities Social network pattern and health status of women retirees belonging to India and UK.

Correlation was computed to find out the relationship between leisure time activities, social network pattern and health status with respect to socio economic status of women retirees belonging to India and UK

## **Conclusions**

1 The findings indicates that 50% of Indian women retirees preferred literary activities followed by 49% religious and 48.3% social activities , whereas 47% women retirees preferred recreational activities followed by 44% media and communication and 43.3% travel activities. Only 42.3% women retirees preferred sports activities and 40.3% women retirees' least preferred household activities. It indicates that literary activities are highly preferred and household activities are least preferred leisure time activities of Indian women retirees. However, the findings of the present study indicate that Indian women retirees prefer literary and religious activities as their leisure time activities. It may be due to the culture of India and lack of interest in technology of this generation who are retired.



2. The findings indicates that 36.6 % of UK women retirees preferred religious activities followed by 35.3% literary and 34.6 % social activities.33.6% preferred media and communication activities followed by 32.6% travel and 32.3% recreational activities, whereas 32% preferred household activities and only 29% women retirees preferred sports activities. It indicates that religious activities are highly preferred and sports activities are least preferred by the UK women retirees.

However the findings of present study have also explored that women retirees of UK have more preference for religious activities followed by literary activities due to the reason that religion has a big role in providing satisfaction and happiness after retirement. Literary and social activities also help to maintain good mental and physical health.

3. As far as the pattern of leisure time activities is concerned, no significant difference had been found in the pattern of LTA of Indian and UK women retirees. Therefore the hypothesis which state that women retirees belonging to UK have significantly different pattern of leisure time activities than women retirees belonging to India has been rejected.

4. Women retirees belonging to India prefer to widen their social network by engaging themselves in different pattern of social dimensions. 64% of Indian women retirees widen their social network by engaging themselves in participating and performing social activities, 63% widen their social network by communicating with their friends and 58.6% perform religious activities, 48% women retirees communicate with their families ,whereas 44.3 % engage themselves in e- networking and only 44% women retirees connect with their neighbours. It indicates that social activities are highly preferred pattern of social network whereas meeting neighbours are least preferred social network pattern by Indian women retirees. It indicates that engagement in social activity is highly preferred pattern of social network whereas meeting neighbours is least preferred social network pattern by Indian women retirees.

5. Woman retirees belonging to UK prefer to widen their social network by engaging themselves in different social activities. 67% of UK women retirees widen their social network by engaging themselves in e networking, 58.6% participating and performing religious activities and 52 % widen their social network by performing social activities. 45.6% connect with their friends and 42.3% with their families whereas only 36.6 % prefer to communicate with their neighbors. It indicates that activities related to e networking are

highly preferred pattern of social network whereas meeting with their neighbors are least preferred social network pattern by UK women retirees.

6. The Z values of social network pattern of UK and Indian women retirees shows the pattern of social network of UK and Indian women retirees. The Z values being 2.450, 0.193, 1.550, 10.306, 0.5374 and 2.6204 respectively. Z values is significant for family, e networking and social activities, whereas Z values for friends, neighbours and religious activities are not significant and shows that there exist no significant difference in these pattern of social network of Indian and UK women retirees except family, e networking and social activities. Therefore the hypothesis which state that women retirees belonging to UK have significantly different social network pattern than women retirees belonging to India has been partially accepted.

7. There is no significant difference in family, friends, e networking, neighbours and religious activities as a pattern of social network of UK and Indian women retirees. They have widened their social network by engaging themselves in religious activities. They also communicate with their friends and neighbours. Mostly retirees call upon their neighbours in emergency conditions. There is significant difference in social activities as a pattern of social network of UK and Indian women retirees. Indian retirees prefer to live with their families whereas women retirees of UK prefer to live alone .Indian women retirees have widened their social network by involving themselves in different social activities. In UK women retirees mostly join social organizations and widen their social network. Women retirees of UK prefer to communicate with their families and friends through e networking .Their personal contacts are limited. Indian women retirees prefer to communicate with their families and friends through personal contacts. Indian women retirees rarely use social networking sites to communicate with their families and friends.

8. There exist no significant difference between women retirees of India and UK with respect to their leisure time activities and social network pattern.

9. The health status table reveals the percentages of poor and good health status of Indian women retirees. The findings in the table indicate that 58% of Indian women retirees have good health status whereas 40% has poor health status.

10. The health status table shows the percentages of poor and good health status of women retirees' of UK. The finding in the table indicates that 55% of Indian women retirees have good health status whereas 24.3% has poor health status.

11. There exist significant difference in the poor and good health status of women retirees belonging to India and UK. Therefore the hypothesis which stated that women retirees belonging to UK have different level of health status as compared to the women retirees of India is accepted.

12. By comparing mean scores of India and UK it has been found that mean score of health status of women retirees of UK is more as compared to mean score of health status of women retirees of India which is 55.95. Therefore the hypothesis which states that there exist no significant difference between health status of women retirees belonging to India and UK. women retirees stands rejected.

13. There is significant correlation between social network pattern and health status of women retirees belonging to India. There is no association between leisure time activities and social network pattern, leisure time activities and health status.

14. There is significant correlation between leisure time activities and health status of women retirees belonging to UK.

15. There is no significant association between women retirees of India and UK with respect to their leisure time activities, social network and health status.

16. The correlation values of leisure time activities; social network pattern and health status of Indian women retirees with respect to levels of socio economic status shows that there is no significant association between leisure time activities with respect to low ,average and high levels of socio economic status, as the values are not significant.

17. The results shows that social network pattern and leisure time activities has no association with socio economic status as the correlation values are .393 and .108 respectively which are not significant but health status of Indian women retirees is associated with socio economic status as the value is 1.000 which is significant at 0.01 level. Therefore leisure time activities, social network pattern with respect to the level of socio economic status of Indian women retirees is not positively associated but there is association between socio economic status and health status.

18. There is no association among leisure time activities, social network pattern and health status with respect to their high level of socio economic status.

19 There is no significant association of leisure time activities, social network and health status of women retirees of UK with respect to their socio economic status.

20. Through personal interviews it has been found that women retirees belonging to UK want to continue their work or profession even after their retirement. They want to earn even after retirement therefore they join some organizations also. They want to be the part of organization in order to be professionally active. They need to keep themselves busy by connecting professionally with other professionals.

### **Qualitative findings**

#### **Leisure time activities**

By comparing leisure time activities of women retirees belonging to India and UK, it has been concluded that there is no difference in their leisure time activities. They perform religious, social, sports, literary, recreational, media and communication and household activities when they find time. Their preferred leisure time activities are different but more or less they perform all types of the identified category of leisure time activities. Although cultural difference exists in both the countries but the leisure activities performed are more or less same.

#### **Social Network Pattern**

Women retirees belonging to India widen their social network by meeting people personally as compared to women retirees belonging to UK. Family plays a big role in the lives of Indian women retirees as compared with the UK women retirees. Women retirees in UK do not live with their families but they enjoy the companies of their friends. They join social organizations like growing old disgracefully, world pulse organization. Their social network pattern is preferably use of e networking, social networking sites, facebook, skype, e mails etc. Indian retirees take part in social functions and religious activities.

#### **Health status**

As far as health status of women retirees belonging to India and UK is concerned, it has been concluded by analysing case studies that due to advancements in medical field

women retirees go for routine checkups. Health status depends on socio economic status of women retirees also. Women retirees of high socio economic status and good family background are more conscious about their health. Women retirees of UK sometimes smoke and drink also but women retirees belonging to India do not involve themselves in such types of activities. It has been observed that Indian women retirees belonging to upper middle class families with good social status are aware about their health. If retirees have sound family background and good educational family background then it have good effect on their health. Socio economic status has no association with respect to leisure time activities, social network and health status.

### **Limitations**

1. Due to cultural differences in India and UK, it was difficult to frame questionnaire for women retirees belonging to UK.
2. Sample size was difficult to frame as there has no sampling frame available for retirees belonging to UK.
3. It was difficult to collect data from UK.
4. It was difficult to convince women retirees for interviews.
5. Women retirees did not permit to record their interviews. They hesitated to give their personal contact and address.
6. Items in the scales of leisure time activities and social network were more and scales were lengthy to fill. Therefore women retirees were reluctant to fill those.
7. There is no information on the pre-retirement well-being of the retirees which can be seen as an important factor in adjustment to retirement.

### **Educational Implications**

This study has implications in the area of leisure time activities, social network and health status. It also has implications in the area of guidance and counselling and gerontology.

1. This research will assist counsellors, psychologists and health practitioners to manage the older adults and retirees. They can provide knowledge about retirement and post retirement period so that retirees can plan for their sound retirement.

2. It will help retirees to develop feeling of happiness and meaningfulness. They can change their life style after retirement. They can build their social network by participating in many social activities.
3. Retirees can involve themselves in number of leisure time activities and can pass their free time effectively.
4. Helping retirees to build social relationships and engage themselves in leisure time activities could be part of the retirement counselling programmes especially for the retirees who expect health problems in retirement. Routine activities, such as work, travel, religion, household or educational, usually depend on many factors such as health, location, family and socio economic status. Activities bring meaning and opportunity to the life of retirees. Retirees, who perform leisure time activities. Activities bring meaning to the life of retirees. Religious activities are activities that provide older adults newer and satisfying living opportunities. Women retirees spend more time on each activity. Planning and preparation make it more likely for retirees to have a more positive experience. Retirees wish to remain independent as long as possible, and able to choose, perform and control the activities in which they participate. They may widen their social network by choosing any social network pattern. All these may have good effect on health and well being of retirees.
5. Retirees who experience problems in post retirement period could also be educated regarding use of leisure time, social network and health status.
6. Postretirement counselling programmes will involve leisure time activities and social network should be designed to improve transition to retirement and enhance adjustment to life transition. Other activities may encourage social connections for women retirees with common interests. These activities may bring new dimension, information and meaning into lives.
7. The counselling programmes should also monitor changes in lifestyles and help retirees to re-evaluate their values and goals to be congruent with current experience of retirement. Future studies may include leisure time activities, social network and health status of men retirees and professional also. Despite some limitations, this study has demonstrated that it is possible to identify leisure time activities, social network pattern and health status of women retirees.

## BIBLIOGRAPHY

- Amit, K. (1986). *Women and Society*. Criterion publications: New Delhi.
- Anand (2001). *Working Women and Retirement*. Anmol publications: New Delhi.
- Anderson, T., Alfredsson, L., Kallberg, H., & Ahlbom, A. (2005). Calculating measures of biological interaction. *Eur J Epidemiology*, 20:575-579.
- Atchley, R. (1992). 'Retirement and marital satisfaction', in Szinovacz, M., Ekerdt, D. & Vinick, B. (eds) *Families and Retirement*, Sage Publications, California.
- Avlund, K., Schultz, K., Davidsen, M. (2002). Tiredness in daily activities at age 70 as a predictor of mortality during the next 10 years. *J Clin Epidemiol*, 51,323-33.
- Bal Krishnan, R. (1999). Ageing and the Elderly in the less Developed World. *Social Change*, 29 (1&2), 207-210.
- Bali, A. (1999). Well Being of the Elderly. *Social Change*, 29 (1&2), 64-76.
- Balaswami, S. (2009). Factors related the changes that retirees perceived in their social network after retirement. *The International Journal of Aging and Human Development*, 68(3).
- Basu (2006). Geriatrics: Its Importance and its Present Status in India. *Indian Journal of Gerontology*, 2, 359 -368, ICSSR: New Delhi
- Blundell, Richard & Paul Johnson. (1999). Pensions and Retirement in the United Kingdom. *Social Security and Retirement around the World*, The University of Chicago Press: Chicago, IL.
- Bound, J., Stinebrickner & Timothy, W. (2004). *Using a Structural Model to Simulate the Effect of Changes to the OASDI and Medicare Programs*. Social Security Administration Annual Retirement Research Conference, Washington.
- Bultmann, U., Kant, I.J., Schroer, C.A, Kasl, S.V. (2002). The relationship between psychosocial work characteristics and fatigue and psychological distress. *Int. Arch. Occup. Environ. Health*, 75,59-66.

- Brown, B. A., Frankel, B. G., & Fennell, M. (1991). Happiness through leisure: The impact of type of leisure activity, age, gender and leisure satisfaction on psychological well-being. *Journal of Applied Recreation Research* 16(4), 368-392.
- Calasanti, T. M. (1993). Bringing in diversity: Toward an inclusive theory of retirement. *Journal of Aging Studies*, 7, 133-150.
- Carruth, A.K., Logan, C.A. (2010). Depressive symptoms in farm women: Effects of health status and farming lifestyle ,characteristics behavior and beliefs. *Journal of community health*,27(3):213-28
- Carruth, A.K.,Logan,C.A.(2010). Depressive symptoms in farm women: Effects of health status and farming lifestyle, characteristics behavior and beliefs. *Journal of community health*,27(3):213-28
- Caregiver (1998). *Carnegie Inquiry into the Third Age, Final Report (1993): Life, Work, and Livelihood in the Third Age*, London: Carnegie UK Trust.
- Chadha, N.K. (1999) .Quality of life of Indian Elderly. *Social Change*, 9 (1 & 2), 32-46.
- Chadha, N.K. (1999) .The other side of Being old . *Social change*, 29 (1 & 2).
- Cohen & Sheldon (2004).Social relationships and health. *American Psychologist*, 59(8) , 676-684.
- Cross & Gary (2004). *Encyclopedia of Recreation and Leisure in America*, Farmington Hills: Michigan.
- Cristine (2003). Social network of retirees . *JournalofAgingStudies*, 17 (3), 341-343.
- Davies, R.J. (2003). *Network Perspectives on the Evaluation of Development Interventions*. Sage Publications: London.
- Davies, R.J. (2004). Scale,Complexity and the Representation of Theories of Change . *Evaluation*, 10 (1),101-121. Sage Publications: London.
- Dave, Dhaval, Inas, R., & Jasmina, S. (2006). *The Effects of Retirement on Physical and Mental Health Outcomes*, NBER WP 12123
- Day, A.B.(2003) .Ageing, Illness and Healthy Ageing. *Social Change*, 29 (1 &2), 145-157.



De Lange, A.H., Kompier ,M.A., Taris, T.W., Geurts, S.A., Beckers, D.G., & Houtman, I.L., (2009). A hard day's night: a longitudinal study on the relationships among job demands and job control, sleep quality and fatigue. *Journal of rest and recreation*, 18, 374-83.

Department of Social Security (2000), *Life Begins at 50: A Better Society for Older People*, London: DSS.

Di Mauro, S., Scalia, G., Di Mauro, A., Di Facio, I., Giuffrida, F., Leotta, C., Grasso, M.G. and Distefano, A. (2001).The leisure time and the third age: the experience of a geriatric ward, *Archives of Gerontology and Geriatrics*, 33: 141–50.

Donna (2009) .Lifestyle Physical Activity of Older Rural Women. *Social Problems*. University of California Press.54 (9) 667-72.

Durland, M. M. and Fredericks, K. A. (2005) .Social Network Analysis in Program Evaluation. *New Directions in Evaluation*. p 107.

Eadwaramoorthy,M.&chadha,N.K.(1999).Quality of life of Indian Elderly:A Factor analytic approach.*Social change*,29(1&2),32-45.

Eaton SB, Eaton SB, III (2003). An evolutionary perspective on human physical activity: implications for health. *Comp Biochem Physiol Part A* ;136:153-9.

Ebersole,Philip and Peter Hess(1995).*Towards healthy ageing*.St.Louis:The C.V.Mosky Co.

Eden (2005). Experiencing leisure in later life .*Cross Cultural Gerontology* ,20 (4), Springer :Netherlands

Evenson, K.R., Rosamond, W.D., Cai ,J., Diez-Roux, A.V.,& Brancati ,F.L.(2002). Influence of retirement on leisure-time physical activity: the atherosclerosis risk in communities study. *Am J Epidemiol* ,155:692-95.

Edén (2009) .Health and health care utilization among early retirement pensioners with musculoskeletal disorders. *Research Department*, Kristianstad College for Health Professions :Sweden.

Elovainio, M., Kivimäki, M.,Vahtera, J., Ojanlatva, A., Korkeila, K.,& Suominen (2009) . *Social Support and Early Retirement* ,2,112-130

Fondow, D.M.(2007). *Effects of retirement and health among men and women in the health and retirement study* . PhD thesis , Ohio State University; Columbia

Fuhrer, R., Rouillon, F.(2008). La version française de l'échelle CES-D (Centre for Epidemiologic Studies-Depression Scale): description et traduction de l'échelle d'autoévaluation. *Psychiatr Psychobiol*,4,163-166.

Galit, N. (2007).Retirees' Leisure: Activities, Benefits, and their Contribution to Life satisfaction. *Leisure Studies*, Routleg publications: London, 26 (1) 65–80.

Gorden,F.(1959). *Nature of Retirement*.The Macmillian Company:New York.

G,Main et al (2003) . Is retirement good or bad for mental and physical health functioning? *Journal of Epidemiology Community Health*, 57, 46-49.

Gillian (2009) .The Relationship between Organized Recreational Activity and Mental Health. *Centre for Behavioural Research in Cancer Control* ,Curtin University.

Goldberg, P., Gueguen ,A., Schmaus, A., Nakache, J.P., Goldberg, M.(2009). Longitudinal study of associations between perceived health status and self reported diseases in the French Gazel cohort. *Jornal of Epidemioogy Community Health*, 55(2) ,233-238.

Goldberg, M., Leclerc, A., Bonenfant, S., Chastang ,J.F., Schmaus ,A., &Kaniewski, N., (2007) .Cohort profile: the GAZEL Cohort Study. *International Journal of Epidemiology* , 36, 32-39.

Goldberg, M., Chastang ,J.F., Zins, M., Niedhammer, I., Leclerc, A.(2006) .Health problems were the strongest predictors of attrition during follow-up of the GAZEL cohort. *Journal of Clinical Epidemiology* ,59,1213-1221.

Goldberg, M., Chastang, J.F., Leclerc ,A., Zins, M., Bonenfant, S. &Bugel (2001). Socio economic, demographic, occupational, and health factors associated with participation in a long-term epidemiologic survey: a prospective study of the French GAZEL cohort and its target population. *American Journal of Epidemiology*, 15,373-384.

Gorden,F.(1959).*Nature of Retirement*.The Macmillian Company:New York.

Gump, B.B., Matthews, K.A., Eberly, L.E., & Chang ,Y.F.(2005). Depressive symptoms and mortality in men: results from the Multiple Risk Factor Intervention Trial. *Stroke*, 36,98-102.

Hardy, S.E., Studenski ,S.A.(2008) .Fatigue predicts mortality in older adults .*Journal of American Geriatric Sociology*, 56,1910-1914.

- Hakim, A.A, Petrovitch ,H., Burchfiel, C.M., Ross, G.W., Rodriguez, B.L., White, L.R., Yano, K., Curb ,J.D., Abbott ,R.D.(1998). Effects of walking on mortality among nonsmoking retired men. *N Engl J Med*.:338:94-9.
- Hooyman,N.R.,&H.N.Kiyak(1996).*Socialgerontology:multidisciplinary persective*,Needham Heights,MA:Allyn and Bacon,A shuster and shuster company
- Hosmer, D.W., Lemeshow, S.(1992) .Confidence interval estimation of interaction. *Epidemiology* , 3 ,452-456.
- Howard (2009). Study among older people in Mediterranean and non Mediterranean Countries .*Comparative Israel Gerontological Data Centre, Paul Baerwald School of Social Work and Social Welfare*, The Hebrew University of Jerusalem.
- Hui, Bengt & Laura (2003). Later life Engagement in Social and Leisure Activity is Associated with a Decreased Risk of Dementia .*American journal of Epidemiology*, 155 (12) ,1081-1082.
- Jerome et al (2012). Activity Profile of Retired Individuals. *Journal Of Activities, Adaptation & Aging* .9(1).
- Jenkins, J. (2003). *Encyclopedia of Leisure and Outdoor Recreation*, Rutledge : London .
- Jonathan, G., Kimberly, F.(1999). *Leisure in the UK across the 20th Century*. ESRC Research Centre on Mic ro-social Change: University of Essex.
- John & Julia (1999). Culture and Ageing. *Social Change*, 29 (1 & 2) ,21-31.
- Jokela, M.,Ferrie,J.E.,Gimeno,D.,Chandola,T., Shipley,M.,&Head,J.(2010) .Retirement and trajectories of mental health and physical functioning from midlife to early old age: the Whitehall II prospective cohort study. *Epidemiology* ,21,284-290.
- Kaur, ushvinder (2001). *Working women and retirement*. Anmol publications: New Delhi.
- Katthy et al (2002). Hierarchical dimensions of leisure stress coping. *Leisure Sciences*. 22, 163-181.
- Kelly, Wayne & Jansen (2002). Influence of Retirement on Leisure Time Physical Activities. *American Journal of Epidemiology* .155 (8)692-699.
- Kimberling, Nan (2011). Leisure Activities in Retirement. *AAPR Entertainment*.
- King ,A.C.(2001). Interventions to promote physical activity in older adults. *J Gerontol, A Biol Sci Med Sci*. 56A:36-46.

- Laslett, P. (1996). *A Fresh Map of Life*. 2nd edition, London: MacMillan Press Ltd.
- Lahti (2011). Changes in leisure time physical activities after transition to retirement: A follow up study. *Int.J.Behav.nutr.Phys.Act.* 8:36.
- Lawton, M.P.(1983). Environment and other determinants of well-being in older people. *Gerontologist*; 23:349-57.
- Martin, L. & Hirdes, J.P. (2009). Mental health needs and service use in Ontario. Healthcare Management forum. *Spring pub.* 40-46.
- Melamed ,S., Shirom, A., Toker, S., Berliner, S.,& Shapira, I. (1995). Burnout and risk of cardiovascular disease: evidence, possible causal paths, and promising research directions. *Psychol Bulletin.* 132:327-53.
- Melchior, M.,Ferrie, J.,Alexanderson, K.,Goldberg, M.,Kivimaki, M.,Singh-Manoux, A.(2009). Using sickness absence records to predict future depression in a working population: prospective findings from the GAZEL cohort. *American Journal of Public Health*, 99, 1417-1422.
- Metzger, M.H.,Goldberg, M., Chastang, J.F., Leclerc, A.,& Zins,M.(2009). Factors associated with self-reporting of chronic health problems in the French GAZEL cohort. *J Clin Epidemiol*, 55:48-59.
- Midwinter, E. (1992). *Leisure: New Opportunities in the Third Age:Carnegie Inquiry into the Third Age.* :London, Prentice Hall.
- Michal (1992). Employment, Social Networks, and Health in the Retirement Years. *The International Journal of Aging and Human Development* ,35( 2,)145-159.
- Paper for the EDAIS Conference November 24-25 ( 2003 ). *New Directions in Impact Assessment for Development: Methods and Practice.*
- Patel,Neha. (2011).Indian retirees seek mental health assistance for transition concerns .*AARP,Global Network:UK.*
- Peter (2006) .*A History of Leisure.* Pal Grave Macmillan : ISBN.
- Peterson (1998). *Women and retirement: the unexplored transition.* Garland pub: New York.
- Pelletier, L.G., Vallerand, R.J., Brière, N.M., & Blais (1989). *Construction and validation of motivation leisure scale* , Ottawa, Résumé des communications, p.146.
- Price, Christine (2003) .Professional Women's Retirement Adjustment. *Human Development and Family Science*, The Ohio state uni : Campbell hall.
- Price (2009). Beyond Health and Wealth: Predictors of Women's Retirement Satisfaction.

*The International Journal of Aging and Human Development*, 68(3).

Price, Christine (2003) .Professional Women's Retirement Adjustment. *Human Development and Family Science*, The Ohio state uni : Campbell hall.

Price, C.A.( 1998) . Women and retirement: the unexplored transition. Garland pub :New York.

Price (2009). Beyond Health and Wealth: Predictors of Women's Retirement Satisfaction . *The International Journal of Aging and Human Development* , 68( 3),24-30

Radloff, L.(1997). *The CES-D scale: a self report depression scale for research in the general population. Appl Psychol Meas* ,1,385-401.

Ragheb, M. G., & Tate, R. L. (1993). A behavioral model of leisure participation, based on leisure attitude, motivation and satisfaction. *Leisure Studies*. 12, 61-70.

Richard et al (1999).Geographical research on tourism,recreation and leisure:origins and directions,*An international journal of tourism space,place and environment,taylor francis online article* .6(2)

Robert, O. ,Weagley , &Eunjeong ,Huh .(2008). Leisure Expenditures of Retired and Near-Retired Households.*The Glostrup Population Studies*, Medical Department, C. Glostrup County Hospital: Denmark.

Robinson (2010). Adjusting to retirement. *Adultspan journal*, Spring publications,1, 2

Rothman ,K.J.(2002).*Epidemiology: an introduction*, Oxford University Press: London

Sandberg ,Csikszentmihalyi, M., & Kleiber, D. A. (1991). Leisure and self-actualization. In B. L. Driver, P. J. Brown & G. L. Peterson (Eds.), *Benefits of leisure* (pp. 91-102). State College, PA: Venture Publishing.

Samuel ,O., Salami .(2009). *Retirement context and psychological factors as predictors of well-being among retired teachers*. Department of Guidance and Counselling, Kampala International University.

Saumya,K.(2003).*Women Welfare:Some New Dimensions*.Sons Publications:New Delhi.

Sanjay,K.J.(1993).*Social Participation*.Efficient offset Publications:New Delhi.

Schnohr, .P, Scharling, H., Jensen, J.S.(2003). Changes in leisure-time physical activity and risk of death: an observational study of 7,000 men and women. *Am J Epidemiol* ;158:639-44.

ScienceDaily (Aug. 17, 2010). *The Importance of Workplace Relationships Post-Retirement*.

Sharon et al (2006).leisure time activities and risk of dementia scrabble ,*N Eng Journal med*,50:51-53

Sheppard ,L., Senior, J., Park, C.H., Mockenhaupt, R., Chodzko,Zajko ,W., Bazzarre, T. (2003).The National Blueprint Consensus Conference Summary Report: Strategic priorities for increasing physical activity among adults aged > 50. *Am J Prev Med.* 5:209-13.

Silverstein, M. and Parker, M.G. (2002). Leisure activities and quality of life amongst the oldest-old in Sweden . *Research on Aging.* 24: 528–47.

Sun, Q., Townsend, M.K., Okereke, O.I., Franco, O.H., Hu ,F.B., Grodstein, F.(2010). Physical activity at midlife in relation to successful survival in women at age 70 years or older. *Arch Intern Med.* 170:194-201.

Swati (2007).predictors of successful aging: associations between social network patterns, life satisfaction, depression,subjective health and leisure time activity for older adults in india.*PhD thesis, University of North Texas.*

The mental health of early retirees (2005). National interview survey in Britain.Soc Psychiatry .*Psychiatry Epidemiology,* 40(2),99-105.

Torres, S. (1999). A culturally-relevant theoretical framework for the study of successful aging, *Aging and Society,* 19, 33–51.

Usha,S.(1987).*Women and socialization.*Mittal publications,New Delhi.

Vahtera ,J., Westerlund ,H.,Hall,M.,Sjosten, N., Kivimaki, M.,&Salo P, (2009). Effect of retirement on sleep disturbances: the GAZEL prospective cohort study. *Sleep,*32,1459-1466.

Valente, T. W. (2002). *Evaluating Health Promotion Programs.* Oxford University Press,London.

Verena (2003).The Relation Between Everyday Activities and Successful Ageing .*The journal of gerontology series B: Psychological Sciences and Social Science,* 58,74-82.

Vogel, J., Theorell, T.(2006).Social welfare models, labor markets, and health outcomes. In: Heymann J, Hertzman C, Barer ML, Evans RG, eds. *Healthier societies: from analysis to action* ,Oxford University Press: London, 267-95.

Westerlund ,H., Kivimaki, M., Singh, A., Melchior, M.,Ferrie J.E., Pentti,J. (2009). Self-rated health before and after retirement in France (GAZEL): a cohort study. *Lancet,*37,1889-1896.

William,W.M.(1980).*The Sociology Of Women.*British Library cataloguing Publishers:Swansa.

Yau, M. K. & Packer, T. L. (2002) .Health and well-being through T'ai-Chi: perceptions of older adults in Hong Kong, *Leisure Studies,* 21, 163–178.

Ziembroski (2004). Social Capital and Health of Older American women. *Journal of Occupational and Environmental Medicine,* 45 (4), 433-439.

## WEBLIOGRAPHY

Alan, S. (2008). *Social networking for the retired*. Retrieved from the retirement ideas of community, UK website: [freepressrelease.com](http://freepressrelease.com).

Benjamin (2008). *Examining the association between education level and physical activities changes during early old age*. Retrieved from ageing and health website: [www.gerontologist/Journals.org](http://www.gerontologist/Journals.org)

Caspersen, P. & Curran (2000). *Leisure activities among 70-year-old men and women*. Retrieved from the journal of leisure website: <http://www.ncbi.nlm.nih.gov/pubmed>

Digital divide between Wales and UK continues to narrow (2010). Retrieved from the social networking of older adults of UK website: [www.ofcom.org.uk/cmrvales](http://www.ofcom.org.uk/cmrvales)

Helen, B., & Jane, P., (2003). *Renegotiating identity and relationships: men and women's adjustments to retirement*. Retrieved from the policy studies institute, university of westminster website: [pubs@psi.org.uk](mailto:pubs@psi.org.uk)

HSBC, *Future of Retirement Report*. (2009). Retrieved from the factsheet of india website : [www.hsbc.com/retirement](http://www.hsbc.com/retirement).

James, Lyod (2007). *Retirement capital and online social networking*. Retrieved from the international longevity centre - UK website: [www.ilcuk.org.uk](http://www.ilcuk.org.uk)

Laurel, Carmen (2003). *Continuing and Ceasing Leisure Activities in later life*. Retrieved From Online Gerontology Journals: <http://gerontologist.gerontologyjournals.org>

*life after retirement*. Wikipedia/image: retirement.

Marshall, Nancy etal (2003). *gender, retirement status and health among older workers*. Retrieved from online journals of ageing website: <http://www.allacademic.com>

Molly (2010). *Is your organization engaging older adults through social media?* Retrieved from American Association of Retired Persons (AARP) website : [artsopportunities.org](http://artsopportunities.org)

Mildred, M. & Moffett. (2009). *Retirement Satisfaction in Married and Widowed Rural Women*. Retrieved from online journals of gerontology website: <http://gerontologist.oxfordjournals.org>

Nieswiadomy and Rubin.(1995). *Leisure activities changes with time*. Retrieved from online journals of leisure studies website: <http://nsbi.nlm.nih.gov/pubmed>.

Prakash, I. J. (1999). *Leisure activities of older Indian women*. Retrieved from online journals of tourism recreation 24 ( 1 ) 82-85, website: [www.cabdirect.org](http://www.cabdirect.org).

Women and Social Security (1998) Retrieved from women and social security website:[swilcox@sph.sc.edu](mailto:swilcox@sph.sc.edu)

Wilcox S, Castros,C., King, A.C., Housemann,sR., Brownson, R.C. (2010). *Determinants of leisure time physical activity in rural compared with urban older and ethnically diverse women in the United States*. Retrieved from department of exercise science, school of public health, University of South Carolina, Columbia: USA, website: [www.ncbi.nlm.nih.gov/pubmed](http://www.ncbi.nlm.nih.gov/pubmed)

## APPENDICES

### 1. Interview Schedule

1. What is your family/educational/professional/social perspective?
2. How do you spend your leisure time?
3. How do you structure your leisure time after retirement?
4. How do you spend your time with your family/friends/neighbors?
5. How do you interact with your family/friends?
6. How often you visit your relatives/friends/family members?
7. How do you maintain your physical and mental health after retirement?
8. Have you joined any social organization after retirement?
9. Have you changed your eating habits after retirement?
10. Do you read literature related to health?
11. How do you feel after retirement?
12. How did you plan your retirement period?
13. Have you faced health problems after retirement?
14. How do you maintain your health after retirement?
15. Are you enjoying your life after retirement?



## 2. Leisure Time Activities Scale (LTAS)

General Information:

Name ..... Age: .....  
Marital Status..... Gender .....  
Profession ..... Address .....  
Contact No..... Email .....

### INSTRUCTIONS

Some modes of spending leisure-time are given below in a five point scale. If you daily spend your leisure time according to the given options, then put tick on (✓) Daily; if you several times in a week spend your time on that activity, then put tick on (✓) , several times in a week; if you several times in month spend your leisure time on that activities, then put tick on (✓) several times in a month; if you spend rarely time on that activity, then put tick on (✓) rarely; if you never spend your leisure time in that way, then put tick on (✓) never.

**( Plz write y , for yes in the box of your choice)**

Statements	Daily	Several times in a week	Several times in a month	Rarely	Never
------------	-------	-------------------------	--------------------------	--------	-------

**A. (a) In my free time, I...**

- 1. Pray to God
- 2. Go to Temple/ Gurudwara
- 3. Listen to sermons
- 4. Listen to hymns

**(b) In my leisure time, I.....**

- 5. Read scriptures
- 6. Read religious books
- 7. Like to read history of religion

**(c) When I am free, I.....**

- 8. Watch religious programmes on TV
- 9. Watch religious movies
- 10. Watch religious drama

**(d) I spend my leisure time in.....**

- 11. Rendering services to mankind
- 12. Rendering service at religious places
- 13. Participating in religious work
- 14. Participating in Nagar Kirtan
- 15. Attending religious lectures

**(e) In my leisure time I.....**

- 16. Make friendship with religious minded people
- 17. Discussion with religious minded people
- 18. Arguments with religious minded people

**(f) When I have to spend my leisure time, I....**

- 19. Worship Devis/ Devtas
- 20. Decorate home with pictures of saints
- 21. Decorate home with religious calendars

**(g) I prefer to spend my free time in.....**

- 22. Making people aware of getting out of myths & superstition
- 23. Motivating the people to take part in religious activities
- 24. Acquiring knowledge of religious places

**(h) In my free time, I.....**

- 25. Probe scientific investigations related to religion
- 26. Condemn religious Gurus

**B. (a) During leisure time, I...**

- 1. Go to park
- 2. Go to club
- 3. Go out with friends

Statements	Daily	Several times in a week	Several times in a month	Rarely	Never
4. Visit to neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Attend parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(b) During my free time ,I.....</b>					
6. Take a part in social customs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Organized tea party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Take part in social function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(c) I use my leisure time in .....</b>					
9. Surfing social websites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Continuing call a relations and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Playing with grandchildren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(d) During free time I prefer.....</b>					
12. Pranks on social laws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Watching movies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(e) I use my leisure time in .....</b>					
14. Helping the disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Teaching illiterates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Working to eliminate the social evils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Helping poor people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Taking care of patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(f) When I am free ,I.....</b>					
19. Participate in campaign with social motives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Participate in social activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C (a) During free time I Play...</b>					
1. Individual/ Group games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Indoor/ outdoor games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(b) During leisure time I perform..</b>					
3. Physical exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Aerobic exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Yoga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(c) In my free time.....</b>					
6. I go to hill station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I go out for running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I go out for walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I go out for swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(d) I prefer to spend my free time in .....</b>					
10. Watching matches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D (a) Whenever I find time for leisure activities I write</b>					
1. Stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Poetry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Daily diary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Reviews on current affairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Statements	Daily	Several times in a week	Several times in a month	Rarely	Never
5. letters to many friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(b) I love to spend my free time in.....</b>					
6.Watching science quizzes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(c) In my leisure time ,I read...</b>					
7. Newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Novel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Extra books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Articles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Dictionary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Encyclopedia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. State politics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. About space/ universe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Poetry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(d) I prefer to spend my leisure time in .....</b>					
18.Discussing current topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.Getting knowledge of other countries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.Participating in debate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(e) I would like to spend my free time in....</b>					
21.Collecting stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.Collecting coins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.Making scriptures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(f) When I am free ,I...</b>					
24.Love to study about rare plants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E. (a) During free time , I go for...</b>					
1. Long drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.Fast drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.For trip or tour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.For wandering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.For pilgrimage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.On window-shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F (a) Whenever I feel free, I involve myself in...</b>					
1 .Drawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 .Collage making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.Making models	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.Making decorative flower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.Taking interest in craft work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(b) I prefer to spend my free time in.....</b>					
7.Photography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Statements	Daily	Several times in a week	Several times in a month	Rarely	Never
------------	-------	-------------------------	--------------------------	--------	-------

**(c) In my leisure time I take part in.....**

8. Attending exhibitions
9. Attending seminars

10. Attending extension lectures

**(d) During free time ,I involve in....**

11. Alcohol
12. Smoking

**(e) Whenever I feel free,I involve myself in.....**

13. Commenting others
14. Critising others
15. Spending time with youngsters
16. Gossiping with neighbors

**(f) During my leisure time, I involve in.....**

17. Self care activities
18. Sleeping
19. Day-dreaming
20. Creative thinking

**G. (a) Whenever I get time, I involve myself in...**

1. Net surfing
2. Chatting with friends
3. Sending SMS
4. Playing games on mobile
5. Talking on phone
6. Playing video games

**(b) I love to spend my free time in**

7. Watching TV
8. Gossiping with friends
9. Going for movie
10. Going to restaurant

**H.(a) Whenever I am free, I...**

1. Help my grandchildren in doing their home work
2. Help children in their professional activities
3. Chat with family members
4. Gossip with family members

**(b) In my free time ,I.....**

5. Cook my favorite food

**(c) Whenever I am free I involve myself**

in.....

- 6.Cleaning home
- 7.Decorating home

Statements	Daily	Sever al times in a week	Several times in a month	Rarely	Never
8.Arranging the flowers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(d )In my leisure time ,I often do..</b>					
9. Gardening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Embroidery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Sewing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Knitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Stitching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(e) In my free time I occupy myself in</b>					
14.Playing with pets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.Making Toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.Sitting at a lonely place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.Arranging parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 3. Social Network Scale

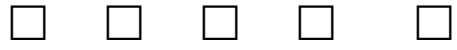
<i>Statement</i>	<i>Response</i>					
1. How many relatives do you see at least once a month?	<input type="checkbox"/>	None <input type="checkbox"/>	1-2 <input type="checkbox"/>	3-4 <input type="checkbox"/>	5-8 <input type="checkbox"/>	more than 9
2. How many relatives do you hear from at least once a month?	<input type="checkbox"/>	None <input type="checkbox"/>	1-2 <input type="checkbox"/>	3-4 <input type="checkbox"/>	5-8 <input type="checkbox"/>	more than 9
3. How often do you see your relative with whom you have a close contact?	<input type="checkbox"/>	Daily <input type="checkbox"/>	3-4 times a week <input type="checkbox"/>	1-2 times a week <input type="checkbox"/>	2-4 times a month <input type="checkbox"/>	once a month
4. How often do you hear from your relative with whom you have a close contact?	<input type="checkbox"/>	Daily <input type="checkbox"/>	3-4 times a week <input type="checkbox"/>	1-2 times a week <input type="checkbox"/>	2-4 times a month <input type="checkbox"/>	once a month
5. With how many relatives do you feel at ease to whom you can talk about personal matters?	<input type="checkbox"/>	None <input type="checkbox"/>	1-2 <input type="checkbox"/>	3-4 <input type="checkbox"/>	5-8 <input type="checkbox"/>	more than 9
6. With how many relatives do you feel close to such an extent that you can call on them for help?	<input type="checkbox"/>	None <input type="checkbox"/>	1-2 <input type="checkbox"/>	3-4 <input type="checkbox"/>	5-8 <input type="checkbox"/>	more than 9

7. If your relatives have an important decision to make, how often do they consult to you ?  None  1-2  3-4  5-8  more than 9
8. How often are your relatives available to you to talk to when you have an important decision to make?  None  1-2  3-4  5-8  more than 9
9. How many times do you accompany your family members for going out?  None  1-2  3-4  5-8  more than 9
10. How many times do you accompany your family members for attending family functions?  None  1-2  3-4  5-8  more than 9
11. From how many of your neighbors do you hear at least once a month?  None  1-2  3-4  5-8  more than 9
12. From how many of your neighbors do you see at least once a month?  None  1-2  3-4  5-8  more than 9
13. How often do you see your neighbor with whom you have a close contact?  Daily  3-4 times a week  1-2 times a week  2-4 times a month  once a month
14. How often do you hear from your neighbor with whom you have a close contact?  Daily  3-4 times a week  1-2 times a week  2-4 times a month  once a month
15. With how many neighbors you feel at ease, whom you can talk about personal matters?  None  1-2  3-4  5-8  more than 9
16. With how many neighbors do you feel close that you can call on them for help?  None  1-2  3-4  5-8  more than 9
17. When one of your neighbors has an important decision to make, how often does he talk to you about it?  None  1-2  3-4  5-8  more than 9
18. How often is one of your neighbors available for you to talk when you have an important decision to make?  None  1-2  3-4  5-8  more than 9
19. How often did your neighbors help you in traumatic conditions?  None  1-2  3-4  5-8  more than 9
20. How many friends do you hear from at least once a month?  None  1-2  3-4  5-8  more than 9
21. How many of your friends do you see at least once a month?  None  1-2  3-4  5-8  more than 9
22. How often do you see your friend with  Daily  3-4 times a week  1-2 times a week  2-4 times a month  once a month



- whom you have a close contact?
23. How many times do you talk to your friends on phone?       Daily 3-4 times a week 1-2 times a week 2-4 times a month once a month
24. With how many friends you feel at ease, whom you can talk about personal matters?       None 1-2 3-4 5-8 more than 9
25. With how many friends do you feel close so that you can call on them for help?       None 1-2 3-4 5-8 more than 9
26. When one of your friend has an important decision to make, how often does he talk to you about it?       None 1-2 3-4 5-8 more than 9
27. How often is any of your relative available for you to talk to, when you have an important decision to make       None 1-2 3-4 5-8 more than 9
28. How many times do you use social networks to interact with unknown people?       None 1-2 3-4 5-8 more than 9
29. How often do you use social networking sites?       Daily 3-4 times a week 1-2 times a week 2-4 times a month once a month
30. How many times do you access your social networks through mobile phones?       None 1-2 3-4 5-8 more than 9
31. How many times do you access your social networks through face book?       None 1-2 3-4 5-8 more than 9
32. How often do you use the e mails to communicate with your friends who live far away?       Daily 3-4 times a week 1-2 times a week 2-4 times a month once a month
33. How many times do you engage in teleconferencing on net?       Daily 3-4 times a week 1-2 times a week 2-4 times a month once a month
34. How many times do you use the e mails to communicate with your friends who live closer?       Daily 3-4 times a week 1-2 times a week 2-4 times a month once a month
35. How many times do you use the e mails to communicate to your family members who live far away?       Daily 3-4 times a week 1-2 times a week 2-4 times a month once a month
36. How many times do you use the group SMS to communicate?       None 1-2 3-4 5-8 more than 9
37. How often do you use skype to communicate with your friends?       None 1-2 3-4 5-8 more than 9

38. How often do you chat with your friends?
39. How many times do you go to attend religious functions/ceremonies?
40. How many times do you go to religious places with an objective to meet your friends?
41. How many times do you go on pilgrimages places of religion?
42. How frequently do you participate in religious debates?
43. How many times do you participate in religious discussions?
44. How many clubs have you joined as a member?
45. How many social organizations have you joined as a member?
46. How often do you go to social clubs to attend social activities?
47. How many times do you go to attend social gatherings?
48. How often do you go for morning walk  
With an objective to meet your friends?
49. How often do you visit a park?
50. How often do you go to a museum?
51. How often do you go to a nearby library?



#### **4. Scale of Personal and Professional Health Status**

(Bawa & Shelly)

		strongly Agree	Agree	undecided	Disagree	Strongly Disagree
1	I have increased my social participation					
2	I have changed my eating habits					
3	I am physically fit.					
4	Medical facilities are easily available to me.					
5	My children avoid me in our family matters.					
6	I easily get effected by communicable diseases.					
7	I read literature related to health.					
8	I never suffered from any dangerous disease.					
9	I am suffering from blood-pressure.					
10	I annually go for medical check-up.					
11	I go for walk daily.					
12	I do practice yoga.					
13	I take balanced diet.					
14	I never forget my meal.					
15	I take veg. food.					
16	My body weight is not over, I am not over weight					
17	I am suffering of diabetes.					
18	I have been operated major surgery from last five years.					
19	I am suffering from joint pain.					
20	I feels I am not doing anything constructive					
21	I want to do work.					
22	I am under tension about my retirement.					
23	I am suffering from economic problems.					
24	I have not economical problem because my					

	children financially help me.					
25	I am unable to do work.					
26	I spend my maximum time with my family.					
27	I feel above my age.					
28	I spend enough time with my family.					
29	My age not bother me.					
30	I tried to look quiet young.					
31	I keep myself busy in my work.					
32	I never worried about future.					
33	I often visit my friends and relative.					
34	I participate in creational activities.					
35	I am happy to live with my children.					
36	I tried to spend my time in social work.					
37	I spend my maximum time in sleeping.					
38	I organise my family responsibilities.					
39	I want to enjoy every minute of my life.					
40	What I want to do, I have enough time.					
41	Retirement is a most enjoyable movement for human.					
42	I have planned myself for retirement.					
43	Retirement is a change of job, nothing else.					
44	Life starts again after retirement.					
45	Schedule of time for job is not a bondation for me now.					
46	Retirement is a unique experience, which we have to manage.					
47	There are so many interesting options to do in this world.					
48	I read religious books/ magazines.					
49	I have lost my importance.					
50	I have no contacts with my married					

	children and I am living alone.					
51	I have saved enough money to live independently after retirement.					
52	I expect that my life will be better.					
53	I hope, I will enjoyably spend last years of retirement.					
54	I go for picnic with my family.					
55	My family members are helpful to me in my difficult time.					
56	I am free to take my family decision.					
57	I am free to take decision for my own life.					
58	I am mentally attached with my children.					
59	Whenever we take an important decision, every member of family will be present.					
60	I feel lonely.					
61	I am enjoying my married life.					
62	My children like to talk me on telephone.					

**5. Socio Economic Status Scale (R.L. Bhardwaj)**

**(For India)**

**Instructions:**

There are five answer probabilities to the enquiries. Information in respect of your father, mother and yourself (Case) are to be recorded in separate boxes provided for each in accordance with the following weightage:

for 'very high' tick box against 1

for 'high' tick box against 2

for 'ordinary' tick box against 3

for 'low' tick box against 4

for 'very low' tick box against 5

		Father	Mother	Self
1	Social Perspective :			
	(a) What is the status attained by you in the society as a social worker.	1		
		2		
		3		
		4		
		5		
	(b) Capacity for social-work depends on your	1		

	education, training, health, financial position and the urge for social work. Considering all the above factors how do you evaluate your social service capacity ?	2			
		3			
		4			
		5			

			Father	Mother	Self
2	Family Perspective :				
(a)	How do your neighbours look at your family for its utility in terms of social service ?	1			
		2			
		3			
		4			
		5			
(b)	How do your neighbours consider your family for its capacity in terms of social service.	1			
		2			
		3			
		4			
		5			
(c)	How do your neighbours regard and respect your family for the actual social service done by it as upto the present date ?	1			
		2			
		3			
		4			
		5			
(d)	The number of Institutions rendering social service, of which an individual is a member is also a criteria for determining the	1			
		2			
		3			



	scope of social service rendered considering this criteria, how would you evaluate the scope of social service activity of your family.	4			
		5			
4	Educational Perspective : Instruction : Given below are seven educational spans. Put proper ticks in the proper box.				
	(a) D. Litt./D. Sc./LL.D./Ph.D./M.D./M.S./M.E.	1			
	(b) M.A./M.Com./M.Sc./M.Ed.	2			
	(c) M.B.B.S./B.E./LL.B.	3			
	(d) B.A./B.Sc./B.Com.	4			
	(e) Intermediate / Higher Secondary	5			
	(f) Upto High School	6			
	(g) Illiterate	7			
4	Professional Perspective :				
	(a) If in Medicine : Professor in a Medical College	1			
	M.B.B.S. in Govt. Medical Service	2			
	Psychologist/Homeopath/Diploma holder	3			
	Unani/Witch Craft	4			
	(b) If in Education & a Principal : P.G. / Graduate/ Engg./Medical College	1			
	Intermediate/ H.S. or Equivalent College	2			
	Junior/ Primary School.	3			
	(c) If a Government Officer : Commissioner / District Magistrate	1			
	Civil Judge/ Administrator	2			
	I.A.S./P.C.S./Equivalent Post	3			
	If in Indian Army : Air Force Commissioner	1			
	Non-Commissioned	2			

	Ground Force	Commissioner	3			
		Non-Commissioned	4			
	Navy Force	Commissioner	5			
		Non-Commissioned	6			
	C.R.P./B.S.F/Police Officer		7			
		Subordinate	8			
(e)	If an Officer		1			
	Income Tax / Railway/ Education / Forest		2			
(f)	If a lawyer		1			
(g)	If a Teacher		1			
	College Lecturer		2			
	Intermediate/ H.S.		3			
	School - Junior & Primary					
(h)	If an Author		1			
	Literature		2			
	Text-books		3			
	Notes/ Guides etc.					
(i)	If a Trader		1			
	Owner of a big factory		2			
	Owner of a small factory		3			
	Chemist/ Cloth Merchant		4			
	Hotel/ Restaurant/ General Merchant/ Book-Seller/ Goldsmith / Food Material / Carpet/ Vessel ware/ Foot wear Industries.		5			
(j)	If an Artist					
	Musician		1			
	Dancer / Artist/ Dramatist		2			
(k)	If an Engineer					
	Civil/ Electrical/ Mechanical		1			
	Architect		2			
(l)	If a Leader					
	Minister/ M.P.		1			

	M.L.A./M.L.C./ Unions/ Professional	2			
	Student/ Accidental	3			
(m)	If a Manager				
	Trade/ Bank	1			
	Farm/ Dairy/ Cinema	2			
(n)	If a Farmer				
	Owner of a farm	1			
	Less land cultivator	2			
	Agricultural labourer	3			
(o)	Are you / your parents any of these ?				
	Constructor/ Selling and Purchasing Officer	1			
	Insurance Corporation/Bank Employee/Acctt.	2			
	Craftsman / Peon	3			
	Labourer	4			

5	Property Perspective :				
	Kindly make an evaluation of your movable/ immovable property in terms of cash value. Also give an account of property and cash aquired by you :				
	Over - 50 lacs	1			
	From 35 lacs to 49 lacs	2			
	From 15 lacs to 34 lacs	3			
	From 5 lacs to 14 lacs	4			
	From 25 thousand to 4 lacs	5			
	Below 25,000	6			

6	Monthly Income Perspective :				
	Note down the income of family, in case of father mother or both not been alive existing income as accrues from their assets left by them (Landed Property, Fixed Deposits, House Rent etc.) may be hold down in their columns : Rs. 45,000 or above  From Rs. 31,000 to 45,000  From Rs. 11,000 to 30,000  From Rs. 3,100 to 10,000  From Rs. 1,000 to 3,000  From Rs. 1,000 or below it		Father	Mother	Self
		1			
		2			
		3			
		4			
		5			
		6			

7	Cast Perspective		Father	Mother	self
	High Caste	1			
	Backward Caste	2			
	Scheduled Caste	3			

**Modified Scale of Socio Economic Status (R.L. Bhardwaj)**

**(For UK)**

**Instructions:**

There are five answer probabilities to the enquiries. Information in respect of your father, mother and yourself (Case) are to be recorded in separate boxes provided for each in accordance with the following weightage:

for 'very high' tick box against 1

for 'high' tick box against 2

for 'ordinary' tick box against 3

for 'low' tick box against 4

for 'very low' tick box against 5

		Father	Mother	Self
1	Social Perspective :			
	(a) What is the status attained by you in the society as a social worker.	1		
		2		
		3		
		4		
		5		
	(b) Capacity for social-work depends on your education, training, health, financial position and the urge for social work. Considering all the above factors how do you evaluate your social service capacity ?	1		
		2		
		3		
		4		
		5		

		Father	Mother	Self
2	Family Perspective :			
	(a) How do your neighbours look at your family for its utility in terms of social service ?	1		
		2		
		3		
		4		

		5					
(b)	How do your neighbours consider your family for its capacity in terms of social service.	1					
		2					
		3					
		4					
		5					
(c)	How do your neighbours regard and respect your family for the actual social service done by it as upto the present date ?	1					
		2					
		3					
		4					
		5					
(d)	The number of Institutions rendering social service, of which an individual is a member is also a criteria for determining the scope of social service rendered considering this criteria, how would you evaluate the scope of social service activity of your family.	1					
		2					
		3					
		4					
		5					
4	Educational Perspective :						
	Instruction : Given below are seven educational spans. Put proper ticks in the proper box.						
(a)	D. Litt./D. Sc./LL.D./Ph.D./M.D./M.S./M.E.	1					
		(b)	M.A./M.Com./M.Sc./M.Ed.	2			
		(c)	M.B.B.S./B.E./LL.B.	3			
		(d)	B.A./B.Sc./B.Com.	4			
		(e)	Intermediate / Higher Secondary	5			
		(f)	Upto High School	6			
		(g)	Illiterate	7			
4	Professional Perspective :						
(a)	If in Medicine :						

	Professor in a Medical College	1			
	M.B.B.S. in Govt. Medical Service	2			
	Psychologist/Homeopath/Diploma holder	3			
	Unani/Witch Craft	4			
(b)	If in Education & a Principal :				
	P.G. / Graduate/ Engg./Medical College	1			
	Intermediate/ H.S. or Equivalent College	2			
	Junior/ Primary School.	3			
(c)	If a Government Officer :				
	Commissioner / District Magistrate	1			
	Civil Judge/ Administrator	2			
	/Equivalent Post	3			
	If in UK Army :				
	Air Force Commissioner	1			
	Non-Commissioned	2			
	Ground Force Commissioner	3			
	Non-Commissioned	4			
	Navy Force Commissioner	5			
	Non-Commissioned	6			
	Police Officer	7			
	Subordinate	8			
(e)	If an Officer	1			
	Income Tax / Railway/ Education / Forest	2			
(f)	If a lawyer	1			
(g)	If a Teacher	1			
	College Lecturer	2			
	Intermediate/ H.S.	3			
	School - Junior & Primary				
(h)	If an Author	1			
	Literature	2			

	Text-books Notes/ Guides etc.	3			
(i)	If a Trader	1			
	Owner of a big factory	2			
	Owner of a small factory	3			
	Chemist/ Cloth Merchant	4			
	Hotel/ Restaurant/ General Merchant/ Book-Seller/ Goldsmith / Food Material / Carpet/ Vessel ware/ Foot wear Industries.	5			
(j)	If an Artist				
	Musician	1			
	Dancer / Artist/ Dramatist	2			
(k)	If an Engineer				
	Civil/ Electrical/ Mechanical	1			
	Architect	2			
(l)	If a Leader				
	Minister/	1			
	Unions/ Professional /Student	2			
		3			
(m)	If a Manager				
	Trade/ Bank	1			
	Farm/ Dairy/ Cinema	2			
(n)	If a Farmer				
	Owner of a farm	1			
	Less land cultivator	2			
	Agricultural labourer	3			
(o)	Are you / your parents any of these ?				
	Constructor/ Selling and Purchasing Officer	1			
	Insurance Corporation/Bank Employee/Acctt.	2			
	Craftsman	3			
		4			



5	Property Perspective :			
	Kindly make an evaluation of your movable/ immovable property in terms of cash value. Also give an account of property and cash acquired by you :			
	Over – 10,000 pounds	1		
	From 10,000 pounds to 8000 pounds	2		
	From 8001 pounds to 6000 pounds	3		
	From 6001pounds to 4000 pounds	4		
	From 4001 pounds to 2000 pounds	5		
	Below 2000 pounds	6		

6	Income Perspective :			
	Note down the income of family, in case of father mother or both not been alive existing income as accrues from their assets left by them (Fixed Deposits, House Rent etc.) may be hold down in their columns :			
	Pounds 5000 or above		Father	Mother
				Self
	From Pounds 4001 to 5000	1		
	From Pounds. 3001 to 4000	2		
	From Pounds 2001 to 3000	3		
	From Pounds 1001 to 2000	4		
	1000 Pounds or below it	5		
		6		

7	Class Perspective		Father	Mother	Self
	High Class	1			

	Middle Class	2			
	Low Class	3			