

Major Economic and Psycho-social Changes experienced by Retirees in Selected Counties in Kenya

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Received date: 06 Jul 2017; Accepted date: 06 Sep 2017; Published date: 13 Sep 2017.

Citation: Muchemi I, Rono R, Githua O, Khasakhala L (2017) Major Economic and Psycho-social Changes experienced by Retirees in Selected Counties in Kenya. *J Psychiatry Ment Health* 3(1): doi <http://dx.doi.org/10.16966/2474-7769.121>

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Abstract

Background: Retirement is a state of being in an individual's life when one is withdrawn from active work life because of age. It affects individuals, their families and the general society in different ways. Individuals who retire may experience significant economic and psycho-social changes as a result of the termination of their economic and social benefits that come with employment.

Methods: The present study looked at various economic and psychosocial changes that retirees encountered after retirement. A structured questionnaire was used to get information from respondents on the economic and psycho-social changes that retirees had experienced after retirement.

Results: Respondents faced different challenges that had consequential effects on their economic and psycho-social wellbeing. They either responded positively or were overwhelmed by their new circumstances after retirement. Those who were resilient proceeded with life and became better off, while those with negative responses reported being worse off than they were while in employment. The retirees had either reduced income (pensionable) or were without income (un-pensionable) making them experience major economic and psycho-social changes.

Conclusion: Individuals who retire in selected Kenyan Counties experience significant economic and psycho-social changes due to reduced income to sustain their daily life costs.

Keywords: Retirement; Retirees; Economic; Psycho-Social; Changes

Abbreviations: GDS: Geriatric Depression Scale; IGA: Income Generating Activity; IRB: Institutional Review Board (IRB); NACOSTI: Kenya National Commission for Science and Technology and Innovation; NHIF: National Hospital Insurance Fund; NSSF: National Social Security Fund; RBA: Retirement Benefit Authority; SPSS: Special Package for Social Sciences; UK: United Kingdom; USA: United States of America; USIU: United States International University

Background

Retired individuals are eligible for retirement benefits from the deductions made for their old age income security in form of pension [1]. However, the majority of employers in Kenya have no retirement schemes for their employees. This situation makes retirees experience overwhelming challenges due to the economic and psycho-social changes that retirement brings. Pre-retirement expectations and retiree's realities are likely to differ. In Kenya and other developing countries where policies on retirement and old age are not developed, individuals retire before planning for their life in old age. Many employers also do very little to assist pre-retirees' transition into retirement [2]. Faced with the dilemmas of retirement, retired persons can respond in either of two ways: positively or negatively [3].

Argued that individuals who allow themselves to go through a process of reintegration of protective factors after encountering severe stressors are able to withstand adversity and thrive [4]. According to Lee, 'they plan and make goals to pull their resources together, invest in Income Generating Activities (IGAs) and patiently watch them grow'. Some of the retirees indicated having a life that was the same or better off in retirement compared to their life before retirement. However, there were others who reported having a life that was worse off compared to their life while in employment. Those that were worse off could have

spent their money without plan. They could have avoided addressing the reality of their transition, only to realize that the avoidance was not a solution. This research study examined the extent to which the economic and psychosocial changes occurred among Kenyan retirees in selected counties.

Everybody has a sense of self-identity that they consider important enough to define them [5]. The sense of self includes roles, attributes, behaviours and associations based on a combination of occupations, social relationships, family relationships, abilities and spirituality. The work place helps to shape and confirm an individual's identity while in employment and some individuals may feel helpless and hopeless when they no longer play these roles after retirement. This may increase their susceptibility to depression since their sense of identity has been greatly diminished [6]. Pre-retiree expectations and retiree realities are likely to differ because many people retire before planning for their life after retirement, whether or not it is beyond their control. Many employers also do very little to assist pre-retirees transition into retirement [2]. Additionally, those that retire, although knowing they have to leave employment, hardly prepare for their transition into retirement.

The psycho-social aspect of the retirees was also affected in retirement. Work often provides not only economic benefits, but also social networks that fulfil one's sense of belonging. Upon retirement, a retiree is no longer

surrounded by a constant community of individuals who offer affirmation and contribute to a positive sense of self. As such, retirees find themselves isolated and withdrawn because they lack constant social interactions they had while in employment. In addition, work provides fulfilment and a sense of accomplishment. It gives a sense of purpose in life and contributes to one's sense of identity and self esteem. Some jobs also bring fame and are a measure of social status that further boosts an employee's sense of self worth. Some retirees also find that having worked for a particular organization or playing a certain role each day for a number of years, they become known and associated with their role or the specific establishment. On retirement, their privileged position of employment may no longer give them access to the same privileges or opportunities and people that they were accustomed to. This loss can be a blow to their sense of worth and may negatively impact on their well-being causing them experience significant economic and psycho-social changes. These changes together with their diminishing physical and mental capabilities owing to the aging process could increase their susceptibility to depression

Aim and objectives

The aim of this research study was to establish whether there were any economic and psycho-social changes that the retired people experienced after retirement. The study also sought to establish how the retirees responded to the major economic and psychosocial changes. The objectives of the study were to identify the major changes that the retirees experienced after during retirement. It was also important to determine whether the changes experienced during retirement made the retirees susceptible to depression.

Hypothesis of the study

'Significant economic and psycho-social changes occur after retirement among public civil servants in Kenya.'

Methods

Participants

The total number of respondents recruited in the study was 141. They were drawn from three sub-counties of Kenya: Urban (Nairobi) and Rural (Murang'a and Nyeri) settings. Over half (54.6%) were recruited from a rural setting. The male respondents were two thirds 66.7% (94) compared to females. Age range was 20 years: starting from 50-70 years, with a mean of 63.5 years and standard deviation of 4.393. In order to ease data presentation and enhance clarity, the data was grouped into three categories: 50-60 years; 61-65 years and 66 -70 years old. The results revealed that the female respondents were dominated by those within the 61-65 years age-group (48.9%), and males by the oldest (66-70 years) age-group (45.7%).

Materials

A structured questionnaire was formulated according to the study objective and sought to gain details on the eligibility and demographic profile of the respondents. The demographic profile of respondents drew out several key background variables including: age and gender; highest education level; marital status; number of children; geographical location; number of dependants; and occupation before retirement. The structured questionnaire further sought to inform the researcher by identifying the economic and psychosocial changes that had occurred in the lives of respondents after retirement. The questionnaire also captured information on how the population had responded to the changes they experienced. Apart from the socio-demographic information, data was enumerated on respondents' professional background; sources of income since they were 40 years old and drastic life changes including economic, and psycho-social changes (death of spouse or significant others, loss of status, social discrimination and/ or loss health).

Data collection procedure

Participants were recruited through purposive sampling. This was facilitated by the Kenyan County Government Local Representatives (Chiefs). After getting the ethical clearance from Kenyan regulatory bodies, the researcher communicated with the Chiefs. The Chief of each of the selected site of the County arranged for the researcher to meet the retirees. A specific date was set for the researcher to meet the retirees of the specified areas at the Chiefs premises. On the day of the interview, the researcher met retirees at the Chiefs premises and after introducing the study, administered a screening tool. Those that met the inclusion criteria signed informed consent forms. Interviews were only conducted among willing participants.

Results

Socio-demographic characteristics

Figure 1 highlights the educational level of both male and female respondents. The gender distribution includes 94 males and 47 females. As shown, there were only a negligible proportion of both males (4.4%) and females (6.4%) that had attained university level education. The highest proportion of the males (56.4%) had Kenya Certificate of Secondary Education (KCSE), while females (53.2%) had Professional Certificate or Diploma level education.

On marital status, data showed that majority of the respondents were married (87.9%). Those who were single were (12.1%) and included 3.5% who had never been married and 8.6% who had been widowed, separated or divorced. All respondents irrespective of marital status had children.

Data was analysed to get the number of the respondents' children in order to provide insights into the study population's economic burden and/or responsibilities. The results of the analysis revealed that the respondents' children ranged in number from one to 11 (mean: 4.18 children, standard deviation: 1.860). These results were in keeping with data from Kenya Socio-Demographic survey of 2009 (GoK 2010) which indicated that the mean number of children in a family setting is 4. Data on the respondents' number of children was further grouped into four categories: 1-2 children; 2-3 children; 5-6 children and 7-11 children. Slightly over a tenth (11.3%) of the 141 respondents had seven or more children in comparison to 16.3% who had only one or two. Table 1 presents data for the number of the respondents' children revealing that the highest proportion of both males (41.5%) and females (61.7%) had 3-4 children.

The education level of respondents was further analyzed based on the previous category of number of respondents' children as presented in Figure 2. Three of the four child categories (1-2, 3-4 and 5-6) were dominated by respondents with the lowest education levels (KCSE), while in contrast the 7-11 children group was dominated by holders of Professional Certificate/Diploma (62.5%) (Figure 2).

The nature of the respondents' dependants (spouse, children and other relatives) was analysed in order to gain insight into the magnitude of their economic burden as presented in Table 2. Only a negligible proportion (8.5%) of the 141 respondents did not have dependants. The respondents who had most dependants were 34.9% females and 54.3% males from rural settings. Surprisingly, the results revealed a multiplicity of dependants among the majority of the 129 respondents ranging from one to 15 (mean: 3.55 dependants; standard deviation: 2.395). Results showed that 79.7% and 85.4% of the males respectively had multiple dependants that cut across the three age categories (50-60 years, 61-65 years and 66-70 years), as well as through the two geographical locations (urban and rural). Over half of the respondents 51.8% (73) reported having a spouse as a dependant, with only 54 who specified the nature of support (financial)

Table 1: Number of Respondents' Children (in % ages).

Grouped no. of Respondents' Children	Gender	
	Males	Females
	(n=94)	(n= 47)
2-Jan	17	14.9
4-Mar	41.5	61.7
6-May	26.6	19.1
11-Jul	14.9	4.3
Total	100	100

Table 2: Respondents' Gender, Age Groups and Geographical Location (in % ages).

Selected BVs	Selected variables	Number of Dependants (n=129)			
		1 (n=24)	2-4 (n=66)	5-15 (n=39)	Total
Gender	Male	20.3	45.2	34.5	100%
	Female	15.6	62.2	22.2	100%
Age Groups	50-60 years	13.3	50.0	36.7	100%
	61-65 years	14.3	55.4	30.3	100%
	66-70 years	27.9	46.5	25.6	100%
Geographical Location	Urban	15.2	49.2	35.6	100%
	Rural	21.4	52.9	25.7	100%

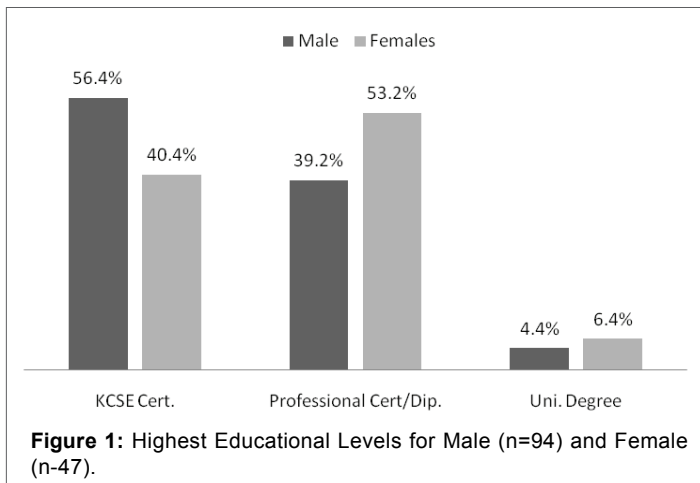


Figure 1: Highest Educational Levels for Male (n=94) and Female (n=47).

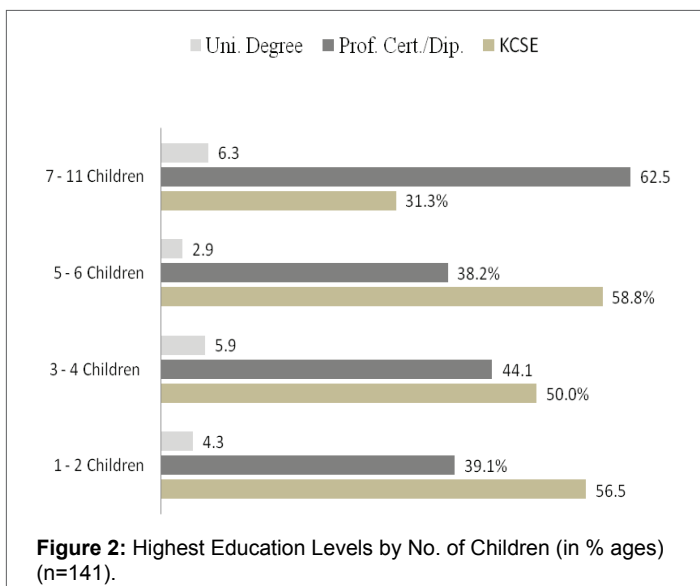


Figure 2: Highest Education Levels by No. of Children (in % ages) (n=141).

they accorded them. Nearly two-fifths of the study population (39.7%) had their children depending on them, while over a fifth (22.7%) reported their parents as their dependants.

A small proportion (2.7%) of the respondents had dependants who required residential support. There were 35.6 % (50) respondents who had a spouse depending on them, and out of the fifty, 66% (33) had dependent children; 34.5% (17) a dependant parent, and 12% (6) a dependant sibling. Table 2 summarizes the results obtained from the analysis of the respondents' dependants by gender, age-groups and geographical location.

Respondents' occupation before retirement

An analysis was done on the respondents' occupation before retirement in order to establish the diversity of their professions as presented in Figure 3. Results showed that respondents had diverse professions ranging from teaching (42%), civil service-related work (26%) and secretarial/ clerical work (7%), among others.

Retiree's economic and psycho-social changes

Several questions were used to generate data on the economic changes the respondents had experienced following retirement from regular employment. The researcher sought information about four issues namely their membership to the National Social Security Fund (NSSF); membership to the National Health Insurance Fund (NHIF); pension status, and their own assessment of the economic changes they had experienced.

Membership to NSSF before and after retirement

More than half 52.5% (74) of the respondents reported having had NSSF membership before retirement. However, upon retirement, they withdrew their membership from the scheme. Subsequently they received their contributions that of their employers and the interest accrued from the scheme over their membership period. Surprisingly, only three (constituting 4.1% of 74) continued NSSF membership after retirement. The respondents who were not enrolled as members of NSSF 28.1% (9/32) in the 50-60 age group were fewer than those in the older age categories. The 61-65 years 53.3% (32/60) age-group and 47.5% (26/49) in the 66-70 years were more than those in the younger age-group, giving a significant statistical difference of 6.243, $p=0.044$. These results indicate that younger respondents according to age before retirement were enrolled into NSSF membership scheme. Further the findings reveal that the proportion of respondents who had never married 80% (4) and were not members of NSSF is greater than those who were members and had never been married 20% (1) giving a significant statistical difference of 9.307, $p=0.010$. This indicates that NSSF enrolment for the employees is not mandatory for all employees in Kenya [7] (Table 3).

The respondents who had NHIF membership while in employment were 72.3% (102) of the total population. Over a half (53.9%) of the 102 respondents with NHIF before retirement retained their membership after retirement. Findings of NHIF membership during employments in relation to socio-demographic characteristics of the respondents are presented in Table 4. The proportion of respondents according to geographical location who were not enrolled as members of NHIF 15.6% (10/64) residing in urban setting was larger than 3.9% (3/77) residing in rural setting giving a significant statistical difference of 5.744, $p=0.017$ (Table 4).

Pension status of the respondents

Still in response to the question about whether all the respondents had left employment with or without pension, the result revealed that 78.7% (111) were pensionable prior to retirement and were therefore receiving their retirement benefits regularly. Due to the importance of this variable,

Table 3: Relationship between NSSF Membership and Social-Demographic Characteristics before Retirement.

Covariate	No membership to NSSF	Membership to NSSF	χ^2 statistics	p-value
	n=67/141 (47.5%)	n= 74/141(52.5%)		
Gender				
Male	45.7% (43/94)	54.3% (51/94)	0.551	0.338
Female	51.1% (24/47)	48.9 (23/47)		
Age Group				
50-60 years old	28.1% (9/32)	71.9% (23/32)	6.243	0.044*
61-65 years old	53.3% (32/60)	46.7% (28/60)		
66-70 years old	47.5% (26/49)	52.5% (23/49)		
Religion of affiliation				
Protestant	46.7% (44/94)	53.3% (50/94)	0.13	0.526
Catholic	47.8% (22/46)	52.2% (24/46)		
Location				
Urban	43.8% (28/64)	56.2% (36/64)	0.667	0.498
Rural	50.6% (39/77)	49.4% (38/77)		
Marital status				
Never married	80% (4/5)	20.0% (1/5)	9.307	0.010*
Widowed/separated/ divorced	33.3% (4/12)	66.7% (8/12)		
Married	47.5% (59/124)	52.5% (65/124)		
Number of Children				
1-2 Children	47.8% (11/23)	52.2% (12/23)	4.958	0.175
3-4 Children	48.5% (33/68)	51.5% (35/68)		
5-6 Children	35.3% (12/34)	64.7% (22/34)		
7-11 Children	68.8% (11/16)	31.2% (5/16)		
Number of dependents				
1-2 dependents	43.3% (29/67)	56.7% (38/67)	2.274	0.518
3-4 dependents	57.1% (20/35)	42.9% (15/35)		
5-6 dependents	50% (13/26)	50% (13/26)		
7-15 dependents	38.5% (8/13)	61.5% (8/13)		
Education level				
KCSE Certificate	41.7% (30/72)	58.3% (42/72)	2.382	0.304
Professional/Diploma Certificate	54.8% (34/62)	45.2% (29/62)		
Graduate Certificate	42.9% (3/7)	57.1% (4/7)		

Table 4: Relationship between NHIF membership and Social-demographic characteristics.

Covariate	No membership to NHIF n=39/141 (27.7%)	Membership to NHIF n= 102/141(72.3%)	χ^2 statistics	p-value
Gender				
Male	7.4% (7/94)	92.6% (87/94)	1.059	0.303
Female	12.6% (6/47)	87.4 (41/47)		
Age group				
50-60years old	3.1% (1/32)	96.9% (31/32)	1.906	0.386
61-65 years old	53.3% (32/60)	46.7% (28/60)		
66-70 years old	10.2% (5/49)	89.8% (44/49)		
Religion of affiliation				
Location				
Urban	15.6% (10/64)	84.4% (54/64)	5.744	0.017*
Rural	3.9% (3/77)	96.1% (74/77)		
Marital status				
Single Widowed/separated/divorced	5.9% (1/17)	94.1% (16/17)	0.257	0.612
Married	9.7% (12/124)	90.3% (112/124)		
Education level				
KCSE Certificate	9.7% (7/72)	90.3% (65/72)	0.335	0.846
Professional/Diploma Certificate	8.1% (5/62)	91.9% (57/62)		
Graduate Certificate	14.3% (1/7)	85.7% (6/7)		

the researcher further carried out a cross-tabulation analysis with other key demographic variables including; gender, age-groups, religion of affiliation, number of children and geographical location. As illustrated by Table 5, there was a statistically significant difference of 9.849, $p=0.007$ between respondents' age groups and their pension status, indicating that the younger respondents were more likely to have no pension than the older respondents. Also the proportion of respondents from rural setting who had pension 85.7% (66) was higher compared to the proportion of respondents from urban setting 70.3% (45), with a significant statistical difference of 4.950, $p=0.026$. This could indicate that the urban respondents opted to retire without pension (Table 5).

Assessment of retirees' economic changes

The study sought to explore how the respondents viewed their economic changes after retirement. In this respect, 100 (71.9%) respondents reported reduced income while 39 (28.1%) reported loss of income. As shown in Table 6, both categories of the economic changes cited *reduced* and *loss of income* as monopolized by males. Analysis on relationship between respondents' economic changes after retirement and socio-demographic characteristics are tabulated in Table 6. Results revealed no significant statistical difference in these variables.

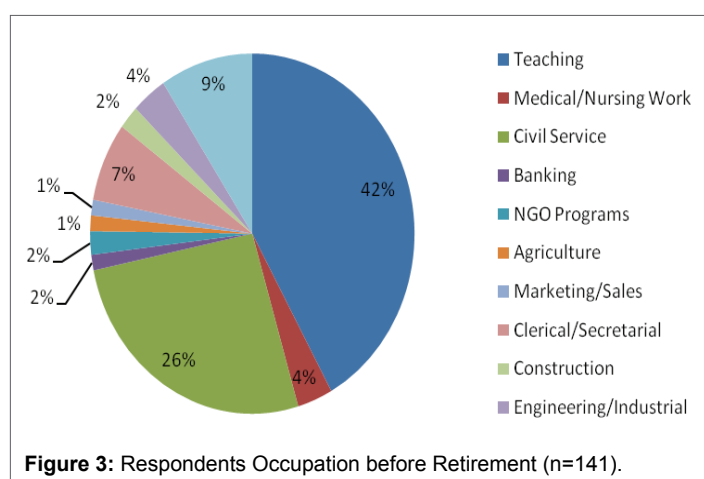


Figure 3: Respondents Occupation before Retirement (n=141).

Respondents were also asked to indicate their sources of income after retirement. Results revealed that (93) of the total respondents indicated pension as their main source of income with five reporting pension as their secondary source. Slightly over a third (56) cited agricultural products as their secondary source of income, 14 had income from their offspring, 11 had rental income, and five got income from their 'Chama' (A 'Chama' is an informal micro- finance initiative that is ordinarily used to pool and invest savings by many people in Kenya and probably other countries in sub-Saharan Africa). The source of income of the 30 respondents without pension was also investigated, and of these: 10 cited their offspring as their source of income; 3 had dividends; 12 had rental income; 1 had 'Chama' and 15 had agricultural products. Table 7 presents the sources of income of the respondents during retirement.

Psycho-social changes experienced after retirement

The responses revealed that over half (51.9%) of those who cited *death of a spouse/significant other* were within the oldest age-group (66-70 years). Those who cited *loss of status* (54.5%) were aged 61-65 years. One-half of the youngest age-group (50-60 years) reported *social discrimination*. The rural populations dominated (51.9 - 64.9%) the first three categories of the *social changes* in contrast to 70% of the urban respondents (n=10) who led in the *social discrimination* category. Table 8 highlights the social changes respondents experienced after retirement by gender, age-group and geographical location.

Discussion

The results of the study in general revealed that there was statistical relationship between significant economic and psycho-social changes among the retired population. Results also showed that loss of economic support impacts negatively on psychosocial aspects of the retired population. The economic and psycho-social changes experienced by the respondents affected most respondents negatively. These retired individuals lost their sources of economic support with 111 leaving with pension and 30 without pension. They also lost (52.5%) NSSF and after retirement only 4.1% had NSSF. The NHIF which covers medical insurance was held by 72.3% while in employment and with 53% on retirement. The biggest challenge of the respondents was the dependant burden with 91.5% having dependants.

Table 5: Relationship between Respondent's Pension scheme during employment and Social-demographic characteristics.

Covariate	Pensionable (n=111)	No pension (n=30)	χ^2 statistics	p-value
Gender				
Male	81.9% (77/94)	18% (17/94)	0.775	0.190
Female	72.3% (34/47)	27.7% (13/47)		
Age Group				
50-60 years old	59.4% (19/32)	40.3% (13/32)	9.849	0.007*
61-65 years old	81.7% (49/60)	18.3% (11/60)		
66-70 years old	87.8% (43/49)	12.2% (6/49)		
Religion of affiliation				
Protestant	78.7% (74/94)	21.3% (20/94)	0.004	0.980
Catholic	78.3% (36/46)	21.7% (10/46)		
Location				
Urban	70.3% (45/64)	29.7% (19/64)	4.950	0.0268*
Rural	85.7% (66/77)	14.3% (19/77)		
Number of Children				
1-2 Children	69.6% (16/23)	30.4% (7/23)	2.186	0.560
3-4 Children	77.9% (53/68)	22.1% (15/68)		
5-6 Children	82.4% (28/34)	17.6% (6/34)		
7-11 Children	87.5% (14/16)	12.5% (2/16)		

Table 6: Relationship between Respondent's Economic Changes after Retirement and Social-Demographic Characteristics.

Variable	Reduced Income 100 (71.9%)	Loss of Income 39 (28.1%)	χ^2 statistics	p-value
Gender				
Male	69.6% (64/92)	30.4% (28/92)	0.762	0.383
Female	76.6% (36/47)	23.4% (11/47)		
Age group				
50-60 years old	74.2% (23/31)	25.8% (8/31)	0.889	0.641
61-65 years old	67.8% (40/59)	32.2% (19/59)		
66-70 years old	75.5% (35/49)	24.5% (12/49)		
Religion of affiliation				
Protestant	72.0% (67/93)	28.0% (26/93)	0.001	0.970
Catholic	71.7% (33/46)	28.3% (13/46)		
Location				
Urban	70.3% (45/64)	29.7% (19/64)	0.156	0.418
Rural	73.3% (55/75)	26.7% (20/75)		
Marital status				
Never married	100% (5/5)	-	-	-
Widowed/separated/divorced	100% (12/12)	-		
Married	68.0% (83/122)	32.0% (39/122)		
Number of Children				
1-2 Children	47.8% (11/23)	52.2% (12/23)	4.958	0.175
3-4 Children	48.5% (33/68)	51.5% (35/68)		
5-6 Children	35.3% (12/34)	64.7% (22/34)		
7-11 Children	68.8% (11/16)	31.2% (5/16)		
Number of dependents				
1-2 dependents	80.3% (53/66)	19.7% (13/66)	5.820	0.121
3-4 dependents	70.6% (24/34)	29.4%(10/34)		
5-6 dependents	61.5% (16/26)	38.5% (10/26)		
7-15 dependents	53.8% (7/13)	46.2% (6/13)		
Education level				
KCSE Certificate	65.7% (46/70)	34.3% (24/70)	4.431	0.109
Professional/Diploma/Certificate	80.6% (50/62)	19.4% (12/62)		
Graduate Certificate	57.1% (4/7)	42.9% (3/7)		

Table 7: Respondents' Sources of Income during Retirement (n=141).

Sources of Income	Main	Secondary	Did not Indicate
Pension	93	5	43
Own Children	14	7	123
Dividends	6	18	117
Rent	15	11	115
Agri. Products	28	56	57
Chama	-	5	136
Business	7	6	128

Table 8: Respondents' Social Changes Experienced after Retirement (in % ages).

Selected BVs	Categories of selected BVs	Social Changes			
		Death of Spouse/ significant Other (n=27)	Loss of Health (n=37)	Loss of Status (n=33)	Social Discrimination (n=10)
Gender	Males	51.9	70.3	72.7	80.0
	Females	48.1	29.7	27.3	20.0
	Total	100%	100%	100%	100%
Age groups	50-60 yrs	22.2	16.2	24.2	50.0
	61-65 yrs	25.9	45.9	54.5	30.0
	66-70 yrs	51.9	37.8	21.2	20.0
	Total	100%	100%	100%	100%
Geog. Location	Urban	48.1	35.1	39.4	70.0
	Rural	51.9	64.9	60.6	30.0
	Total	100%	100%	100%	100%

Demographic profiling of the Respondents

The results presented confirmed that all respondents had a minimum of 12 years of formal schooling and had sat for KCSE and obtained an official certificate. A large majority of the study population was married and all were parents. This finding among retirees indicated that for one to be in formal employment and qualify for a retirement benefit in Kenya, one had to have formal education, a requirement for one to get deployed. The respondents had retired from their regular employment after attaining the retirement age of 55 years up to 2009 and 60 years afterwards. Some could have retired voluntarily at the age of 50 years, which would have allowed the pensionable to draw their benefits, while some could have opted to retire before the age of 50 years hence forfeiting their pension. Retirement is withdrawal from work because of age. It begins when one begins to experience signs of aging accompanied by increasing loss of physical energy and mental alertness which could make an individual susceptible to depression [8].

While the researcher did not seek information from the respondents about their lifestyles and health in the last few years before and after retirement, she may infer that some of the elderly Kenyans made choices in their lifetime that may have later impacted adversely on their health. A lifetime of smoking, for example, poor diet or drinking too much alcohol can seriously affect one's health (retired persons included) and the related risk of chronic diseases such as cardiovascular problems, respiratory disorders and/or diabetes can be relatively high. Such health problems as reported by [9], can affect one's ability to live an active life as well as increase one's susceptibility to depression. However, retirees could have health problems that are not related to their past active life.

Psycho-social Changes after Retirement

The study investigated the respondent's psycho-social changes after retirement. The term '*psycho-social*' in this study referred to an individual's ability to interact with the environment where they lived. Psychologist Erik Erikson first used the term in his stages of social development [10] and affirmed that '*everyone has psychological and social needs*'. People stranded on a deserted island or locked in a cell, for example, with no social contact will inevitably lose their minds [11]. '*A person is a psycho-social being with aspects of self that thinks, behaves and interacts with the people around him*' [11]. This was also true from findings from this study where respondents indicated a number of psycho-social changes after retirement. Some of the major changes included were: death of spouse/significant others; loss of health; loss of status and social discrimination. In line with this, twenty-seven (19.1%) male and female respondents reported having lost a spouse and/or significant other as illustrated in their own words as follows:

'My mother died', and another

'My husband died', and yet another

'I lost my brother' and another

'I lost a parent and brother'

The results revealed no significant location and gender differences although the highest proportion of data was males, perhaps because the sample gender distribution was weighted in their favour. What was noteworthy however was that over a half of the respondents (51.9%) who had lost their loved ones since retirement, were in the highest age-group (66-70 years). Many of these respondents might also have experienced some of the health-related problems commonly associated with the elderly: limited mobility, poor cognition, memory retention, physical weakness, low self-esteem and probably loneliness among others. This means that it was important to consider not only the impact of retirement, but also that of other losses such as the death of loved ones and the loss of one's health capabilities.

The study results were similar to findings of investigations by [12], on health and long life after retirement which indicated that individuals shrunk their life world particularly if they had economic and psycho-social losses. The findings by Friendman were in line with those of this research study where 26.2% (37) of the total respondents (n=141) reported having to contend with poor health after retirement. A majority of these were from rural locations and were males. The highest proportion of them was in the two oldest age groups (61-65 years and 66-70 years). According to [13], the importance of resources - 'health, cognitive function and socio-economic status to an individual is that one is cushioned against depression or depressive symptoms in the context of stressful events and biological risks'. In line with the findings of this study, some of the respondents' reported feeling empty; helpless; worthless and hopeless which were all symptoms of depression.

The second psycho-social change was loss of health with 37 respondents reporting loss of health after retirement. Loss of economic status like the one affecting the study respondents in their retirement results to negative outcomes on physical and mental health. In a study by [8], results revealed that there were elevated numbers of depression cases among adults (ages 57 and older) resulting from increased medical expenditure and reduced income. This research study results indicated that 102 respondents had NHIF during their employment but only 53.9% of them continued membership after retirement.

The third psycho-social change reported after retirement was loss of status. A total of 33 respondents reported *loss of status* as a major change after depression. This most likely affected some of them mentally and hence resorted to isolating themselves from their friends after losing their income or having to contend with reduced income. Three-fifths of these were from rural populations, while seven-tenths were males and over a half were in the 61-65 year-old age group. Man is a social being and if an individual is isolated by peers/family/friends, they miss out on important aspects of their well-being. These findings are in line with a research study by [14], who conducted a research on how people cope with transition after leaving work. Milne found that retired people are often unable to make new friends in their new environment after retirement. It is likely that these individuals who live in isolation will be more susceptible to depression than if they lived among other people.

The fourth psycho-social change is social discrimination. Among the 107 respondents who reported psycho-social changes, 9.3% (10) of them indicated social discrimination and segregation. In a study done among the older people in an American culture, [15] found that they experienced age related discrimination and segregation. Gellis revealed that this population was often devalued, avoided, excluded from daily activities and segregated from children and young adults. The results of this research study agree with Gellis' findings in that some of the respondents reported being discriminated. For example, forced retirement from local School Boards, Chairmen/Lady in church committees, and one lady reported in her own words "*I was told to retire as a board member of school because they said ... now that you have reached 60 years, you must retire from the school committee membership because you are expired. ... I felt discriminated just because of my age.*"

Almost all research respondents of this study (91.5%) were primary breadwinners for themselves, their grown up children and their significant others, among them spouses, parents and siblings. A few (8.5%) respondents did not have dependants. Further findings of the results indicated a multiplicity of dependants ranging from one to 15 (mean number of 3.55 dependants, and a standard deviation of 2.395). The 91.5% respondents with dependants were dominated by males and cut across the two study locations (rural/urban). This dependency-related result shed light to the immense economic burden shouldered by most of

the respondents even though they were retired and had either no income or received pension which in Kenya was a relatively low proportion compared to the salary they earned during their period of employment.

Economic Changes after Retirement

Economic changes after retirement also depended on the preparedness of a retiree while in employment. In this research study retirees were asked to indicate their preparedness for retirement. Some reported having totally prepared 26.9% with 47.5% reporting having made a little preparation and 25.9% reporting having not prepared. Their preparation was in form of having an Income Generating Activities (IGAs) with 39 respondents having no IGA; 71 reporting having one IGA and 31 having two or more IGAs. The retirees responded to psycho-social changes by either relocating to rural or urban geographical locations or adjusting to reduce their lifestyle costs. Having established an IGA or getting prepared was not all they needed. Even after their preparedness and starting their IGA, 70.6% of the rural and 29.4% of the urban respondents reported being worse off while in retirement than before. However, not all respondents found their life worse off because 66.1% of the urban and 39.9% of the rural reported being better off during retirement. This finding is in line with a study conducted by [16] in his on adversity. His study revealed that everyone has the ability to overcome adversity by seizing opportunities amidst negative experiences. This can be postulated to mean that retirees faced psycho-social and economic difficulties and therefore required their employers to prepare them during the early years in employment.

The reports of the economic changes presented a relatively high economic burden of the respondents. They had very heavy financial burden at a time they were grappling with loss or reduced income. Such heavy economic burden could cause what [17] called '*financial stresses*', which he defined as intense stress about money matters. Such financial distress among retired populations could be precursors of multiple physical, mental, social-cultural and spiritual malfunctioning since these individuals were constantly hyper-aroused with persistent worry on how to provide the support required, as well as the adequacy of the support. These findings could be interpreted as chronic/unrelenting stress in majority of the elderly population which may exceed the adaptive capacity and lead to multiple health problems [17]. This is also supported by results of a study by Gill et al., in 2006 that examined data from the Household Income and Labour Dynamics Survey and revealed that retirees were more likely to have mental health problems than those who were working.

Pension was found to be one of the primary sources of income for a relatively high proportion of the respondents (93 out of 141) while agriculture was the next core source of livelihood with 28 respondents. A few (15) were relying on rental income; some depended on children (14), while the others depended on dividends and business enterprises as their main source of their livelihood. It was therefore from one or more of these sources that the respondents drew the means to support themselves and their numerous dependants. The results of this study revealed that the respondents were grappling with either *loss of income* or a drastically *reduced income*. This plight notwithstanding, a relatively high proportion of respondents refused to be put down by their poor financial status after retirement. Which meant that one's attitude regarding their retirement could impact on their sense of well being and decrease their vulnerability to negative symptoms. Their preparation for retirement had started long before they left regular employment.

The results of this study also revealed that not all respondents were public servants before retirement and therefore not all the 141 were pensionable. Some of the pensioners 65.9% (93) reported relying primarily on their pension for daily upkeep, which indicated that their life during retirement was characterized by continuous financial struggle because the pension funds they received were a relatively small proportion of their previous

salaries. Some of the respondents were under great financial difficulties which could increase their susceptibility to depression. Consequently, the results of the assessment of the GDS with the respondent's economic burden revealed that out of the 70.9% who had *reduced income* after retirement, 67% were at low risk of depression, 20% were classified at high risk and 13% had depression indicated. These results revealed respondent's economic changes influenced their susceptibility to depression.

There were 39 respondents who retired with no pension. Out of these, 27.6% reported having *loss of income*. When these 39 respondents were assessed to find out their depression classification using the GDS scale, results showed 56.4% were at low risk, 35.9% were at high risk and 7.7% had depression indicated. These results emphasized the negative mental state brought about by the respondents' economic changes after retirement. The finding affirms the continuity theory by Atchley in 1989 which suggested that much of what constitutes a retiree's being in the world prior to retirement is carried forward to retirement. This therefore also agrees with Atchley's theory that states that retirement can trigger a reprise of previous developmental issues that occurred during earlier years while in employment, such as identity crisis, self-trust, level of aspiration, and motivation.

Apart from pension as a primary source of respondents' income, the researcher also sought information about their membership to the National Social Security Fund (NSSF). The Fund is a mandatory scheme for the formal and informal sector employers and employees in Kenya. It was established under an Act of Parliament in 1965 as a Provident Fund and as a retirement benefits' scheme regulated by the RBA. Members of the scheme were eligible for age/retirement benefits, survivors' benefits presented with the concurrence of the Minister for Finance in Kenya [7]. Only a negligible proportion (4.1%) of the respondents retained their NSSF membership after retiring from regular employment. It could however be inferred that for those grappling with their financial difficulties, registration with NSSF was not a priority.

Respondents also indicated on their membership to the National Hospital Insurance Fund (NHIF) which provides accessible, affordable, sustainable and quality health insurance to members. Study results showed 72.3% (102) respondents with NHIF membership while in employment. However, 53.9% retained their membership after retirement. Their continuity was an indicator of resilience amidst economic adversity, because despite their reduced or loss of income, they continued sending money to NHIF regularly. Capacity to make definite plans and take the steps to carry them out is supported by a research done by [18] on leadership capability assessment found that when an individual remains focused on the positive aspects of their lives, they become stronger thus displaying their resilience. With the continuation of NHIF, the retiree received health security at the time in their lives when lifestyle disease complications were inevitable. They are therefore able lead an affordable and quality life in retirement.

Conclusion

Given the specific findings of the study results, conclusions can be drawn to the extent that retirement is an important time in an individual's life for all people globally especially in Kenya where the working population is in the formal sector, and where those receiving retirement benefits are relatively small compared to those without economic and psycho-social support. Goal oriented support systems should be put in place by policy makers for the retired population in Kenya. Interventions in preparation of Kenyan retirees could avoid mental health crisis which at the moment is spreading slowly, and could in future be disastrous because of the diminishing resources of the retired, their heavy economic burden to support their dependants and lack of proper medical support.

When all is said and done, there seems to be an awakening on elderly support spearheaded by Government policy. The elderly populations started receiving Kenya Shillings Two Thousand every month starting late 2016. However, whether all those eligible will receive the said amount or not depends on the administrative logistics of the Kenyan Government. The other good news for the Kenyan retired population is that beginning October 2016, there was a Government directive to the effect that all Kenyans who reach 18 years can contribute and benefit from National Hospital Insurance Fund (NHIF) without an upper age limit. The NHIF members could therefore receive in-and-outpatient medical treatment from most hospitals throughout the country. Even better is the fact that some of the conditions covered by the medical scheme include chronic diseases like diabetes, high blood pressure, cancer and renal failure complications which mainly affect the retired population.

Acknowledgements

I would like to acknowledge Amb. Professor Ruthie Rono, who was my Dissertation Chair, for the unreserved commitment, help and sacrificial support she gave in the creation and completion of my Psych. Thesis, where this document is extracted. I also want to thank Dr. Oscar Githua who was my Thesis Member, for also playing an important role through his guidance at various stages of this project. Lastly Dr Lincoln Khasakhala, who has edited and guided final version of my Thesis and this document.

Funding

The study was part of my Psy.D Thesis at United States International University-Africa (USIU-Africa).

Availability of Data and Materials

The dataset analysed during the current study is available with the First Author, the Corresponding Author.

Authors' Contributions

IM, RR and OG designed and performed the research, collected and interpreted the data, and critically revised the manuscript for important intellectual content. IM and LK analyzed and interpreted the data, and wrote the manuscript. All authors have approved the final manuscript.

Ethics Approval and Consent to Participate

The USIU-Africa in Kenya IRB approved the research to be undertaken and the Kenya National commission of Science & Technology & Innovations (reference Number 11177) approved the study. All participants provided written informed consent.

Competing Interests

The authors declare that they have no competing interests.

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