

The Burden of Care faced by Retirees in Selected Counties in Kenya

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Abstract

Background: Work often provides economic benefits and a social network that fulfils one's sense of belonging. On the other hand, retirement brings with it profound changes both economically and socially. Retirees find themselves more isolated and withdrawn as they do not have the constant social interactions that they did while in employment. Apart from the enormous economic burden that comes with old age, retirement makes one vulnerable therefore to depression, especially if they are not surrounded by a supportive community that offers encouragement and support.

Methods: The present study gathered data on the relationship between significant economic, biopsychosocial life changes and the susceptibility to depression among the retired population in Kenya. The participants were retired Kenyans living in Nairobi, Murang'a and Nyeri Counties aged between 50 and 70 years. A purposive sampling strategy was adopted to draw a sample of 141 respondents.

Results: The primary outcome of the study found that: 91.5% had a high economic burden; 71.9% had reduced income; 28.1% had loss of income; 69.9% depended on pension as a source of income; 19.1% had lost a spouse; 26.2% had poor health; 23.4% had loss of status; 7.0% were socially discriminated and 42.7% reported symptoms indicative of the presence of depressive disorder.

Conclusion: This outcome data provides insight into factors that may increase depressive symptoms, such as those associated with adversity as well as development of poor resilience factors that cannot protect against development of depression.

Keywords: Depression, Economic, Psycho-Social Changes, Retirement, Retirees, Resilience

Background

Globally, aging is a success story. People are living relatively longer. By 2006 there were approximately 500 million people globally aged at least 65 years and this figure is expected to rise to one billion by 2030 [1]. As people live longer and have fewer children, family structures are transformed and retired populations are left with fewer options for care [2]. Syse (2015) [3] indicated

that health and the longevity of the aging population are some of the most important policy concerns of most countries in the world. Some countries have experienced challenges related to changing family structures which affect the lives of the elderly [3].

Fortunately, work often provides economic benefits and a social network that fulfils one's sense of belonging. Upon retirement however, retirees are not surrounded by a constant community of individuals who offer a measure of affirmation and contribute to a positive sense of self. Retirees may therefore find themselves more isolated and withdrawn as they do not have the constant social in-

teractions that they did while engaged in employment. This again makes retirees vulnerable to depression, especially if one is not surrounded by a supportive community that offers the encouragement and support that one needs.

In addition, work provides fulfilment and a sense of accomplishment. It gives one purpose to their life and contributes to one's sense of identity and esteem. Some jobs also bring with them fame and a measure of social status that further boosts one's sense of self. Employees may find that having worked for a particular organization or playing a certain role each day for a number of years, they have come to be known and associated with their role or the specific establishment. Upon retirement, one is no longer seen in the same way. This privilege position offered by employment may no longer give retirees access to the same privileges, opportunities and people that they were accustomed to. This can be a blow to their sense of worth and this kind of loss may impact a retiree's well-being and make them vulnerable to negative thoughts about self and a decreased view of their worth.

Work also provides structure to one's day and offers a meaningful way to occupy one's time. Boredom is therefore another area that retirees may struggle with, and this sense of purposelessness to their days may heighten their vulnerability to depressive symptoms. These changes together with their diminishing physical and mental capabilities owing to the aging process could increase their susceptibility to depression. Depression can become a debilitating disorder which interferes with one's wellness and quality of life and ultimately results in medical problems and sometimes leads to death [4].

After assessing the association between retirement and 5-year changes in health and health behaviour, Syse (2015) [3] observed that individuals in retirement reported worse health on average than when they were in employment. However, previously Van Solinge (2008) [5] had found evidence indicating that retirement may also affect health positively, given that people feel less work-related stress and have enough time to spend on healthy pursuits. These findings suggest that retirement does not categorically harm or benefit health; instead, it is possible that health consequences differ among individuals who are retired. In addition, health depreciates with age, and retirement may affect different individuals' health in diverse ways [3].

A number of studies have examined associations between retirement and mental health, with many showing that early retirement is associated with poor mental health [6-8]. In Australia, data from the Household Income and Labour Dynamics Survey revealed that retirees were more likely to have mental health problems than those who were working [9]. Similarly, in the Health and Retirement Study in the USA, people who retired before the normative retirement age had the worst physical and emotional health outcomes. Van der Heidi (2013) [10] while systematically summarizing the literature on the health effects of retirement, referred to mental health as being "operationalized in various ways including well-being and distress, depressive symptoms and antidepressant use". Strong evidence was found indicating the beneficial effect of retirement on mental health [10]. Dave (2008) [11] reported that analyses of data from a longitudinal study on health and retirement revealed that retirement led to a 6.00% to 9.00% decline in mental health relative to the sample mean.

In a UK research study conducted by Pool (1997) [12] among various service and business providers such as Rover (a car manufacturer), fire, police and ambulance services, the post office and the Teachers Pensions Agency during the period from 1990 to 1995 to establish possible causes of health problems of retirees. Study results revealed that muscle-skeletal problems and 'minor' mental illnesses like anxiety, depression, and conditions like 'stress' were the most common reasons for ill health after retirement. According to Ilmarinen (2001) [13], a number of variables relate to the interface between age of retirement and mental health with changes in advancing age for both physiological and psychological functioning of an individual. Ilmarinen (2001) [13] stressed that during this age, there is a decrease in the speed of perceptual processes which is related to an increase in the control of language and the ability to process complex tasks. There are also shared cultural definitions regarding certain behaviours and roles for the retired population.

A longitudinal study by Mein et al., (2003) [7] conducted among civil servants aged from 54 to 59 years found that mental health deteriorates in people who continue to work after reaching retirement age and improves on retirement, although in some cases mental health improved in those who were on a higher employment grade. According to Osbourne (2012) [14], individuals who engage in financial planning of their life after retirement lead a more fulfilled life than those who do not plan for economic stability during retirement. Interest in the psychological aspects of retirement increased with the awareness that financial security in retirement is but one important element (Kivnick, 2013) [15].

Retirees are likely to have at least some psychological issues with varying degrees of impact [14]. For example, a working couple of significantly different ages could have concerns about whether they retire simultaneously or on the basis of reaching a particular age. One person could retire to be at home alone while the other continues to work. Such arrangements are likely to produce psychological concerns that need to be addressed [14].

A study by Barnes and Parry (2004) [16] on men and women's adjustments to retirement found that the decision to retire does not guarantee the expected outcomes for particular retirement options. They found that sometimes there are hidden issues that shape retirement in unexpected and undesirable directions. They also argued that the disadvantage of moving to an unfamiliar geographic

location is a good example of how the absence of old friends and former social networks from a familiar environment might sometimes result to loss of continuity, meaning, and sense of identity.

A study by Teuscher (2010) [17] revealed the importance of retiree identity which is emphasized by self-description and mention of the former profession or job. Retired people use more domains of self-description than non-retirees with high identity diversity correlating with high satisfaction across various means of self-description. Whitbourne (1996) [18] found that “those workers who relied on assimilation or seeing one’s experience of the world as compatible with one’s identity rather than accommodation which is making adjustments so that experience and identity are compatible, when they encountered situations that challenged the notions of their identities, they were more likely to have identity adjustment problems”. Furthermore, the ones who relied on assimilation were likely to rely upon an emotional response rather than a problem-solving approach to change.

According to Teuscher (2010) [17], people attribute difficult experiences to environmental factors rather than the events surrounding them. He stressed that there is a likelihood of significant challenges which calls for major adjustments upon retirement especially when retirees are not properly prepared before leaving employment. There may also be vested interest in retirement that gives an individual satisfaction once a person has made the commitment to retire. Most people acknowledge that some of the decisions they make after retirement are regrettable [4]. They often promote some individual benefit rather than acknowledge disappointment. Many people can recall decisions they regret but nevertheless cite aspects of their regrettable experiences that have some apparent merit even though they are retroactive rationalizations, for example, an experience of buying a large vehicle and later regretting its high fuel consumption when fuel prices are added, especially when travelling to meet parents or relatives living far from the individual [19].

Retirement is therefore a major life transition associated with changes in workplace participation, lifestyle and social roles. It comes as a consequence of many peoples’ decisions ‘to retire at the right time’ and can be associated with a positive change in their lives [6]. For such people, retirement can be a time of reinvention and better mental and physical health as they do not have pressures of work and are able to exercise more freedom over their time and activities. Such people are not likely to experience poor mental health outcomes. However, there are people who retire and within a period of less than five years experience external pressures such as ill health or needing to care for a sick or disabled family member [20]. Under these circumstances, retirement may be associated with poor mental health outcomes due to losing their economic stability and social networks [5].

Methods

Participants

A purposive sampling strategy was adopted to draw a sample of 141 respondents from three counties in Kenya: two rural settings (Murang’ a and Nyeri counties) and one urban setting, Nairobi County. Data was collected from the 50-70-year-old rural and urban male and female respondents. The study collected qualitative and quantitative data through administration of structured questionnaires and a focus group discussion to identify and measure retired people’s susceptibility to depression. Self report questionnaires regarding factors associated with adversity, resilience, and susceptibility to depression were used. The Geriatric Depression Scale (GDS) and the Research Structured Questionnaire were used to collect information on diversity of factors associated with burden of care among the respondents.

Data analysis plan

Data analysis was done at three levels: uni-variate, bivariate and multivariate. The qualitative data was analyzed thematically. Special Package for Social Sciences (SPSS) was used to scientifically analyze the quantitative data. Adherence to research ethics was overseen and approved by United States International University’s (USIU’s) Institutional Review Board (IRB) and Kenya National Commission for Science and Technology and Innovation (NACOSTI).

Results

Response to Economic and Psycho-Social Changes after Retirement

Adversity is a situation of difficulty that an individual faces which can be real or imaginary. Response to adversity is therefore an individual’s way of handling challenging situations and it could either be positive or negative. For the purpose of this study, response to adversity referred to how the respondents dealt with their state of reduced or loss of income after retirement. The ability to respond positively to challenging situations in life was referred to as resilience [21]. In the context of this study, resilience referred to the ability of the study respondents to make positive progress even after loss of regular employment in retirement.

Some of the respondents did not have a pension scheme during their employment period, therefore their retirement brought about a loss of regular income (salaries). These new economic circumstances are viewed in this study as adversity. The researcher sought from the onset to ascertain the degree of the respondents’ preparedness for the inevitable retirement. They were asked to choose from three categories as shown in Table 1 and indicate their degree of preparedness. From their reports, the males outnumbered

the females in all three categories used to measure the respondent's preparedness. The dominance was explained by the study sample distribution. The two older groups (6-65 years and 66-70 years) were the majority among the totally prepared and a little prepared, which was the reverse among the unprepared. The two younger age-groups (50-60 years and 61-65 years) constituted the majority. The smallest proportion in each of the three-preparedness category were university degree holders which was in line with the small sample size of respondents with a university degree.

Further analysis revealed no significant difference according to gender where the proportions of males were (27.2%) and females (23.4%) in their preparedness ahead of retirement. The respondents were further asked to specify actions they undertook in preparation for retirement. The results revealed that a large majority (72.8%) of the respondents proactively prepared for retirement while over a quarter (27%) reported having done nothing. Preparation of the respondents was assessed from the number of Income Generating Activities (IGAs) undertaken before retirement. Table 1 show that males (61.3-76.9%) dominated all three categories. Over two-fifths of those with none (42%) and with at least two IGAs (41.9%) were in the highest age-group in comparison to over a half (52.1%) of those with one IGA. The analysis further revealed a statistically significant difference, $p=0.05$ between the respondents with no IGAs and geographical location. The rural respondents were more likely to have no IGA than those in urban settings.

Demographic Variables	Categories of selected BVs	Preparedness for Retirement		
		Totally Prepared (n=38)	A little Prepared (n=67)	Unprepared (n=36)
Gender	Males	71.1	67.2	61.1
	Females	28.8	32.8	38.9
	Total	100.0	100.0	100.0
Age groups	50-60 yrs	10.5	22.4	36.1
	61-65 yrs	44.7	44.8	36.1
	66-70 yrs	44.7	32.8	27.8
	Total	100.0	100.0	100.0
Highest Ed. Levels	KCSE Cert	44.7	47.8	63.9
	Prof. Cert/diploma holder	44.7	49.3	33.3
	Uni. Degree	10.5	3.0	2.8
	Total	100.0	100.0	100.0
Geog. Location	Urban	47.4	40.3	52.8
	Rural	52.6	59.7	47.2
	Total	100.0	100.0	100.0

Table 1: Respondents' Preparedness for Retirement (in %ages).

The respondents were requested to specify details of their IGAs. As displayed in Figure 1, the highest proportion of both males (45.3%) and females (39.4%) bought company shares, while others (6.3% and 13.2%) of the males and females respectively constructed rental houses.

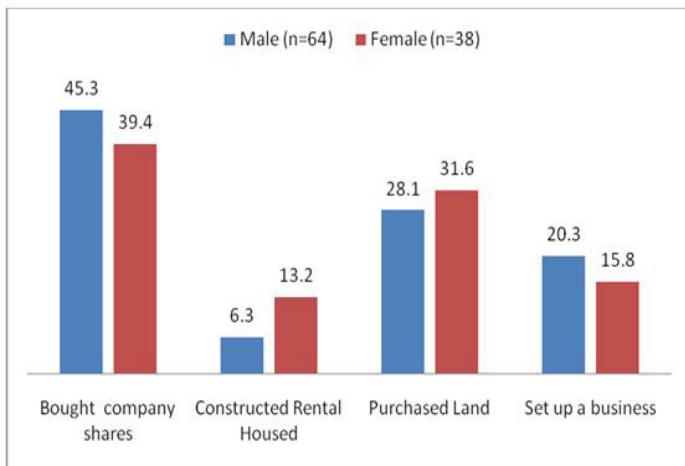


Figure 1: Respondents' IGAs by Gender (in %ages).

In comparison, nearly half of the males (48.2% of 94) reported being 'worse off' in comparison to 38.3% of the 47 females. Slightly over a tenth of the males (12.1%) and females (10.6%) saw no change in their circumstances between the two periods- prior to and after retirement. As shown in Table 2, 66.1% of the respondents who reported being better off were from urban areas while 39.9% were from rural settings. There were also 70.6% from rural areas who reported being worse off compared to 29.4% from the urban areas. There is a statistical significance difference $p=0.01$ between geographical location of the respondents and the better/ worse off variable, indicating that the rural respondents are more likely to report being worse off than their urban respondents.

Economic Status after Retirement	Urban (n=64)	Rural (n=77)	Total
Better off	66.1	39.9	100%
No change	41.2	57.8	100%
Worse off	29.4	70.6	100%

There is statistical significance at the .01 Level -Pearson Chi-square value is 16.798. (Meaning that the retired rural are more likely to be worse off than the urban)

Table 2: Respondents' Economic Status after Retirement (n=141) in %ages.

In regard to their economic and psycho-social experiences after retirement, it was possible to gather the following information from some of the groups from the counties referred to as 'Baraza Group Discussions'. Some of these group participants explained: for example, one male reported: 'I attempted, albeit unsuccessfully, to save and raise funds to buy a 'matatu' (taxi) to carry out a

transport business; but it never worked out'; another male narrated: 'I rented land but drought set in and what I had planted withered'; a female recounted: 'My cow was stolen' and still another female explained: 'I was given a newly born calf to raise, but had to sell it because I did not have milk for it.'

Their responses were classified into two groups: positive and negative reports. Among the positive reports received from these 'Baraza Group Discussions', included: 'I am better off at the moment than I was before my retirement'; 'nothing has changed since my retirement,' 'life is as it was before my retirement; 'since I left employment, I have a lot of free time to achieve different things that yield more money than during my employment'. The negative reports as articulated by some respondents from the same group discussions included: 'I am worse off since my retirement than I was previously; ' 'I can't pay my bills; ' 'I worry constantly; ' 'I feel isolated by my friends because of my financial circumstances; ' and 'I cannot change my circumstances'. These discussions shed light into the diverse and compounded experiences the respondents had after retirement that could have left them susceptible to depression.

There was also a Focus Group Discussion (FGD) comprising of seven females aged between 57 and 65 years in Mukurweini Sub-County, Nyeri County. These female participants did not take part in the structured questionnaire and voluntarily took part in the group discussions. Table 3 gives a summary of responses from the focus group discussion guided by the research questions inserted.

Question One

What do you think could contribute to depression among retirees in Kenya?

Response

1. Insufficient socialization
2. Unable to access friends or family due to limited finances to travel to their meeting points.
3. Economic limits to meet and socialize
4. If positively occupied, retirees would feel useful, have something to look forward to and hope for a better future thus reduces their susceptibility to depression.

Question Two

What do you think would help retirees avoid depression in retirement?

Response

1. By preparing mentally and economically for retirement while in employment
2. When entering the job market have a scheme in place to save money for retirement
3. Involve families in retirement planning.
4. Receive psychosocial support from family members.

Question Three

What Government policies do you think could be developed to enhance the quality of life of the retired population in Kenya?

Responses

1. The government neglected them after working so hard all their lives
2. The government could enhance their quality of life.
3. In need of subsidized housing rates and housing, free medical treatment, banking and transport.
4. This assistance would help preserve pension money for food and for their care givers.

Question Four

With the increase in lifespan of retirees, what options do you think could be made available to those who are capable and wish to remain productive and continue working

Responses

1. Retirees need the option to remain in employment in all the country's institutions if those who attain retirement age are able to perform to the standards set by the individual organization.
2. There should be a way to have flexible working hours, for some it can be time off duty.
3. There could be ways that the retirees could have funds to start or promote their businesses.

Table 3: Focus Group Questions and Responses.

Respondents' Susceptibility to Depression

Respondents were assessed to ascertain their susceptibility to depression using the Geriatric Depression Scale (GDS). Each of the Yesavage's & Brink's (1983) [22] 15 GDS items were assigned either one point or zero point depending on the respondent's response. Every answer pointing to a risk of depression was tallied and after summation of the totals, the analysis yielded a range of 14 points or from zero (0) and 14 points, with a mean of 3.8794 and standard deviation of 3.78802. The results were further categorized into three groups for ease of utility and interpretation: 0 - 4 points, 4-9 points and 10 - 15 points. The cluster limits were based on the GDS authors' stipulation thus: a score of >5 points are suggestive of depression; score of >10 points are almost always indicative of depression and adding that a score of >5 points should warrant a follow-up of comprehensive assessment [23].

Respondents were asked to choose the best answer to indicate how they felt over the past week as required by the GDS question format. Their responses revealed that out of the total population, 90 respondents were classified with low risk, 34 respondents with high risk and 17 had depression indicated. Gender classification indicated that there were 23.4.7% males with high risk of depression compared to (25.5%) who were classified with the same high risk of depression. Over a third (35.3%) of respondents classified

as being at high risk of developing depression were aged 61-65 years compared to between 35.3% and 38.2% aged 66 -70 years age-group who were classified at high risk or with depression indicated. The largest proportion of respondents at high risk (61.8% of a total of 34) and with depression (58.8% of a total of 17%) had KCSE Certificate. Table 4 gives the respondents' GDS classification of susceptibility to depression according to the three risks of depression categories.

Demographic variables by		Low Risk (n=90)	High Risk (n=34)	Depression Indicated (n=17)
Gender	Males	66.7	23.4	12.8
	Females	33.3	25.5	10.7
Highest Educational Levels	KCSE Cert.	45.6	61.8	58.8
	Professional Certificate	46.7	38.2	41.2
	University Degree	7.8	-	-
Age-Groups	50 - 60 years	20.0	20.5	29.4
	61-65 years	46.7	35.3	35.3
	66 - 70 years	33.3	38.2	35.3
Geographical Location	Urban	43.3	50.0	47.1
	Rural	56.7	50.0	52.9

Table 4: Respondents' GDS Classification of Susceptibility to Depression (in %ages).

Respondents' economic changes compared with GDS

The three indicators of respondents' economic change were: the pensionable (reduced income) or the un-pensionable (loss of income), dependant burden and preparedness ahead of retirement in form of Income Generating Activities (IGAs). Figure 2 shows the respondents' economic status compared with GDS classification. A total of 78.7% (111) respondents were pensionable before retirement while 21.3% (30) had no pension. These respondents were asked to indicate how their economic status compared with GDS classification. Out of the 111 respondents, the GDS scale classified: 67.6% at low risk of depression, 20.5% high risk and 11.7% with depression indicated. This compares with a total of 30 respondents who had pension, and the GDS classified: 50.0% at low risk; 36.7% at high risk, while 13.3% had depression indicated.

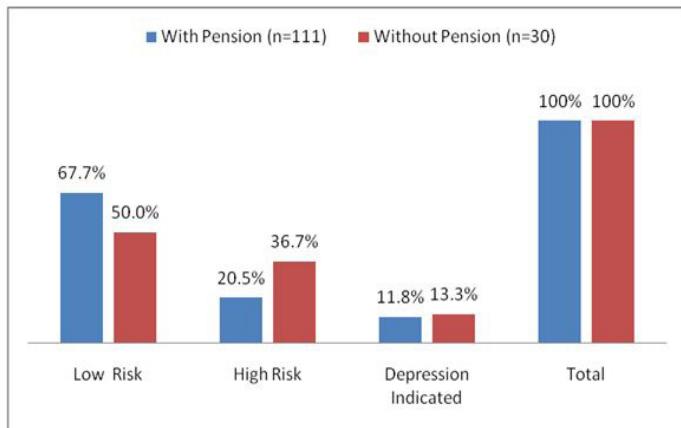


Figure 2: Respondents' Economic Status Compared with GDS Classification.

After the loss of their regular income, respondents either had reduced income in form of pension or loss of income for those without pension. A total of 100 (71.9% of the 139) respondents reported having reduced income while 39 respondents indicated having loss of income. When this data was analyzed against the three categories of the GDS-low risk, high risk and depression indicated, the results indicated that 89 (64.0% of 139) of the respondents were classified at low risk of depression in comparison to: 34 (24.5% of 139) who were at high risk and 16 (11.5% of 139) with depression indicated. Among the 100 respondents who reported having reduced income, 67% of them were at low risk of depression, 20% were classified at high risk, while 13.0% had depression indicated. The 39 respondents who reported having loss of income included 56.4% who were at low risk, 35.9% at high risk, and 7.7% with depression indicated.

The other indicator of respondents' economic change was their dependant burden. Only 12 (8.5%) were without dependants while 129 (91.5%) had people who depended on them for livelihood. Among those without dependants, 75% had low risk of depression in comparison to 16.7% that cited high risk, and 8.3% had depression indicated. The classification of the 129 respondents who indicated having dependants revealed that: 62.8% were at low risk of depression; 24.8% were at high risk and 12.4% had depression. Figure 3 shows the heavy burden of the respondents compared with the GDS classification.

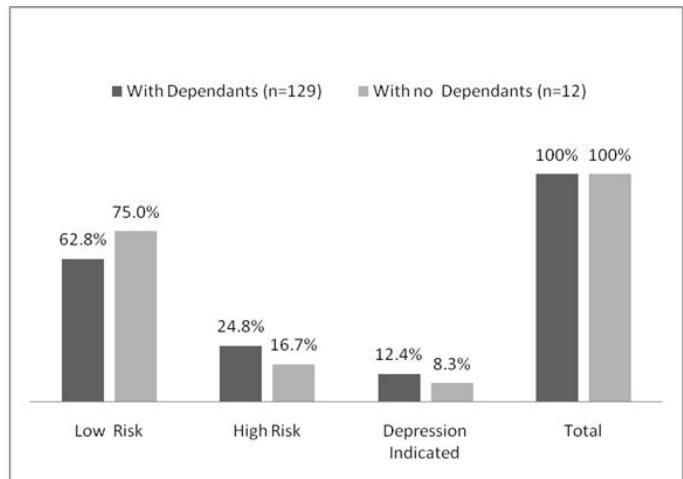


Figure 3: Respondents Dependants' Burden Compared with GDS.

These 129 respondents with dependants were grouped into three categories (one dependant, 2-4 dependants and 5-11dependants) for ease of data presentation. The classification showed that 18.6% (24) had only one dependant. Comparing them (with one dependant) with GDS revealed that: 62.5% were at low risk; 24.8% at high risk and 12.5% had depression indicated. Out of the respondents with 2-4 dependants: 59.1% had low risk; 22.7% at high risk, and 18.2% had depression indicated. When the GDS classified the 39 respondents with high economic burden (5-11dependants): 69.2% were at low risk; 28.2% were at high risk, while 2.6% had depression indicated.

The other economic change affecting the respondents was their Preparedness ahead of retirement. This was assessed by the number of Income Generating Activities (IGAs) the respondents had before retirement. A total of 102 respondents had an IGA. Thirty-nine had no IGA, and of these (n=39), GDS classifies: 61.5% at low risk of depression; in comparison with 20.5% who are at high risk, and 17.9% with depression indicated.

Out of the 102 with IGAs, seventy-one respondents had one IGA and of these, the GDS classified: 69.0% at low risk; 22.5% at high risk, and 8.5% with depression. Finally, 31 respondents had at least two IGAs. Of these, the GDS classifies: 54.8% at low risk; 32.3% at high risk, and 2.9% had depression. There were respondents who had only one IGA and of these: the GDS classifies 69%

at low risk, 22.5% at high risk and 8.5% with depression indicated. Figure 4 shows economic changes in form of the respondents' preparedness by having Income Generating Activities (IGA) ahead of retirement.

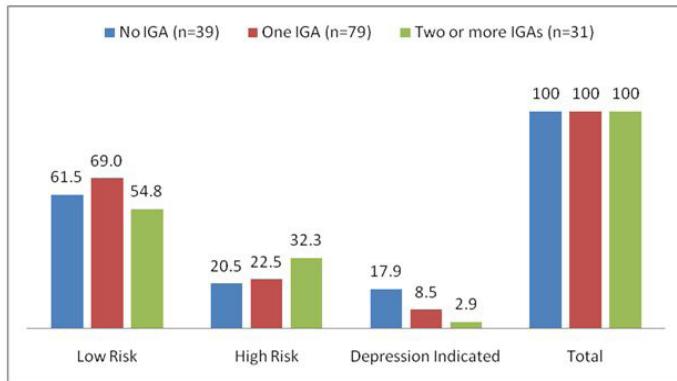


Figure 4: Respondents' Preparedness with IGAs Compared to GDS (in %ages).

Psycho-social changes after retirement compared with GDS

Assessments of the Psycho-social changes experienced by the respondents after retirement were classified using the GDS. The findings revealed 24.3% had lost a spouse and/or significant other; 33.3% had to contend with poor health; nearly three-tenths indicated they lost their social status, while 9.4% reported being segregated and/or socially discriminated. The respondents attributed all these psycho-social changes to their loss of regular income after retirement. The psycho-social changes were compared with

GDS classification and revealed that 58.9% (63) were at low risk of depression, in comparison to 26.2% (28) who were at high risk and 15% (16) with depression indicated.

Further assessment in the tabulation revealed that out of the 33 respondents who lost their social status: 60.6 % are classified at low risk of depression; 24.2% at high risk of depression; while 15.2% had depression. Among 37 who reported loss of their health, 59.5% were at low risk of depression; 21.6% at high risk, and 18.9% had depression. Out of the 27 that were widowed and/or had lost a significant other, 55.6% were at low risk of depression; 40.7% were at high risk, and 3.7 % depression. The 10 who reported being segregated /socially discriminated indicated that 60% were at low risk of depression; 10% at high risk, and 30.0% had depression.

Results also indicated that some respondents made deliberate effort to have a reduced lifestyle by reducing their cost of living. For example, reducing the number of employees, and toning down lifestyle and/or change of residence to a cheaper one. In regard to this, a total of 126 respondents opted for one of the two social adjustments where: 22.4% (29) respondents relocated either from urban to rural or vice versa. Out of the (29), the GDS classifies 69% at low risk, 17.2% at high risk and 13.8% had depression. The other respondents 76.9% (97) deliberately reduced and/or adjusted their lifestyle costs in tandem with their reduced income by making other social adjustments. The GDS classified the 97 as follows: 61.9% at low risk of depression; 27.8% at high risk, and 10.3% depression. Table 5 presents details of psycho-social adjustments compared with GDS.

Selected Demographic Variables by Respective Categories		Relocation-Urban to Rural / Rural to Urban (N=29)	Reducing Lifestyle Costs (N=97)	Total
Gender	Male	29.1	70.9	100
	Female	10.0	90.0	100
Age groups	50-60 yrs	25.9	74.1	100
	61-65 yrs	17.3	82.7	100
	66-70 yrs	27.7	72.3	100
Geog. Location	Urban	10.6	89.1	100
	Rural	32.4	67.6	100
Highest Educational Level	KCSE	23.8	76.2	100
	Professional Diploma	23.2	76.8	100
	Uni. Graduate	14.3	85.7	100

Table 5: Respondents' Psycho-social Adjustments Compared to GDS (n=126 in %ages).

Discussion

Coping with Adversity after Retirement

Respondents after retirement received reduced income (for the pensionable) and the loss of regular income (for respondents without pension). Just as adversity is a state, condition or instance of serious or continued difficulty which may be big, small, imagined or

real, self-created or brought by others, the retirees faced different situations where some responded negatively, while others positively. This is comparable to Phoolka (2012) [23] who interwoven resilience with adversity because according to him, adversity concerns with how people respond to occurrences that are external or environment over which recipients have no control. This is also in agreement with Stoltz (2000) [24] who associated adversity with internal and external influences, events and/or circumstances that take place outside the people under focus. In this study, adversity is viewed as being synonymous to the 'loss of income' by the respondents who had not been pensionable during their employment, and to 'reduced income' for the pensionable respondents. The researcher has drawn heavily upon two psychological theories:

The theory of resilience holds that an individual has the ability to manage life's challenges and to turn them into opportunity [25]. This is true of some of the findings presented in this research study. Although all the respondents were retired from regular employment, results indicated that some of them prepared for the imminent change in their status well in advance of retirement. Others reported having invested in one or diverse business enterprises, although there were still others who did nothing. In addition, it is important to recognize that responses to adversity differ from one individual to another, and that the degree of resilience that drive respondents' response whether positive or negative varies.

Fletcher (2012) [26] also found resilience to develop over time in the context of a person's environment and interaction. According to Phooka (2012) [23], resilience is based on the principle that everyone has the ability to overcome adversity by seizing opportunities for advancement from their negative experiences. Fletcher (2012) [26] on the other hand associated resilience with the personal responses to the positive and negative external influences and events. In this study, the events that could bring diversity were the loss of a regular income for some (the un-pensionable) and a reduced income for others (the pensionable). The pensionable respondents drew pension but not those without pension. Despite their financial constraints, this research study has evidence pointing to high levels of resilience by a proportion of respondents who, for example, cite the following experiences after retirement:

'I have one Income Generating Activity (IGA) for my livelihood';

'I have two IGAs';

'I have three IGAs';

The degree of resilience portrayed by this result is undoubtedly high, as is their staying power or persistence. They persevered with their investments and financial projects until they reached a point when they were able to report as follows;

'I earn more than I did before retirement';

'I am better off today than before retirement'

There were however other respondents with little, if any, staying power and who lacked resilience to help them counter adversity (retirement). Such individuals gave up as soon as they faced frustrations and would be associated with such reports as follows;

'I tried 'MPESA' business, but it did not pick up and I gave up.'

'When my 'matatu' was stolen, I lost heavily and gave up.'

Giving up is not an indicator of resilience. Different people in the same adverse circumstances for example, 'drastically reduced income in retirement', when one had been used to much more, 'total loss of income' react differently to the situation. The response of some is positive (those who continue moving on even when they have reduced income). This result indicate that some respondents developed resilience as individuals, while some responded negatively (by giving up after loss of income) pointing to a lack of resilience. This finding is similar to Fletcher (2012) [26] who discussed the process of resilience development in detail. Respondents who reacted for example positively to their new economic instability or circumstances may consolidate their meagre resources and focus their energy to a new investment. This does not mean that the process will be smooth or exempt of problems and frustrations. The ones who did not give up watched their investments grow, while those who gave up continued to lament about their never ending financial problems hence elevating their susceptibility to depression.

Although this particular study did not focus on gender roles and identities of retired couples, the interdependence on quality of life after retirement is worth noting. This notion could be strengthened by an earlier UK study by Barnes and Barry (2004) [16], particularly because the researchers targeted a retired population. The duo researchers were interested in how gender roles and identities are associated with the alignment of the domestic structure following retirement. The two held the opinion that the use of gender identities is as influential in the quality of retirement as are social and financial concerns. They found that the retired individuals and their partners relied upon existing gender identities to promote continuity and change during their retirement transition. In the same year (2004), Davey and Szinovacz [27] investigated the effects of the retirement transition upon marital conflicts. They identified no change in marital conflicts brought about by retirement. Nevertheless, when wives continued to work, conflicts continued and the quality of marital life declined. The reason for this was attributed to the still male's self-perceived role as the 'breadwinners'. The researchers (Davey and Szinovacz, 2004) [27] viewed the developmental benefit of the retirement transition as an opportunity to pursue individuation in a relative less restrictive manner.

Results presented also reveal that some of the respondents relocated from rural to urban areas and some others from urban to rural settings after their retirement. Relocation is a bold

move which often involves the weighing of the pros and cons of the move. In Kenya, people relocate to urban settings in order to look for employment or livelihood opportunities and set up businesses. Relocation notwithstanding, many Kenyans do not cut off their links with their rural kin-their parents, siblings, spouses and offspring, among others. It is not unusual to find a spouse (particularly wife) and the children living in a rural locality, while the husband lives in another and his salary or business supports the family. Upon retirement, many Kenyans, though not all, relocate to the rural area where their roots are grounded. Results of this research showed that 20.5% (29) of the research respondents relocated from rural to urban or from urban to rural locations. Out of these, GDS classifies 69% at low risk, 17.2% at high risk and 13.8% with depression. Although information was not sought in the questionnaire about the reasons for relocating, the researcher infers that the reasons might not be different from those driving others to relocate after retirement from urban to rural areas. Kahn and Antonucci (1980) [28] viewed one disadvantage of relocation among this population as the loss of supportive friendships or the abandonment of the social community. Although those relocating will make new friends, according to these researchers, their new-found friends will not have a shared history with them. This researcher agrees with this assertion only to a certain extent, particularly with respect to the Kenyan context where relocation may not seriously affect the retired Kenyan moving back to his roots in the same way as described by Kahn and Antonucci (1980) [28]. Many in Kenya relocate to where they have either purchased or inherited some land or where they have constructed (or will construct) their homes. There is a common unpublished Kenyan adage that states:

‘In towns, we live in houses. ...Not homes. ...Our homes are in our rural origins

(Upcountry) where our roots are.)’

Rural-to-urban (and vice versa) relocations are a common norm among retired Kenyans even when considerations are taken into account with respect to leaving behind neighbours and supportive friends.

According to Milne (2013), retired persons who move away from what has been their homes for years will be unable to make new ‘old’ friends in the new locations. While the truth of this cannot be contested, the scenario may be different in the Kenyan context since quite often the people relocating move to locations where they are familiar and where they have roots-parents, siblings and the wider the extended family. Quite often, many may also have old friends with whom they have kept touch before retirement.

Susceptibility to Depression

The study investigated the relationship between the economic and psycho-social changes and susceptibility to depression. Depression for this study was defined as a mental condition char-

acterized by low mood and feelings of dejection, sadness, emptiness, guilt, anxiety, and hopelessness that interferes with a person’s sense of well-being affecting his thoughts and behaviour [29].

Among the older adults, depression is sometimes present with symptoms that reduce the amount of body function like loss of appetite, sleep disturbances, lack of energy making the disorder difficult to diagnose or treat. Other times it surfaces as a form of age associated format like physical aches or pain, fatigue, loss of appetite, sleep problems, loss of interest in sex, agitation, irritability, somatic complaints and often wanting to stay at home rather than going out to socialize or doing new things [30].

This study population have experienced economic and psychosocial changes after retirement with reduced or losses of income when some were prepared while others were unprepared thus making them susceptible to depression. Respondents’ reports revealed that a large majority (72.8%) proactively prepared for retirement by having an Income Generating Activity (IGA). However, there were others (27%) who reported having done nothing. Those that reported not having prepared were followed up and gave negative reports like:

‘I am worse off after retirement than before; I worry constantly; I feel isolated by my friends because of my financial circumstances; I cannot change my circumstances, I am hopeless. Such reports like those cited above by the study respondents like “I am hopeless, I feel isolated by my friends, and I am worse off after retirement ...”

... reveal some of the depressive symptoms when compared with different depression definition, leaving the individuals susceptible to depression. This prediction is in line with the study finding which revealed that 63.8% of the study population were classified as at low risk of depression, 34 (24.1%) high risk, while 17 (12.1%) had depression as indicated on the GDS.

Respondents’ susceptibility to depression was assessed using: Geriatric Depression Scale (GDS) and comparing GDS with the research Questionnaire. The GDS classification of the total respondents (n=141) indicated that 63.8% (90) were at low risk, 24.2% (34) at high risk and 12% (17) had depression. The 91.5% (129) of respondents who reported having dependants were again assessed using the GDS tool and the responses were: 62.8% had low risk of depression, 24.8% were at high risk and 12.4% had depression indicated; while those that reported having no dependants 8.5% (12) revealed that 75% had low risk of depression, 16.7% were at high risk and 8.3% had depression indicated.

Data generated from the psychosocial changes revealed that there were 126 respondents who experienced various adjustments after retirement. Assessment of their susceptibility to depression using the GDS revealed that 69% were at low risk, 17.2% were at high risk and 13.8% had depression. There were 90 respondents

classified by the GDS as being at low risk of depression. These were further cross-tabulated using both the GDS with the depression assessment part of the questionnaire. Results revealed that only 42.7% (42) of the 90 respondents were classified at low risk by the structured questionnaire. The GDS tool also classified 34 respondents as being at high risk of depression and comparing the same with the research question revealed that 58.8% (20) were at high risk of depression.

Results also indicated that GDS classified 17 respondents who had depression, while the research questionnaire reported nine respondents with depression. These findings are not different from those of a study done by Friedmann (2011) [31] on health and long life in a longitudinal study over eight decades who found that retirement shrinks the life-world of an individual especially when compounded with both economic and psychosocial losses. This study finding could also compare with deeper Kenyan cultural norms which a study by Olatomide (2014) [32] referred to as the 'Empty Nest Syndrome'. Perhaps the 'empty nest' is not foreign but some individuals after retirement are left alone by their children in their ancestral home without caregiver facility, basic livelihood commodities, access to medical facilities and with or without communication by their offspring as the children move out of their parent's homes to pursue their goals in life. When those that are retired were growing up (50-70 years ago), people lived in communities. Over the years the traditional society has disintegrated leaving the elderly alone. The era of technology has also been a key factor to segregate and reduce physical interaction of the elderly and their grown-up children. In Kenya for example, some of the elderly people like the retirees could be living lives that leave them susceptible to depression. It is not unusual for the retiree's offspring to send mobile money, known in Kenya as 'mpesa' to their parents or other family members, or make calls instead of going to meet the parents physically. This form of communication reduces the physical interaction and creates the illusion that the family members have communicated when in reality there is no physical contact. However, in reality the elderly feels isolated, lonely and worthless and such situations could leave them susceptible to depression.

The GDS was developed for the elderly population because of its ease of administration, being in a question-format and the consideration of the five to ten minutes time taken to complete the questionnaires. In this study, a total of 107 respondents (n=141) reported experiencing psycho-social changes after retirement. These changes included loss of spouse or significant others (25.2%), loss of health (34.6%), loss of status (30.8%) and social discrimination (9.4%). The respondents neither expected to get any of the foregoing psychosocial changes after retirement nor were they prepared for them. However, a study by Behagel and David (2010) [33] referred to loneliness and depression as the most painful processes a person goes through and that these two demand great mental adjustment.

The findings of this study are in tandem with that of Behagel and David (2010) [33] in that the issues of the 107 respondents who faced numerous losses influence their susceptibility to depression. This researcher agrees with other researchers that when a loved one is removed from an individual's life, or other major losses are experienced, the affected person tends to get overwhelmed by feelings of hopelessness and isolation (Behagel & David 2010) [33]. The results of this research are evidence that the economic and psychosocial changes experienced by the study respondents after retirement influence their susceptibility to depression.

Comparing 90 respondents classified by GDS at low risk with reports from the Research Questionnaire reveals that only 42 at low risk. Also comparing the 34 respondents that were classified at high risk by the GDS, 58% (20) were also classified by the Questionnaire. Similarly, when the 17 respondents who were classified with depression by the GDS were compared with the questionnaire revealed that 58% (10) had depression.

Conclusion

In conclusion, this study is intended to provide empirical research about the retired Kenyan population which has limited published information on issues affecting the elderly. Retirees in Kenya need to undergo continuous preparedness programs while in employment so that they are informed of what to expect after retirement. Further, there is need for employees to collaborate with their employers and the Government during the employee's working life to initiate an Income Generating Activity (IGA) to support the employee after retirement. There is also need to adjust the pension scheme every time there is an organization's salary review to match existing salary scale of the existing working employees. At the moment the pensioners receive a fraction of the salary they earned while in employment without any adjustment and although the employers meet their contractual obligations, the retirees could greatly benefit from the salary reviews. Some retirees leave employment while still very active and healthy. The study results can therefore be used by the Kenya Government in formulating relevant Kenyan laws that touch on this population. Such government policies could bring long-term solutions that address the needs and quality of life of the retired in Kenya. Private institutions and organizations like insurance companies, banks and other private sector enterprises would also benefit from the results and recommendations of this study in that they could formulate policies regarding pensioners for their employees. Finally, mental health providers in Kenya as well as other researcher institutions could incorporate the findings of this research particularly those working with retired persons/the elderly.

Abbreviations

FGD	:	Focus Group Discussion
GDS	:	Geriatric Depression Scale

IGA	:	Income Generating Activity
IRB	:	Institutional Review Board (IRB)
NACOSTI	:	Kenya National Commission for Science and Technology and Innovation
SPSS	:	Special Package for Social Sciences
UK	:	United Kingdom
USA	:	United States of America
USIU University	:	United States International

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