A
Research Proposal
on
ASSOCIATION BETWEEN LEISURE TIME ACTIVITIES, SOCIAL NETWORK AND HEALTH STATUS OF WOMEN RETIREES IN INDIA AND UK

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Introduction of the Problem

Old age consists of ages nearing or surpassing the average life span of human beings and thus the end of the human life cycle. The boundary between middle age and old age cannot be defined exactly because it does not have the same meaning in all societies. In many parts of the world, people are considered old because of certain changes in their activities or social roles. They may be considered old when they become grandparents or when they begin to do less or different work or when they retire from their job. Retirement is the point where a person stops employment completely. A person may also semi retire and keep some sort of retirement job, out of choice rather than necessity. This usually happens upon reaching a determined age, when physical conditions do not allow the person to work anymore. Retirement is not simply an economic transition but a social process which is shaped and constructed by social factors and experienced through social relations (Kelley, 2002). It is argued that the factors affecting men's and women's retirement are same. Women’s life has been changed due to change in time. One of the social consequences of this change is that the numbers of women retirees continue to increase (Fennell et.al., 1994). Retirement is becoming more of a couple's experience than ever before because more women are employed outside the home than in previous decades. Despite the high number of working women, they are more likely than men to time their retirement in conjunction with their post retirement adjustment. Retirements do not mean the end of an active lifestyle. Quite the contrary, it opens up new opportunities for many new activities.

Retirement is the point where a person stops employment completely. Some women retirees substitute voluntary community work for their former work. This gives meaning to their roles after retirement. Household work, volunteer work, family roles, leisure activities, physical activities actually increase after retirement. Undoubtedly, the skills and knowledge acquired before retirement have value in the life of a women retiree. But learning and training affects the ability to do various activities at retirement. Planning for retirement must have preparation for financial well being, a social network, a set of leisure activities and status of health. All of these concerns actually relate to each other. When retiring person has a sound retirement plan, he/she can adjust better after retirement. A successful retirement living includes
the creation of a network of groups, family members and friends. (Christine, 2003). It has been anticipated that few people choose to be alone after retirement and some choose to do something different. The role of retiree and the stage of retirement are socially constructed concepts, which were created as a result of the passage of the social security act in 1935 (Women and Social Security). Adjusting to retirement is a process that is not always completed immediately after leaving the workplace. Once the reality of retirement has set in, it is important to remember to set goals for yourself or find activities that provide a sense of purpose and meaning to life, whether it is setting out a garden, playing or spending more time with grandchildren. Thus, it is important to feel useful and productive after retirement.

Retirement of women might coincide with important life changes. Often retirees are called upon to care for grandchildren. It gives them the more time to devote to a hobby. After retirement they are having less frequent contacts with their previous social context and adopt a new social network. Retirees continue to participate in the life of their family and their society. On the other hand many retirees feel restless and suffer from depression as a result of their new situation, either because of the sudden increase in free time or because of a decline in the physical health and due to lack of Social Network. Research findings suggested that a rich social network after retirement may decrease the risk of poor physical and mental health. It has been observed that less social network has poor effect on the health of women retirees. Engagement in leisure activities can decrease the risk of poor health of retirees (Hui-Xin Wang, 2003). It has been assessed that retired women living with a spouse, enjoying recreational activities and having high social network were less likely to experience a decline in mental health, vitality or physical functions as compared with women living alone or with spouses. Activities selected to be consistent with productive roles that are positively associated with health. Therefore, variations in post retirement outcomes are most convincingly seen as reflecting a continuation of preretirement status, particularly in the areas of physical health, social network and leisure activities and general well being and satisfaction of retired women. (Marshall and Nancy, 2003).

Housing and decreased social status is another problem. The home is a very important factor in the lives of retired women. After retirement they develop feeling
of being neglect, loneliness, feeling unwanted. Two sets of factors physical health status and changes in social network dominate the definition of retirement. After retirement, those in High social Network and with high Social activities, continue to perceive themselves as middle aged. Retirement changes the role and there is a shift of identity from economic independence to financial dependence. It is commonly believed that the women retirees lead a rather gloomy existence characterized by social isolation beset with health problems and suffer considerable emotional stress.

In a similar vein retirement is seen as leaving a vacuum which is impossible to replace on a personal level, the retirees are assumed to be not capable of running their lives, but if they have keep themselves busy or if they expand their social network then it will have positive effect on their lives (Kelly and Wayne, 2003). A social support system is a pattern of continuous or intermittent ties and interchanges of mutual assistance that plays a significant role in maintaining the physical, social and psychological integration of the individual over time. A social support or Network helps to fulfill three basic needs of the retirees i.e. socialization, carrying out the task of daily living and personal assistance during time of crisis. Therefore it can be said that there is no age for retirement, one continue to work till she was incapacitated. The ability to do work doesn’t depend upon age, in fact prolonged activity both mental and physical contributes to one's good health and life satisfaction. (Ziembroski, 2008)

Retirement is the point where a person stops employment completely (or decides to leave the labor force if he or she is unemployed A person may also semi-retire by reducing work hours. Retirement represents a stage of life with its own pattern of living and behavior. In fact, life is a series of different stages each with its separate role of behavior, responsibility, and freedom. To assume the generalized role expected in each stage to the next. Many frameworks of description may be developed for the depiction of these several periods of living experience.

A more satisfactory definition of retirement is to be found midway between these extremes of no useful activity and change to another full job. The great majority who regard themselves as retired have withdraw from the heavier demands and irritations of their mid-life activity and leisure in more acceptable proportions. They
depend on pensions or interest and savings or some combination of these for most of their current living expenses.

The old adage that retirement brings early death dies hard. In conflict with this adage is the rapidly accumulating evidence that retirement when taken early enough means not an earlier death but often a longer life. The answer, however, is not to be found in any single categoric expression. So many retirements occur as the result of ill health and often warnings of imminent death that any uncritical use of data on the life span after retirement injects definitely biased conclusions. Anton (2008), in discussing this question recognizes the difficulty of providing the adequate controls which might give us a correct answer in the life span after retirement. Without such controls this view is most likely based on conspicuous instances, forgetting the exceptions.

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

A retired person is one who has relinquished his mid-life job or position for a life of greater freedom and leisure and who relies on other sources than wages, salary, or profits for the major portion of his current living. The retiree is less likely to find his new status defined in terms of economic relationships. While a sizable minority (perhaps nearly half) engage in work or service which brings some financial return, a very large number find their satisfactions and sense of usefulness in fields quite apart from the economic. It is not necessary that only the paid job can give one a feeling of participation and a sense of importance and usefulness. Population of retired people is equally important as population of young people. While population profile of India
remains still relatively young by 2050, this trend still signals a future in which the elderly population will be far greater than today, posing many questions for governments and individuals as to how to fund retirement. (HSBS, Future for retirement). At the moment in the UK alone, 11,561,500 people are of retirement age which is 19 per cent of the total population. (Alan, 2009).

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

There are many periods of life. In First period, an individual learns to make adjustments to the demands of family and neighbors and discovers an orbit of life much beyond him. This is a freedom of discovery which marks the transition from child to adult. In many respects it is a freedom of irresponsibility but at times it assumes all the seriousness of responsibility. Occasionally adolescents have real difficulty in breaking from the role of guidance and directed activity of the earlier period. Whether easy or difficult, this break in habit pattern must be achieved unless one is to remain forever in a state of childlike dependency. Later, perhaps in the twenties, the role is again altered. The youth discovers he is a man, and he ties himself to family responsibilities and to work schedules. Gradually his whole life and often that of his family are adjusted to compelling habits such as rising at a specified hour, being at the shop or office weeks of each year, then a hurried vacation, and then again the hourly, daily, and weekly schedule. This is the second discipline stage of life but it differs from the first in that it is the discipline of responsibility. For most individuals this period last a long time, often twice of his total previous life. Because it lasts so long and since by the time one leaves it he is usually well past middle life, the habits and attitudes of the period become more firmly established than in the previous stage. The fourth period, again one of freedom, awaits him if he survives the working years. This is the freedom of retirement, a freedom from the heavy responsibility of recent years. The discipline of the hourly, daily, and weekly schedule is gone unless one imposes a new schedule upon himself. Retirement experience can be either blessed or
bitter, depending on how one accepts this new societal role. It can be full of satisfying activities and friends or it can be one of loneliness, brooding, and resentment. Also the attitude toward the nature of retirement, has experienced significant change. For many it represented a breathing spell during which one might escape the confining limitation of previous activity. The individual makes or breaks his life in retirement as in the other stages of life experience. The factors of faith versus doubt, of self confidence versus fear, and of hope versus despair give meaningfulness or meaninglessness to life both during and after the wage-earning years.

The difference between those who find happiness and those who are unhappy is not to be found in the degree of frustration on the day of retirement. Large numbers do not have a plan for the retirement years at that time. If we separate those who retire in good health by the age of 60 from others, we would probably find that the majority of the former discover activities or interest which command their time and energy. Many indicated greater enthusiasm for their new activities than for their earlier ones, and a number of retirees develop new interests or perform different leisure time activities. After retirement, large numbers of retirees chose to continue in their regular activities until ill health or death intervened, but there are many retirees who retire from the demands of their family also. If retirement signifies as some believe, complete withdrawal from all activity, then many classified as retirees under present practices, are in no sense retired. If, on the other hand, we accept the definition as meaning the withdrawal from the activity or professional connection of the middle-age years to a life which grants greater freedom, then many retirees continue to engage in useful work even perhaps in the paid fields of production or service. One fact that has been evidenced is that it is not impossible to keep them from some form of useful activity. The vast majority of retirees group command their time and usually their interest in hobbies, in gardening, in free public services, in aiding other in a variety of ways, or in securing remunerative employment. A number for economic reasons find it necessary to supplement retirement benefits in their lives. A few who regard working for further remuneration as not befitting the retired professional man, for the most part, give satisfactory accounts of useful activity. Many retirees want to continue their work after retirement lest they lose their social security benefits during a period of employment. (Gordon, 1959)
Many people choose to retire when they are eligible for private or public pension benefits, although some are forced to retire when physical conditions do not allow the person to work anymore (by illness or accident) or as a result of legislation concerning their position. In most countries, the idea of retirement is of recent origin, being introduced during the 19th and 20th centuries. Previously, low life expectancy and the absence of pension arrangements meant that most workers continued to work until death. Germany was the first country to introduce retirement in the 1880s.

Nowadays most developed countries have systems to provide pensions on retirement in old age, which may be sponsored by employers and/or the state. In many poorer countries, support for the old is still mainly provided through the family. Today, retirement with a pension is considered a right of the worker in many societies, and hard ideological, social, cultural and political battles have been fought over whether this is a right. In many western countries this right is mentioned in national constitutions. A feminist analysis of retirement is presented by questioning the applicability of traditional definitions and theories of retirement to retired women. The effects of marriage care giving and other family obligations on retirement of women are examined within the context of salient social, psychological and economic factors. After retirement, interactions and connections between family and work roles, public and private and personal and political levels are recommended to promote health of women. (Richard, 1999).

Price (2000) explored the relationship between marital status and women's retirement satisfaction. He found that increased divorce rates, declining marriage rates, and a predisposition to widowhood in later life all contribute to the retirement experience. Research on retirement, however, has not considered the diversity in marital status that exists among retired women. The purpose of the study was to explore the influence of marital status (i.e., married, remarried, widowed, divorced/separated, never-married) on women's retirement satisfaction. Using a purposive sampling method, self-administered questionnaires were distributed to retired women. Participants were asked to report on their retirement satisfaction, psychological well-being, and perceived health. Results revealed retirement satisfaction and perceived health differed by marital status. Psychological well-being, however, did not differ significantly between marital groups.
A person may retire at whatever age they please. However, a country's tax laws and/or state old-age pension rules usually mean that in a given country a certain age is thought of as the standard retirement age. The standard retirement age varies from country to country but it is generally between 55 and 70. In some countries this age is different for males and females, although this has recently been challenged in some countries (e.g., Austria), and in some countries the ages are being brought into line. (*Life after retirement*. Wikipedia/image: retirement.)

Many factors affect decisions of women regarding retirement. Social security clearly plays an important role in retirement plan. In countries around the world, people are much more likely to retire at the early and normal retirement ages of the public pension system e.g., age of female is 60 and for males 62-65 years in U.K. Nevertheless a large literature has found that individual’s respond significantly to financial incentives relating to retirement. Greater wealth tends to lead to earlier retirement, since wealthier individuals can essentially purchase additional leisure. Generally the effect of wealth on retirement is difficult to estimate empirically since observing greater wealth at older ages may be the result of increased saving over the working life in anticipation of earlier retirement. However, a number of economists have found creative ways to estimate wealth effects on retirement.

A great deal of research has examined the effects of health status and health shocks on retirement. It is widely found that individuals in poor health generally retire earlier than those in better health. This does not necessarily imply that poor health status leads people to retire earlier, since in surveys retirees may be more likely to exaggerate their poor health status to justify their earlier decision to retire. This justification bias, however, is likely to be small. In general, declining health over time, as well as the onset of new health conditions, has been found to be positively related to earlier retirement. The very abruptness of retirement, the sudden change from days full of regular and familiar duties with well-defined obligations and relationships to days empty of a familiar schedule and with the line of duty and relationships ill-defined, provides a shock to many. They experience that kind of lost feeling which characterized the termination of a way of living at any stage of life such as graduation from school, moving from a home town, or separation from close companions. Here, as in previous situations, time is the great healer. The first few
months or a year at the most cases, the retiree works out some acceptable adjustment to his new life. (Bali, 1999)

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

**Leisure Time Activities**

Leisure time or free time is a period of time spent out of work and essential domestic activity. It is also the period of recreational and discretionary time before or after compulsory activities such as eating and sleeping, going to work or running a business, attending school and doing homework, household chores, and day-to-day stress. The distinction between leisure and compulsory activities is loosely applied, i.e. people sometimes do work-oriented tasks for pleasure as well as for long-term utility. Leisure activities are divided into predominantly: productive, intellectual, physical, social, productive and recreational categories. Apart from this leisure activities are broadly categorized into active and passive leisure activities.

Active leisure activities involve the exertion of physical or mental energy. Low-impact physical activities include walking and yoga, which expend little energy and have little contact or competition.

Passive leisure activities are those in which a person does not exert any significant physical or mental energy, such as going to the cinema, watching television.

The physical satisfactions which come from the leisure of retirement are highly prized. Participation in the groups of family and neighborhood is of major importance to many retired persons. The demands of the working years so often make impossible any leisurely. Retirement often grants that freedom in full, measure for the first time, having a home life to be home evenings with family, sharing with work and play which are so mingled and so overlapping that it is frequently impossible to
distinguish chief satisfactions of many retirees. They welcome the chance to make improvements about the home which time did not permit in earlier years. Still others reported that for the first time in many years they have become a real member of their community. They possess time for sharing the life of their community. Kimberling (2011) Investigated that leisure activities are numerous for the retiree over 55 years of age. Activities, such as cruising, bird-watching, volunteering and traveling, Sightseeing, TV Watching and Cruising are commonly performed by retirees belonging to UK. James (2009) investigated that people in India, who participate in sports clubs and organized recreational activity enjoy better mental health, are more alert, and more resilient against the stresses of modern living. Participation in recreational groups and socially supported physical activity is shown to reduce stress, anxiety and depression, and reduce symptoms of alzheimer’s disease. Violent crime also decreases significantly when participation in community activities increases.

Retirement can be just as interesting and challenging as previous work for those with the will and initiative to make it so. A number of activities such as crafts or voluntary service may fill one’s retirement life with interest. Martine (2009) explored that some retirees, after retirement desired to continue working. The old age counseling center in San Francisco encouraged in their clients the use of exercises designed to improve attention, memory, observation, suggestion, and other qualities. Others follow rigid physical exercises such as swimming, bowling, and walking. While many retirees report themselves as busier than ever before, many others have more free time than they know how to utilize. For these, the person who utilizes solitaire, movies, or any other activity for this purpose may not be as happy as one with a consuming interest, he is doubtless less bored with such time killers than without them. Any hobby or other form of entertainment may fall in this classification. It all depends on the purpose which promotes the activity. The leisure time activities improve mental health of retirees.

Life has more than mere length. It also has depth and breadth. A very considerable number of retirees find a new meaning to life in helping others. This may be in the nature of free service to the community, organizations or groups, or meeting needs of individuals less fortunate than themselves. Retirement can be the period for fuller spending of oneself for others. Sharon (2006) found that high
percentage of people die during their first year of retirement. One of the reasons being, psychological trauma. They feel that they are a worn out individual and should be placed in the corner of the house sitting idle most of the time. This period of life can be made fun and worth living to explore the unexplored. There may be times in life when everyone wanted to learn to play golf or wanted to write a book on experience and learning, or wanted to indulge in leisure time activities. But when desires where never fulfilled, because of too busy schedule at work or family. Retirement is the right time to explore hidden talents and fulfill desires. Retirement is the respect given to years of service. If retirees do not want to sit and rest, they should explore and live the life because age is a state of the mind and not body. Galit (2005) examined the structures of leisure activities and leisure benefits of individuals who have recently retired. It also explored the contribution of leisure activities and benefits to a higher life satisfaction at this phase of life.

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

Kelly et al. (2001) investigated the influence of retirement on leisure-time physical activity. Cross-sectional data suggested that leisure-time physical activity may increase during retirement. He found that retirees who were more likely to adopt activity enjoy more after retirement. Retirement was associated with leisure activities such as gains in sport and exercise participation as well as television watching.

Dona (1999) described and examined the lifestyle physical activity behaviors (household, leisure, occupational) of older rural women. He concluded that social
support was positively associated with household activities. This research highlighted the importance of household physical activity and the contribution of social support for household physical activity, both of which may be important in developing interventions to promote physical activity in older rural women. Rural older women have fewer community health resources than do older urban-dwelling women (Carruth and Logan, 2002). These factors may contribute to their lower rates of physical activity when compared to their urban counterparts (Wilcox, Castro, King, Housemann and Brownson, 2000). The overall purpose of this study was to describe and examine factors related to the lifestyle physical activity behaviors (household, leisure, and occupational) of older women living in a non-metropolitan rural country.

Socio cultural factors determine how people structure their free time. Older women in India become free from their routines due to changes in their roles or due to ill health after retirement. It was found that watching television and listening to radio were found to be the common leisure activities of Indian women. Television and radio were popular with men also. This study does not permit generalizations about leisure time activities of Indian women. Interviews of women retirees revealed that they do not structure their time properly. They only structure their time in performing their household activities (Parkash, 1999).

Jonathan (1999) explored Complex patterns of leisure activities emerge across Britain over the Twentieth Century. He explored that British people have decreased their mid-century working hours by 40 minutes per week, and gained two hours and twenty minutes more leisure time. Several of the studies indicated that some types of leisure activities contributed more to health of retirees, yet it remains unclear exactly how the activities contribute. Other studies indicated that the meaning of the leisure experience is more important to enhanced health than a specific activity. Overall, the results clearly indicated that leisure participation enhances health at various levels. Melamed and Meir's (1995) findings showed that leisure activities that fit to personality of an individual, were more likely to be meaningful and satisfying, provides a link between activity and meaning. Because leisure participation enhances health, it is important that all people have greater opportunities to experience meaningful leisure. Leisure professionals can serve as the enablers in three major areas. First, they can provide leisure education and leisure counseling to help individuals discover leisure opportunities and the diversity of participation options within specific activities. Second, leisure professionals can work to remove perceived
and actual constraints to leisure for all populations i.e. youth to older, those with disabilities, rich and poor. Third, leisure professionals can seek effective ways to communicate the benefits of leisure and encourage people to make leisure a priority in their lives. These result findings have important educational implications for retirees.

Nieswiadomy and Rubin (1995) explored that leisure activities change with age and retirement. On the other hand, since leisure time is more abundant in retirement, then the demand for goods to use with that time can .Expenditure on leisure goods also increases after retirement. (Hatcher et. al. 2000).

Avlund and Legarth (1994) investigated leisure activities among 70-Year-old men and women. The aims of this article were to describe the patterns of leisure activities of 70-year-old men and women, and to analyze whether these activity patterns are the same among 70-year-old men and women in different sociodemographic situations and with different health conditions. The findings indicated that it is important to focus on several dimensions and types of activities in occupational therapy, and to be aware of the diversity of leisure activities among elderly people and that leisure activities differ in accordance with social class and life course. The findings suggested that different types of activities as well as variation with activities may be important for promoting health among elderly people.

Brown, Frankel and Fennell (1991) surveyed Canadians aged 18-69. They found that participation in a variety of leisure activities is important to well-being. The type of activity and frequency of involvement that contributes to well-being varies by age and gender. The findings were consistent with Ragheb (1993) in that the activity itself is less important than the satisfaction gained from the experience.

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

**Social Network**

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

Aside from the family circle and lodge religious associations, there is a tendency for the social contacts of the aged to be restricted to other aged persons. If such contacts can be freely chosen and result from a selection of available elders, life can be rich and stimulating. Those who have close association with others or with their own age group have strong social network. Those who remain in their own communities appear to have close association with their own age group. Retirement areas provide a wider range of untested friendships and experiences and permits the establishment of social relations outside the framework of the acceptable and unacceptable so often found in the former home locality. A senior citizen’s club in any large city may provide strong social network. These social outlets provide friends,
sometimes a sense of welfare contribution, and at times a means of continued growth, and always a filling of what might otherwise be empty hours.

A social network is a social structure made of nodes (which are generally individuals or organizations) that are tied by one or more specific types of interdependency such as values, visions, ideas, and financial exchange, friendship, kinship, dislike, conflict or trade. A social network is a pattern of continuous interchange of mutual assistance that plays a significant role in maintaining the physical, social and psychological integration of the individual over time. A Social network helps to fulfill three basic needs of the older people which are –socialization, carrying out the task of daily living and personal assistance during time of crisis. In its simplest form, a social network is a map of all of the relevant ties between all the nodes or individuals. The network can also be used to measure social capital of an individual through measuring social network or social networking of an individual.

Social networking is the grouping of individuals into specific groups, like small rural communities or a neighborhood subdivision, although social networking is possible in person, especially in the workplace, universities, and high schools, but now it is most popular through e networking. This is because unlike most high schools, colleges, or workplaces, the internet is filled with millions of individuals who are looking to meet other people, to gather and share first-hand information and experiences about any number of topics from golfing, gardening, developing friendships and professional alliances. When it comes to online social networking, websites are commonly used. These websites are known as social sites. Social networking websites function like an online community of internet users. Depending on the website in question, many of these online community members share common interests in hobbies, religion, or politics. This socialization may include reading the profile pages of other members and possibly even contacting them. Social networking often involves grouping specific individuals or organizations together. While there are a number of social networking websites that focus on particular interests, there are others that do not. Retirees can begin to create their own network of friends and can utilize their leisure time to keep themselves in touch with outer world. They can share professional talks with each other by using social network sites or by joining social clubs etc.
Social Network can be evaluated by assessing length of social Network of individuals.

Effects of Social Network Variables

1. Substantive effects of social network variables

Attributes of ego network --> access to resources, mental/physical health

- Network closeness --> influence, diffusion
- Similarity of position --> similarity of risks, opportunities, outcomes

2. Substantive determinants of social network variables

- Personality --> centrality
- Similarity --> friendship ties
- Reduction of cognitive dissonance --> transitivity

3. Network determinants of network variables

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

Several population-based studies have also indicated that social networking has a positive correlation with physical and mental well-being. One such study involving a sample of men and women aged 65 years has suggested that depressive symptoms are inversely related to the size of the individual’s social network. Another five-year study done among a group of women 78 years and older has indicated that
the incidence of dementia (a brain disorder commonly manifested as memory loss) is lower among women who socialize with family and friends. (Science Daily, 2010)

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

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

A total of 1,144 white professional married women aged 65–75 years living in Washington County, Maryland were interviewed during February-August 1979 as part of a larger study. This cross-sectional analysis was undertaken to investigate the question of whether or not selected demographic, social network, and social support characteristics of these women were related to their level of depressive symptoms. Women at the low end of the socioeconomic scale were found more likely to have a high level of depressive symptoms than were women at the high end. Two structural characteristics, size and homogeneity of the social network, were also found to be related to symptoms of depression, although only homogeneity of the social network reached statistical significance. There was a larger percentage of women with a high level of depressive symptoms among those with small networks and among those with heterogeneous networks. Those women with good quality networks, which offer the opportunity for social support, were much less likely to have a high level of depressive symptoms than others. Cross-sectionally, social network factors were related to level of depressive symptoms. Over the past few decades there has been a growing interest among researchers, in women's overall life circumstances and their relation to women's health status. For example, paid employment has been considered an important part of women's living conditions in western societies as the number of women entering the labor market has grown constantly over the past decades. While comparing health of men and women, one of the most consistent findings is a higher rate of depressive symptoms among women. The most commonly reported symptoms in women are depressive symptoms, symptoms of bodily tension and chronic pain from muscles and joints. The aim of this study was to investigate whether socioeconomic factors, employment status, psychosocial work conditions and social network/support are associated with middle aged women's health status in terms of common symptoms (Eden 2009). Work related factors, such as non-employment and job strain, and circumstances within the private sphere, such as social network/support, seem equally important for middle aged women's health status. These findings ought to have important policy implications and also to be of major importance in a primary health care setting when meeting women who seek health care because of common symptoms. Age-related differences in the association
between social network characteristics and mortality for aged white women were examined. He concluded that both age and specific aspects of network structure were found to influence the association between social networks and mortality in elderly women (Eleviano et al. 2009).

Howard (2009) conducted comparative study among older people in Mediterranean and non-Mediterranean countries, their social networks and well being. The findings showed that the social network variables had different effects on the well-being outcomes in the respective settings. The findings underscored that the social network phenomenon is very essential for well being of an individual. The social networks of older people should be seen within their unique regional milieu and in relation to the values and social norms that prevail in different sets of societies. Factors related to the changes that retirees perceived in their social network after retirement was investigated which forms the base of retiree’s lives and activities during retirement. It indicated that although the factors related to the changes perceived in the social network after retirement varied depending on the category, the changes noticed were generally strongly related to age, reemployment situation, standard of living, cohabitation with family members, and area of residence, as well as other factors such as the employment situation before retirement, including position, type of work, and size of corporation, or career-related factors, including level of education. (Kelly, 2003)

Retirement is often seen as a very disruptive life event. The notion that people lose their work-related ties after retirement, because they no longer see one another at work, needs to be reconsidered, in terms of well-being and the aging process. But this study examined how retirement influences personal ties that have been primarily developed at work, comparing the post-retirement personal lives of participants who retired between 1992 and 1995 with persons who retired between 2002 and 2005. The data for this study was based on the Longitudinal Aging Study Amsterdam (LASA). This was hypothesized that the reason for this shift in the division of work and personal life can be accounted for due to a move towards increased individualization on a societal level, and an increased importance in developing and maintaining personal and professional networks throughout life. Christine (2003) identified various factors affecting retirement: (1) role expansion, (2) maintaining a
sense of self, (3) reestablishing structure through time, and (4) community involvement. Results indicated that adjustment to retirement, for professional women, may be enhanced by utilizing work-related skills, maintaining active lifestyles, and nourishing individual self-concepts to counter the loss of former professional roles. It has been concluded that being a part of social groups improves mental health.

However, with changing times, in India the joint family system is gradually withering. This can be attributed to two factors. Younger family members often migrate for work to other places. Also, socioeconomic and cultural changes mean that members of the younger generation often prefer to live in nuclear families rather than with their elders. The elderly thus find themselves coping with the empty nest syndrome, along with associated financial, physical, medical and emotional issues. Even those among the elderly who live in joint families may not always get the emotional support and active lifestyle that are important for their physical and mental health. The resultant isolation can lead to problems such as depression, which in turn increases the risk of mortality. One simple solution to the complex issues faced by the elderly after retirement is social networking. A social network is a social structure consisting of individuals and organizations tied together by common values, visions and ideas. Social networking can benefit older people in several different ways. It provides emotional support as well as opportunities for stimulating interactions. It also motivates positive behavioral changes, leading to increased feeling of happiness. Isolated living, on the other hand, leads to loneliness and can in turn cause depression.

As people move into retirement and assume greater or lesser degrees of detachment from the work they have performed for much of their lives, they engage with a series of adjustments in their routines, relationships and expectations. With the loss of paid work, existing roles and identities come under increased scrutiny and pressure, and are likely to undergo substantial change in response to new constellations of resources, such as time, money, personal space, health status and social networks. After retirement social network changes. (Halen and Parry 2005) it had been observed that social roles affect health status of retirees in UK. (Mickel 1992)

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

The level of health of the individual, group or population can be subjectively assessed by the individual or by more objective measures. Health of an individual can be categorized as very good, good, fair, bad, very bad by measuring health status. Hanna (2010) examined health change after retirement among older workers in the Netherlands. This study examined health change in retirement. The results showed that retirement does not harm or benefit health. Instead, health consequences vary across individuals and according to the health measures adopted. Psychological factors played a role in retirement. Fear of retirement and self-efficacy are associated with health change in retirement.

Edén, et.al. (2000) estimated subjective health status among early retired individuals pensioned due to disorders of the musculoskeletal system. Early retirees and a random sample of individuals from the municipality of Kristianstad, Sweden were taken. It was anticipated that early retirement entailed deterioration in self-reported health status among men, all ages, and women aged 25-54 years. Female retirees aged 55-64 reported an improvement in health status since retirement. Early retired female immigrants were less satisfied with their health status than the Swedish ones. Early retirees reported higher health care utilization than controls, but with a reduction since retirement whereas

Christine and Balaswamy (2009) found different predictors of satisfaction of women retirees. They found that despite empirical support for the positive effects of health and wealth on retirement satisfaction, alternative variables also play a key role in helping to shape women's assessment of retirement. They explored personal and psychosocial predictors of women's retirement satisfaction while controlling for financial security and health. The most significant predictors of satisfaction of women retirees are: self-esteem, mastery, emotional support, and ethnicity. They also examined different types of social support in relation to stage of retirement and
revealed that social support helps in improving health of women retirees.

Dorfman (2009) Compared correlates of retirement satisfaction for married and widowed rural women. Increase in voluntary association memberships and health were predictors of retirement satisfaction for both groups. Financial adequacy and social support from friends were predictors of satisfaction in married women, whereas maintenance of preretirement friendships and frequency of visits with friends were predictors of satisfaction for widowed women. Participation in regular physical activities has substantial benefits for the health and functioning of all people, including older people (Mazzeo, Cavanagh, Fiatrane 1998). Skelton (2001) found that participation in regular physical activity thus contributes greatly to independent lifestyles and health status in older people. The advancement of medical science and increased awareness among the people have brought about a sharp decline in mortality and a steady decline in fertility. This has resulted in a worldwide shift in the demographic profile and have lead to a significant increase in the aged population.(Basu ,2006)

In another longitudinal study, Weuve et.al. (2004) demonstrated that a higher level of physical activity (walking for more than 1.5 hours per week) is strongly associated with higher cognitive performance and better memory in older women. This may be because cerebral blood flow enhanced by frequent longer walking is one of the potential mechanisms that maintain cognitive functions. Physical activity also has a positive effect on negative emotions, such as depression. Depression, which involves lowered mood, feelings of hopelessness and lack of interest, is recognized as the most frequent mental problem among older adults (Blazer, 2003). A 5-year prospective study has identified that physical activity such as a long walk, exercise and swimming has a protective effect against subsequent depression (Strawbridge and Kaplan, 2002).

Effects of retirement and health among men and were explored by Fondow et.al (2007). The myth of retirement and health states that health declines following retirement. Several studies have found support for the myth, but others have found that health may actually improve in retirement. Also, it has been suggested that retirement may affect health of men and women in different ways. The purpose of this
study was to clarify and extend previous findings regarding the relationship between retirement and health among men and women.

Retirement is a major life transition that affects daily activities, social relationships, and income and is believed to have important consequences for health. However, empirical evidence on its effects on health remains inconsistent. Some studies have suggested a beneficial effect, at least in some groups, others an adverse effect, and still others no effect of retirement on health. Older adults usually face significant changes when they reach their retirement ages. The retired workers have several choices to make; fully retire from the workforce, continue working part-time and collect some money, or focus primarily on non-paying jobs or volunteer activities. Volunteering is a big factor relating to social support for older adults. This element will help to build companionship and interaction with more people in the community. This step may become necessary as older adults lose some social support from their family members. This group of people needs to keep themselves busy by connecting with other people as often as needed. This method leads improve mental and physical health and better well-being. The amount of social support is the key to determine life satisfaction among the older adults. Those retirees who do not want to establish social network after retirement, experience a lower level of life satisfaction. Their body function would deteriorate more quickly compared to other older adults who keep themselves busy (Aquino, Russell, Cutrona, & Altmaier, 1996).

Social support enhances general health of an individual. Inadequate initial social support at the beginning of retirement would predict that older adults will develop depressive symptoms over time. Older adults would be able to ignore the negative effects in their lives with help and reinforcement from others. This is considered a psychological effect. Not enough social support would likely make the individuals notice their daily hassles and life stressors much more clearly. This step could accelerate the deteriorating effect of their physical and mental health. (Russell and Cutrona, 1991). Mental health is a very important predictor for all older adults at the time they enter their retirement ages. Good mental health would predict a healthy social support and fairly good physical health. Once mental health of an individual declines at any point during their retirement ages, it would increase the likelihood for negative elements to persist with the impacted individuals. It has been found that it
will be very difficult for those older adults to get out of the slump and have a positive perspective in their life once again. Knowing that they are valued by others makes a big difference in predicting the outcome of mental health for those older adults. (Cutrona et al., 1986)

There is evidence that social experience is very essential in predicting the well-being for everyone, ranging from childhood through older adults. After a few decades of studying, the researchers have finally gained some understanding about the relationship between social support and physical health. The research on the relation between social support and physical health enabled to understand better about the effect of good social support toward physical and mental health, along with a general well-being. Many studies have been shown that if a high level of social support becomes available to everyone, it will benefit their overall health in a long run. The importance of social support implies to everyone in our society, ranging from young childhood through older adulthood. The providers of social support can be anyone in society who brings the positive environment and reinforcement to the individuals, especially from their family members. The amount of social support available in the environment for the individual can be determined by looking at the six criterions of social support i.e friends, family, neighbors, social and religious activities, e networking. The higher score means the better social support the person has in their life, thus reducing their chance of developing any negative outcome in their health. (Cohen and Willis, 1985). Despite empirical support for the positive effects of health and wealth on retirement satisfaction, alternative variables also play a key role in helping to shape assessment of women retirement. Cristine (1986) explored personal and psychosocial predictors of retirement satisfaction of women. The most significant predictors of retirement satisfaction are self-esteem, mastery, emotional support, and ethnicity. Financial security remained a significant predictor of satisfaction, whereas health did not. Suggestions were made to recognize the importance of psychological health in retirement.

The myth of retirement and health states that health declines following retirement. But study conducted by Charles (2007) indicated that health decline with age and retirement is not the cause for deterioration of health among older. Mein and Martikainen (2002) determined whether retirement is good or bad for mental and physical health functioning of civil servants. They determined whether retirement at
age 60 year is associated with improvement or deterioration in mental and physical health, when analyzed by occupational grade and gender. Mental health functioning deteriorated among those who continued to work, but improved among the retired. However, improvements in mental health were restricted to those in higher employment. They found that retirement at age 60 year had no effects on physical and mental health.

The continuity of research on the relation between social support and physical health will enable researchers to understand better about the effect of good social support toward physical and mental health, along with a general well-being. Many studies have been shown that if a high level of social support becomes available to everyone, it will benefit their overall health in a long run. The importance of social support implies to everyone in our society, ranging from young childhood through older adulthood. The providers of social support can be anyone in society who brings the positive environment and reinforcement to the individuals.

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

**Socioeconomic Status**

Socioeconomic status (SES) is often measured as a combination of education, income, and occupation. It is commonly conceptualized as the social standing or class of an individual or group. SES affects overall human functioning, including development across the life span, physical and mental health. Variance in socioeconomic status, including disparities in the distribution of wealth, income, and access to resources, affects everyone. Women are more often responsible for raising children and are increasingly likely to raise children alone. This fact is one of the many reasons that the socioeconomic standing of women is of great importance to the well-being of
future generations. Everyone benefits from an increased focus on the foundations of socioeconomic inequities and efforts to reduce the deep gaps in socioeconomic status in the India, United States and abroad.

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

According to findings of the 2006 American Community Survey (ACS), salaries of American women are about 77.3 percent of that of American men. In some states, women make as little as 66% of men’s earnings (U.S. Census Bureau, 2006). Findings of the ACS indicate that among individuals possessing a graduate or professional degree, on average, the women earned about 66.4% of what the men earned (U.S. Census Bureau, 2006). While they make less money, women are more likely to be single heads of household than men, thus bearing the responsibility of raising children with fewer economic resources. In 2006, there were about 14 million female heads of household, compared to 5 million male heads of household in the United States (U.S. Census Bureau, 2006). About 18% of U.S. children live below the poverty line (U.S. Census Bureau, 2006). Women with fewer economic resources may be less likely to marry and benefit from dual or higher household incomes (Edin and Kefalas, 2005).

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

**Significance of the problem**

Ageing is associated with an increased likelihood of major life transitions. One such life event is retirement, which may be a period when physical activity patterns could change due to decline in occupational demands. Retirement is the point where a person stops employment completely. Women after leaving profession or job are called as women retirees. Some women retirees substitute voluntary community work for their former work. This gives meaning to their roles after retirement. Household
work, volunteer work, family roles, leisure activities, physical activities actually increases after retirement. The skills and knowledge acquired before retirement have value in the life of a women retiree. Learning something new, education and training affects the ability to do various activities after retirement. Planning for retirement must have preparation for financial well being, a social network, a set of leisure activities and health status. All of these concerns actually relate to each other. When retiring person has a sound retirement plan, he or she can adjust better after retirement. A successful retirement living includes the creation of a network of groups, family members and friends. It has been anticipated by Christine (2003) that few people choose to be alone after retirement and some choose to do something different. The role of retiree and the stage of retirement is a socially constructed concept that was created as a result of the passage of the social security act in 1935 (women and social security). Adjusting to retirement is a process that is not always completed immediately after leaving the workplace. Once the reality of retirement has set in, it is important to remember, to set goals for life or find activities that provide a sense of purpose and meaning to life, whether it is setting out a garden, playing or spending more time with grandchildren. It is important to feel useful and productive after retirement.

Retirement is not simply an economic transition, but a social process which is shaped and constructed by social factors and experienced through social relations. Today is the age of technology and due to this technological age there are many things that contribute to enhancement of social relations. Individuals can expand their social tie ups through social sites, online networking, internet etc. but as far as the physical presence is concerned it is decreasing day by day. Investigator has observed that social networking as far as retirees are concerned, they only want to be professionally occupied and their personal relations are limited to some extent. But retirees who are not technologically sound or comfortable, their social network is limited to home only. The home is a very important factor in the lives of retired women but after retirement they develop feeling of being neglect, loneliness, feeling unwanted. Two sets of factors—physical health status and changes in social network—dominate the definition of retirement. But after reviewing the literature it has been observed that social network is very essential for retirees for their psychological well being and health. After retirement, those in high social network and with high social
activities, continue to perceive themselves as middle aged. Retirement is a societal role which indicates a shift of identity from economic independence to financial dependence. Kelly and Wayne (2003) believed that the women retirees lead a rather gloomy existence characterized by social isolation beset with health problems and suffer considerable emotional stress. In a similar vein retirement is seen as leaving a vacuum which is impossible to replace on a personal level, the retirees are assumed to be not capable of running their lives, but if they have keep themselves busy or if they expand their social network then it will have positive effect on their lives. Ziemroski (2008) observed that social network fulfill three basic needs of retiree’s i.e. socialization, carrying out the task of daily living and personal assistance during time of crisis. Therefore it was concluded that there is no age for retirement but research conducted by Howard Litwin (2009) also revealed that social network after retirement had different effects on the psychological well being of retirees. Several population based studies have also indicated that social network has a positive correlation with physical and mental well being. It had been observed that depressive symptoms are inversely proportional to size of the individual’s social network.

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

Several of the studies indicated that some types of leisure time activities contributed more to health of women retirees, yet it remains unclear exactly how the activities contribute. Other studies indicated that the meaning of the leisure experience is more important to enhanced health than a specific activity. Overall, the results clearly indicated that leisure participation enhances health at various levels. Melamed and Meir (1995) findings showed that leisure activities that fit to personality of individuals were more likely to be meaningful and satisfying, provides a link between activity and meaning. Because leisure participation enhances health, it is important that all people have greater opportunities to experience meaningful leisure. On the other hand, since leisure time is more abundant in retirement then the demand for goods to use with that time could increase. Leisure goods and time are complementary in the production of satisfaction. Therefore engagement in leisure activities after retirement is essential because it also contribute to well-being.

Poor health and limited income, while inconvenient, do not close the doors to satisfactions in the retirement period. Contentment in this period as in previous ones frequently depends on other than the possession of health or wealth, as important as these may sometimes appears. Christine and Balaswamy (2009) found predictors of satisfaction of women retirees. Suggestions were made to recognize the importance of psychological health of women after retirement. Participation in regular physical
activities has substantial benefits for the health and functioning of all people, including older people (Mezzo et al. 1998). A physically active lifestyle is found to minimize the physiological changes associated with ageing and help delay or prevent the onset of common chronic diseases including cardiovascular diseases, diabetes, arthritis and osteoporosis (Singh, 2002). A review by Keysor and Jette (2001) indicated that participation in regular physical activity improves functional capability of elders through enhancing muscle strength, aerobic capacity, balance and flexibility. It is known that such enhancements help reduce the possibility of falling, which is a major cause of disabilities in late life (Skelton, 2001). Participation in regular physical activity thus contributes greatly to independent lifestyles in older people. Participation in physical activity has also been shown to generate positive effects on the cognitive functioning of older people.

Regular physical activity is also associated with life satisfaction, as demonstrated by Price (2001). Fondow and Meghan (2007) studied effects of retirement and health among men and women. They found that the myth of retirement and health states that health declines following retirement. Several studies have found support for the myth, but others have found that health may actually improve in retirement. Retirement is a major life transition that affects daily activities, social relationships, and income and is believed to have important consequences for health. Investigator has observed that if women retirees will be counseled properly they can enjoy their post retirement life. Investigator feels that there is association between leisure activities, social network and health status of women retirees.

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

ASSOCIATION BETWEEN LEISURE TIME ACTIVITIES, SOCIAL NETWORK AND HEALTH STATUS OF WOMEN RETIREES IN INDIA AND UK

Operational Definitions of the Terms Used
Leisure Time Activities

Leisure or free time is a period of time spent out of work and essential domestic activity. It is also the period of recreational and discretionary time before or after compulsory activities such as eating and sleeping, going to work or running a business, attending school and doing homework, household chores, and day-to-day stress. The distinction between leisure and compulsory activities is loosely applied, i.e. people sometimes do work-oriented tasks for pleasure as well as for long-term utility. Leisure activities are divided into predominantly: Productive, Intellectual, Physical, Social, Productive and Recreational categories. Apart from this Leisure activities are broadly categorized into active and passive leisure activities.

Active leisure time activities involve the exertion of physical or mental energy. Low-impact physical activities include walking and yoga, which expend little energy and have little contact or competition.

Passive leisure time activities are those in which a person does not exert any significant physical or mental energy, such as going to the cinema, watching television.

Social Network

A social network is a social structure made of nodes, which are generally individuals or organizations that are tied by one or more specific types of interdependency such as values, visions, ideas, financial exchange, friendship, kinship, dislike, conflict or trade. A social network is a pattern of continuous interchange of mutual assistance that plays a significant role in maintaining the physical, social and psychological integration of the individual over time. A Social network helps to fulfill three basic needs of the older people which are –Socialization, carrying out the task of daily living and personal assistance during time of crisis.

Health Status

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

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

Socio Economic Status

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

Objectives of the Present Study

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

1. Identification of pattern of leisure activities of women retirees
2. Finding difference between leisure activities of women retirees of India and UK
3. Exploring the level of social network of women retirees in India and UK
4. Revealing the health status of women retirees in India and UK
5. Finding association between leisure activities, social network and health status with respect to socio economic status of women retirees in India
6. To reveal the association between leisure activities, social network and health status with respect to socio economic status of women retirees in UK
7. Comparing the association of leisure activities, social network and health status of women retirees belonging to India and UK

Hypotheses of the Present Study

On the basis of the objectives of the present study, following hypotheses have been formulated.
1. Women retirees belonging to UK are more involved in leisure activities than women retirees belonging to India

   It has been hypothesized that leisure time activities differ in accordance with social class, life course and demographic factors. Kimberling (2011) investigated different types of leisure activities among retirees belonging to UK. He found that bird-watching, volunteering and traveling, TV watching, e-networking, sailing clubs, cruising, travel and sightseeing are the common leisure time activities of retirees in UK. Retirees are much technologically sound and aware so they engage themselves in varieties of leisure activities. Jonathan (1999) has conducted research on leisure time activities in UK. He explored that technological and social developments have enabled people to enjoy their leisure time. Research also concluded that British people use their leisure time by performing variety of activities as compared to Indian people. Mishra (2010) explored leisure activities of Indian retirees and found that leisure activities of Indian retirees remain connected with their hobbies and interaction with the friends and members of voluntary organizations. The Investigator has observed that women retirees in India generally engage themselves in performing household activities and playing with their grandchildren. Parkash (1999) found that TV watching and listening radio are the common leisure activities performed by Indian retirees. Therefore investigator wants to reveal the difference in leisure activities among Indian and UK women retirees.

2. Women retirees belonging to UK have less Social Network than women retirees belonging to India

   In UK, retirees want to remain professionally occupied and after retirement they engage themselves in e-networking, telephonic conversation online networking. Women after retirement miss their work and colleagues. Online social communication organization in UK found that in UK, older people are connected with other people through e-networking and other aspects of social network as far as personal contacts are concerned are missing. According to recent findings published by the pew research center, half of Internet users are between the age group of 60-65. These findings has been released in June (2010) by the American association of retired persons (AARP). After reviewing the literature it has been observed that people belonging to UK are more tech-savvy. The retired person spends their time in
online networking. Robinson (2010) also said that older people use web-based social networks and online dating services to boost their social networks.

But as far as Indian retirees are concerned, social support network for the retirees is higher for those residing in a joint family system to those living in a nuclear family setup.

3. Women retirees belonging to UK have better Health Status than women retirees belonging to India

Retirement is not the end of life rather it is the period of rest and recreation. Every retiree finds happiness in his present state. Cristine (1986) explored personal and psychological predictors of women’s retirement satisfaction that lead to their well being and health. The myth of retirement and health states that health declines following retirement but Charles (2007) concluded that health improves after retirement. Charles also concluded that retirement has positive effects on health status of women retirees belonging to UK. Dhaval and Spasojevicto (2006) revealed that health deteriorates with age and retirement has no effect on health status. Research conducted by John (2007) explored that after retirement, leisure time increases. As a result, individuals spend their time in maintaining their health. Retirees spend their time in pursing medical care and in health promoting behaviors. At the same time, the extra time could also be spent in engaged in healthy eating behaviors. Mein (2003) found that retirement at age 60 had no effects on physical health functioning of retirees belonging to UK. Retirees belonging to UK are more conscious about their health. For this they go for many health improvement programmes. It has been anticipated that Mental health functioning deteriorated among those who continued to work, but improved among the retirees.

Study conducted by Basu (2006) said that the advancement of medical science and increased awareness among the people have brought about a sharp decline in mortality. This has resulted in a worldwide shift in the demographic profile and have lead to a significant increase in the aged population in India, but after retirement, retirees find themselves with a lot of free time on their hands and nothing constructive to do, this will lead to deterioration of their physical as well as mental health (Neha 2009). Therefore the present research is an attempt to examine whether women
retirees belonging to UK have better Health Status than women retirees belonging to India or not.

4. Leisure Activities, Social Network and Health Status with respect to socioeconomic status of women retirees in India are positively associated

Studies conducted by Sharon (2006), Donna (1999), Melamed (1995), Russell (1996), highlighted that leisure activities, social network and health status are responsible for life satisfaction after retirement. Research conducted by James (2009) explored that participation in sports and recreational activities can reduce stress, anxiety and depression. Participation in group recreation provides a sense of value, belonging and attachment. There are both direct and indirect links between participation in group activity and mental health. Kumar (1999) also found association between social network and health status of older people in India. Mickel (1992) investigated the impact of employment on the health of retirees with particular attention to the social roles that affect health through their impact on social networks. Thus after reviewing the related literature the investigator feels that leisure time activities, social network and health status of retirees in India are positively associated or not.

5. Leisure activities, social network and health status with respect to socioeconomic status of women retirees in UK are positively associated

Leisure activities and increased social network is very essential in predicting the well being of older people. The width of social network, type and frequency of leisure time activities are essential for good health of everyone. Galit (2005) also examined the structures of leisure activities and leisure benefits of individuals who have retired. He explored the contribution of leisure activities and benefits to higher life satisfaction at this phase of life. Torres (1999) identified that leisure activities contribute to good health. The literature dealing with successful aging usually examined the relationships between good physical, cognitive and personal functioning, and the various other social factors responsible for good retirement. It has been investigated by Halen and James (2003) that social networks are often maintained and extended through relationships. In the absence of social relationships,
older people feel alone and this may lead to physical and mental problems. The related literature revealed that there is positive association between leisure activities, social network and health status.

**Delimitation**

The study will be delimited to socioeconomic status of women retirees in India and UK.

**Sampling**

Data will be collected from women retirees from India and UK. 500 women retirees will constitute the sample of the present study. Out of which, data of 250 women retirees will be taken from India and data of 250 women retirees will be taken from UK. Purposive Sampling technique will be applied to collect data of women retirees belonging to India and Snow Ball sampling technique will be applied to collect data of women retirees belonging to UK. For the qualitative analysis, 10 case studies of women retirees, each from India and UK will be conducted.

**Tools for the Present Study**

For the present study, following tools will be used

1. Information Sheet
2. The investigator will prepare and standardize the following scales:
   a. Leisure Time Activities Scale
   b. Social Network scale
   c. Health Status Scale
   d. Socioeconomic Status Scale (R.L. Bhardwaj)
3. For qualitative analysis, case studies of women retirees will be taken for which a schedule will be prepared by the investigator.

**Procedure**

The study will be conducted using quantitative as well as qualitative approach. The data will be collected from 500 women retirees belonging to India and UK using different tools. In order to evaluate social network of women retirees, scale of social network will be used which includes three groups based on items related to
family, friends and neighbors, e networking, religious activities and social activities. In order to assess leisure activities of women retirees, leisure time activity scale will be used. The item content of leisure activities scale will consist of eight different areas i.e. religious activities, social activities, sports, literary activities, travel activities, recreational activities, media and communication activities and household activities. To assess the health status of women retirees, health status scale developed by Dr. Bawa and shelly will be used. To assess the socio economic status of women retirees, socio economic status scale prepared by R.L.Bhardwaj will be used. In India, data will be collected by gathering information from various sources/organizations, such as office of Block Primary Education, office of Electricity Board, Banks, office of Civil Hospitals, District Election Office, All India Women Conference and through personal contacts. From women retirees belonging to UK, data will be collected through personal contacts, teleconferencing, face book and through E-mails. For qualitative analysis, the investigator will interview 10 women retirees from both the countries. The information thus collected through interviews will be analyzed to know the leisure activities, social network and health status with respect to socio economic status of women retirees in India and UK.

**Statistical Techniques**

To test hypotheses, following statistical techniques will be used.

1. To identify the pattern and difference between leisure time activities of women retirees belonging to India and UK, percentage and chi square will be employed.

2. To examine social network of women retirees belonging to UK and India, t-test will be applied.

3. To explore the difference in health status of women retirees belonging to India and UK, t-test will be employed.

4. Correlation technique will be employed to see the association among leisure activities, social network and health status with respect to socio economic status of women retirees in India.
5. To know the association among leisure activities, social network and health status with respect to socio economic status of women retirees in UK, correlation will be employed.

CHAPTER SCHEME

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METHOD AND PROCEDURE

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RESULTS, DISCUSSIONS AND INTERPRETATION

- References
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