



PHYSICAL HEALTH IN RETIREMENT: A COMPARATIVE STUDY BETWEEN CIVIL SERVANT AND NON-CIVIL SERVANT RETIREES IN IBADAN METROPOLIS, OYO STATE, NIGERIA.

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ABSTRACT

The study is a comparative study that examines physical health in retirement between civil servant and non-civil servant retirees in Ibadan, Oyo state Nigeria. Descriptive survey research design was adopted for the study. Three hundred and eighty-four (384) retirees were selected through a simple random sampling technique. A self-structured and validated questionnaire with a reliability co-efficient value of 0.89 was used for data collection. Three research hypotheses were formulated and tested at 0.05 level of significance using Chi-square and independent t-test. Findings from the study revealed that there was a significant influence of retirees' status on their physical health ($P < 0.05$), there was a significant difference in care dependency of civil servant and non-civil servant retirees ($t\text{-cal } 4.381; P < 0.05$). However, the status that there was no significant difference in impairment of civil servant retirees and non-civil servant retirees ($t\text{-cal } .009; P > 0.05$). Based on these findings, it was recommended that government should provide free healthcare services to people aged 65 years and above. Social workers should educate the public and create awareness about pension reforms particularly the micro pension plan for those working in the informal sector such as self-employed and private employers on the inherent benefits of the new Contributory Pension Scheme.

Key Words: Physical Health, Retirement, Civil servant, Non-civil servant, Retirees.

INTRODUCTION

Retirement is a state of being withdrawn from work/business, public life or active service. It could either be mandatory, voluntary or involuntary. It has also been referred to as a fluid concept because it connotes various meaning and fraught with different experiences for different people (Yunusa, 2013). It is a complex life transition as retirees has to face many changes, e.g. changes in work routine, in social life and financial. It is a major life transition that affects daily activities income and social relationships, and often believed to have important consequences for health (Hamblin, 2013). This is because aging is highly linked with long term physical and mental disability and a number of long term chronic conditions may likely increase personal care needs. This accounted for the major reason why retirement was ranked 10th on the list of life's most stressful event by the Holmes and Rahe Stress (Holmes & Rahe, 1967).

Despite the pension reforms in Nigeria, there are still no respites for retirees' even the civil servants on the contributory pension scheme. According to Irimi (2020) the government still owes retirees many years of unpaid gratuities after their biometric data has been captured for over a year. He added that retirees are suffering in silence and have not been able to feed, pay medical, electricity and for other essential services. They have to depend on colleagues in service and other family members for support. Tanyi, André & Mbah (2018) stated that the ageing work force population has implications for the labour markets, health care, and social security particularly in countries such as Nigeria with low

levels of social and economic development and little access to adequate health care especially as traditional family support systems for the elderly are breaking down due to modernization, economic reasons etc (Abanyam, 2013; Okoye 2012).

This point was reiterated by Togonu-Bickersteth & Akinyemi (2014) that one of the costly assumptions about old age care in Nigeria is that adult children are responsible for the support and care of their parents or the belief that the extended family is still actively involved in the care of the elderly. They stated that this is no longer feasible due to harsh economic conditions and the struggle to survival by the children who also have to take care of their own family. Therefore, retirees in all sectors of the economy need to wake up to this reality and make adequate preparation in terms of their retirement. Despite Nigeria's being the most populous country in Africa and six in the world, there were very few studies that examine the relationship between retirement and health among retirees.

Furthermore, little efforts has been made in conducting studies to distinguish which of group (i.e. public and private) encounter greater challenges putting in mind that they have different access to income. Therefore, a comparative study of this nature will help researchers/policy makers to illuminate similarities and differences, not only in the observed characteristics of particular institutions or systems, but also in the search for interventions to address these challenges particularly their health issues. The plight of the retirees in Nigeria has gained public attention and studies that focus on their wellbeing are needed to address these public concerns and provide interventions. Investigating the health benefits or consequences of retirement is one of the first steps in addressing the mounting challenges facing retirees. It is against this background that the present study is carried out.

Review of Literature

Health and retirement have been said to be bi-directionally related. This is because health is a basic need of human and plays an important role either before, during and after retirement (Oksanen & Virtanen, 2012). Although, as a result of retirement, one may be able to avoid the usual stressful work environment, however, the complexity of socioeconomic as well as the psychological adjustments initiated by retirement suggests that there are potentially interrelated mechanisms through which retirement may affect retirees' (Kuhn, 2018). This accounted for the reason why the relationship between retirement and health has been a subject of debate among scholars. Recent longitudinal studies suggest that retirement can have a major influence on people's health behaviours, health and quality of life. Retirement could also be an opportune time at which to intervene with health-promotion activities and support healthy and active aging (Stenholm & Vahtera, 2017). For example, in a review of studies by van der, van Rijn, Robroek, Burdorf & Proper (2013), studies show that retirement can have both beneficial as well as adverse health effects.

Strong evidence was found for retirement having a beneficial effect on mental health; but conflicting evidence was found for retirement having effect on perceived general health and physical health. A similar study by Westerlund, Vahtera, Ferrie, Singh-Manoux, Pentti, Melchior, Leineweber, Jokela, Siegrist, Goldberg, Zins & Kivimäki, (2010) revealed that retirement have a positive effect on physical health. However, the study did not ascertain whether these improvements can be attributed to factors such as the elimination of adverse work, the reduction of both physical and mental demands, or by positive lifestyle changes.

Xue, Head & McMunn, (2017) assessed the associations between retirement and systolic blood pressure, diastolic blood pressure, waist circumference, body mass index, smoking status, and alcohol consumption over a 17-year period both before and after retirement among 1,084 retirees. The study found that retirement was accompanied by reduction in diastolic blood pressure, a slowdown in the increase of both systolic blood pressure and waist circumference, and a reduction in the probability of being a heavy alcohol drinker. No significant associations with body mass index or smoking were found. They concluded that retirement may be beneficial for blood pressure, waist circumference, and alcohol consumption in the Chinese context.

Okamoto, Okamura & Komamura (2018) found positive relationship between retirement and physical health. The study used public available data from the National Survey of Japanese Elderly of a sample of 1288 men who were 60 years or older. Survey respondents were followed-up for at most 15 years for the onset of four health outcomes: death, cognitive decline, stroke and diabetes. The study concluded that being in employment past the current age of retirement had a positive impact on health. In the same vein Al Turki (2014) conducted a study to highlight cardiovascular risk factors among retired attendees attending a primary care clinic, Riyadh. Result showed that there was prevalence of cardiovascular risk factors such as hypertension among 73% attendees, Diabetes Mellitus in 67%, dyslipidemia in 71%, Obesity 29%, and Smoking 13% of the patients. The study concluded that cardiovascular risk factors among retired attendees of a primary care clinic are common, and these need to be considered while improving the health care of retired people.

Objective of the Study

The main objective of the study is to compare the physical health of civil servant retiree and non-civil servant retirees. Specific objectives are:

- i. To examine the influence of retirees' status on their physical health.
- ii. To compare difference in impairment of civil servant and non-civil servant retirees.
- iii. To compare the difference in care dependency of civil servant retirees and non-civil servant retirees.

Research Hypotheses

- i. There will be no significant influence of retirees' status on their physical health.
- ii. There will be no significant difference in impairment of civil servant and non-civil servant retirees
- iii. There will be no significant difference in care dependency of civil servant and non-civil servant retirees.

METHODOLOGY

Research Design

The study adopted descriptive survey research design. It was considered suitable to accurately and systematically describe a population and to investigate the association between the independent and dependent variables. A simple random sampling technique was used to select a total number of three hundred and eighty-four (384) retired civil servants and non-retired civil servants in Ibadan Metropolis. This is made up of 194 retired civil servant retirees and 190 non-civil servant retirees.

Instrument

A self-constructed and validated questionnaire with reliability of 0.89 tagged "Physical Health In Retirement Questionnaire (PHIRQ)" was used to collect data for the study. It is divided into four sections, namely sections A, B, C and D. Section A contains 6 items measuring demographic variables such as age, sex, religion, income, years of working experience and retirees' status.

Section B contains 8 items measuring physical health of the respondents. The items were selected from physical health questionnaire developed by Schat, Kelloway & Desmarais (2005). The scale is a shortened brief self-report scale of health scale developed by Spence et al. (1987). PHQ is a psychometrically sound instrument that can be used to measure four dimensions of somatic health such as headaches, sleep disturbances etc.

Section C contains 6 items measuring care dependency of the respondents. The items were adapted from Care Dependency Scale developed by Dijkstra, Smith & White (2006). This section measured series of care dependency that is common among older adult, which include dependency to pay medical bills, drug purchase, and food.

Section D is made up of 7 items measuring impairment among the respondents. The items were drawn from Functional Impairment Rating Scale Self Report developed by Weiss, (2011). This section measured series of physical impairment which is common among older adults.

Validity and Reliability of the instrument

Face and content validity were done for the instrument through consultations with experts in the concern areas of study while reliability test was done through test re-test which yielded Cronbach alpha values of 0.80 and 0.84 respectively.

Data Analysis

Hypothesis one was analysed using chi-square which is suitable and ideal for analysing data in the form of discrete categories and frequencies, which are nominal in strength while independent t-test was used to analyse hypotheses two and three. Independent t-test is very suitable to compare scores on the same variable but for two different groups of cases. The three hypotheses were tested at 0.05 alpha level.

RESULTS

Hypothesis one:

There will be no significant influence of retirees’ status on their physical health.

Table 1: Chi- square showing the influence of retirees’ status on their physical health.

Dimensions of Physical health	Retirees’ status			df	Cal (χ^2) Value	p-Value	Remark
	Civil Servant Retiree	Non Civil Servant Retiree	Total				
No response	6	29	35	9	63.900 ^a	0.000	Sig
Pain	15	24	39				
Cold and Cough	22	40	62				
Arthritis	2	4	6				
Vision	34	19	53				
Malaria	43	31	74				
Diabetes	2	1	3				
Hypertension	78	20	98				
Insomnia	5	5	10				
Haemorrhoid	2	2	4				
Total	194	190	384				

Chi square result as shown in the table 1 revealed a significant influence of retirees’ status on their physical health (χ^2 Cal. = 63.900; $p < 0.05$). The null hypothesis stated above is therefore rejected.

Hypothesis two:

There will be no significant difference in care dependency of civil servant and non-civil servant retirees.

Table 2: Independent t-test showing the difference in care dependency of civil servant and non-civil servant retirees

Retirees Status	N	Mean	Std. Dev.				
Civil servant retirees	194	18.45	5.31	4.381	382	.000	Sig
Non civil servant retirees	190	15.42	7.99				

As shown in table 2 above, it is observed that significant difference existed in the mean score of care dependency of the civil servant and non-civil servant retirees (t-cal. = 4.381; df = 382; $p < 0.05$). The null hypothesis stated was therefore rejected.

Research Hypothesis three:

Table 3: Independent t-test showing the difference in impairment of civil servant and non-civil servant retirees.

Retirees Status	N	Mea	Std. Dev.	t-stat	df	p-value	Remark
Civil Servant Retirees	194	16.00	5.50	.009	382	.993	NS
Non-Civil Servant Retirees	190	15.99	5.63				

As shown in the table above, there was no significant difference in the impairment of the Civil servant and non-civil servant retirees ($p>0.05$). The null hypothesis stated is therefore accepted.

DISCUSSION

The result of testing the first hypothesis indicated significant influence of retirees' status on their physical health. As shown in table 1 above, a total of 98 (25.52%) had hypertension which was the highest form illness among the two categories of retirees. This is followed by 74 (19.27%) Malaria, 62 (16.15%) had cold and cough, 53 (13.80%) had problem with their vision, 39 (10.16%) suffered from various types of pain, 10 (2.60%) had insomnia, 6 (1.5%) had arthritis while 4 (1.04%) had haemorrhoid, 3 (0.78%) had diabetes and 35 (9.11%) did not disclose their health status. Hypertension was reported to be the highest particularly in the civil service retirees. This finding is line with the finding of Al Turki (2014) that retirees with cardiovascular risk were the highest among retirees attending a primary care clinic in Riyadh. Result showed that there was prevalence of hypertension 73% among the attendees.

The above finding is in tandem with the finding of Stenholm & Vahtera (2017) that retirement had a major influence on retiree's health and quality of life. It is also in line with the finding of Eibich (2015) that retiring from work is good for health. Health benefits of retirement can be attributed to less stress, more time for leisure and exercise and sleep. The above findings suggest that retirement could provide appropriate time to intervene through health-promotion activities to support healthy and active aging. Therefore, there is need to encourage workers to go for regular medical check-up while in service.

Result obtained from testing the second hypothesis revealed that there was a significant difference in care dependency of civil servant and non-civil servant retirees. This may be due to the fact that civil servant retirees have access to monthly income as pensions which they can use to meet their basic needs such as purchase of drugs, food and other necessities unlike the non-civil servants retirees who may not have access to any income since they may be self-employed or private sector retirees with no pension income. This group may therefore rely on support from families, friends and colleagues who are still working. This finding is similar to the finding of Bardasi, Jenkins & Rigg (2000) that different paths into retirement produce different outcomes particularly in terms of income. This is because retirement represents a marked change in status and income even for full-time workers.

The finding is also consistent with the finding of Aguila (2019) that income supplement recipients are more likely to receive Medicaid and therefore be less dependent than the group that does not have access to any income. They concluded that the group that are not recipient of income supplements are at high risk of protracted periods of poor health, a

reality that is exacerbated by poverty. Sustainable long-term care systems for the future for retirees will therefore require improved income security in old age.

The result of hypothesis three revealed that there was no significant difference in impairment of civil servant and non-civil servant retirees. However, the result indicated that as one gets older, there are possibilities of the manifestation of certain type of illness. Such problems may be with the eyes, bones etc which are mainly due to the wear and tear of the body organs and tissues. The finding is in agreement with the finding of Zhang, Salm & Soest (2018) that there was a causal effect of retirement on healthcare utilization by retirees in China. They concluded that the increase healthcare utilization by retirees was substantial and that one possible mechanism is deteriorating health. It is therefore essential that the government should provide free health services for retirees in order to enhance their quality of life.

Implications findings for Industrial and Social Case Workers

Findings from the study have many useful implications for industrial and social case workers, among which are:

- Industrial Social workers have to design programmes to meet the retirees' needs particularly after their disengagement from active service life when their energy and supports have diminished considerably.
- Industrial social workers need to work with labour unions to develop programmes and resources that will help to preserve and maintain the quality of life of retirees.
- Social case workers have the responsibility to work in conjunction with medical personnel in an interdisciplinary committee to develop programmes to assess workers on a variety of health issues. Such programmes not only improve the lives of retired workers; but also help to detect developing health issues among younger workers so that their health status upon retiring is improved.
- Social case workers need to work with individuals who are non-compliant with treatment regimens and assist them work through their resistance to making needed changes in their routines.
- Social case workers are to collaborate on health assessment programmes to provide supportive counselling to members with health impairment.

Conclusion

Considering the ageing workforce population, it is important to know what happens to the workers' health after transition to retirement. Although several studies have examined the relationship between retirement and health with different outcomes, this study has shown that retirees in civil service and those in non-civil service have various health challenges. This might be as a result of various factors such as period of work, type of work or age factor. The study also revealed that civil servant retirees are in better position to get some of their basic needs such as medical and food because they have access to monthly income unlike the non-servant retirees who may have to depend on friends and families.

Though, the study revealed that there was no significant difference in both set of retirees as regards their impairments which may be as result of the wear and tear of body tissues and organs in old age. It can therefore be summarily concluded that when the retired elderly persons (both civil and non-civil servants) have access to monthly income and other social supports (material and emotional support), they would be able to manage their health, live good quality life and enjoy their retirement

Recommendations

Based on the findings of this study, the following recommendations were made:

- Government should provide free healthcare services to people aged 65 years and above. This will definitely include retirees in both private and public sectors.



- Social workers should educate the public and create awareness about pension reforms particularly the micro pension plan for self-employed Nigerians and those working in the informal sector on the inherent benefits of the new Contributory Pension Scheme.
- Retirees should also be encouraged to register for the National Health Insurance Scheme where they can access quality and affordable healthcare for a little amount of money

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