

**SOCIAL ENGAGEMENT AND SUCCESSFUL AGEING: A STUDY OF RETIRED  
GOVERNMENT EMPLOYEES FROM SOUTH PUNJAB**



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**ISLAMABAD**



Accession No. TH24828



PKD  
30526  
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**SOCIAL ENGAGEMENT AND SUCCESSFUL AGEING: A STUDY OF RETIRED  
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**BY**

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**18-FSS/PHDSOC/F14**

**A Dissertation**

**For Partial fulfillment of the Degree**

**Doctor of Philosophy in Sociology**

*Submitted to*

**Department of Sociology**

**Faculty of Social Sciences**

**International Islamic University, Islamabad**

**2021**

**INTERNATIONAL ISLAMIC UNIVERSITY ISLAMABAD**  
**FACULTY OF SOCIAL SCIENCES**  
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## FORWARDING SHEET

This thesis entitled, "SOCIAL ENGAGEMENT AND SUCCESSFUL AGEING: A STUDY OF RETIRED GOVERNMENT EMPLOYEES FROM SOUTH PUNJAB" submitted by Sajjad Hussain for partial fulfillment of the requirement of PhD degree in Sociology has been completed under my supervision. I am satisfied with the quality and originality of the research work. I allow the researcher to submit the dissertation to concerned authorities for further process as per rules and regulations.

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### STATEMENT OF UNDERSTANDING

I, Sajjad Hussain Reg. No. 18-FSS/PHDSOC/F14, student of PhD sociology, Department of Sociology, International Islamic University Islamabad hereby declare that the thesis entitled, "SOCIAL ENGAGEMENT AND SUCCESSFUL AGEING: A STUDY OF RETIRED GOVERNMENT EMPLOYEES FROM SOUTH PUNJAB" submitted in partial fulfillment for the requirement of PhD degree is my original work, except where otherwise acknowledged in the text.

Date 10-11-2021

Signature 

Sajjad Hussain

## ACKNOWLEDGMENT

First of all, thanks to Almighty Allah for his countless blessings, who gave me strength and courage to complete this document?

I express gratitude to my Supervisor Dr. Saif ur Rehman Saif Abbasi who gave me opportunity to work under his supervision when I was in crises. It is indeed an honor for me to work under his guidance and supervision. He is indeed the founder of Sociology Department in the university and gave it highest reputation not only in the university but in the country as well. Credit goes to tireless efforts that department flourished under his chairmanship. It is also worth mentioning that he produced the maiden PhD doctor i.e., Dr. Shahzad Farid (Assistant Professor of Sociology, Associate Director of the Social Science Research Center and Head Department of Anthropology, University of Okara) of the department of sociology. It would be highly injustice not to acknowledge that my supervisor not only guided in the academic problems but also remained a source to seek answers regarding practical issues in life. His efforts for the department and students have been a source of inspiration for the students to return back in producing researches that can be beneficial for the society.

I would like to acknowledge and thanks Dr. Qaisar Khalid Mahmood who guided me in a way that he made research understanding easy for me. Actually, he and Dr. Farhan Yousaf (Ex Assistant Professor, Department of Sociology, International Islamic University, and Islamabad, Pakistan) are the persons who guided me to work in the domain of ageing which I successfully did.

I am thankful to my colleagues of Social Welfare and Bait ul Maal, Department, Punjab, especially Malik Mohammad Younus, Deputy Director Social Welfare who encouraged and supported me during data collection from South Punjab. The services for data collection on volunteer basis were highly helpful for me to complete this phase of research well in time.



My father and mother remained worried during this process of Degree and they always supported me with their prayers. Unfortunately, my father passed away in 2016 without witnessing the untiring efforts in the shape of this Research document. I feel this achievement cannot be accomplished without parent's prayers. Whenever, I travelled from Multan to Islamabad they prayed for me with the remarks when this journey will come to an end. Finally, it has been ended successfully because of their support and prayers.

Last but not the least, my wife, father in law (retired Professor), mother in law and children fully supported me and encouraged me to complete this degree. Without their love and support this research work would not have been possible.

**Dedicated to my Father**  
**Malik Khadim Hussain Araine (Late)**

## ABSTRACT

*The aged population across the globe is growing rapidly because of health awareness, research, and medical advancement and rising socioeconomic status of the people. Pakistan has no exception. The Model of Rowe and Kahn of Successful Ageing mostly cited in the academic literature based on three components that define successful ageing “as avoidance of disease and disability; high cognitive and physical functioning and active engagement with the life”. Thus, this model for the aged person is superficial and biological in nature by focusing primarily on health that cannot be at the high level at the age of 60 and above. The study aimed to evaluate the model in southern Punjab, critically and empirically. Therefore, the study criticized the model of Rowe and Kahn for neglecting life satisfaction. The study proposed the interrelationship among social engagement, life satisfaction, health status and successful ageing. In order to evaluate the proposed model, the study targeted retired government employees as per existing structure of pension across south Punjab region i.e. Class-IV, Clerical Cadre and Gazatted Cader. The study selected 400 retired pensioners from districts Multan, Bahawlpur, Dera Ghazi Khan, Rahim Yar Khan, Muzaffargarh and Khenewal of South Punjab, through stratified random sampling technique. The study used proportionate sampling technique in order to select true representatives of the population from each selected district. The study used Successful ageing Scale of Recker (2009), Patient Health Questionnaire Spitzer and colleagues (1999), Satisfaction with life Scale by Diener and colleagues (1985) and self-constructed Social Engagement Scale for data collection through survey method and face-to-face interview schedule. The log linear model showed the fit of the data ( $G^2 = 13.812$ ,  $\chi^2(2) = 17.297$ ,  $AIC = 9.812$ ,  $BIC = 1.829$ ). The model showed that high social engagement, high life satisfaction, high health status and high successful ageing are significantly interacting with each other which affirmed proposed model of the study. The study concluded that high successful ageing is the resulting factor of high social engagement, high life satisfaction and high health status. The study further suggested that retired government employees who are*

*pensioners should be engaged in productive activities by considering their skills, mental and physical potential to make their ageing successful. The goal of successful ageing can only be achieved by enhancing life satisfaction in the life of the elderly person which is core element in proposed model of the study. The study further suggested that there is lack of legislation and policies to achieve the goal of successful ageing. Aged women should be included in the policies as to make their lives better, along with academically, there is need to probe the factors that have resulted comparatively high successful ageing in women than men.*

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## **LIST OF ACRONYMS**

<b>AARP</b>	<b>American Association for Retired Person</b>
<b>CV</b>	<b>Cardio Vascular</b>
<b>EU</b>	<b>European Union</b>
<b>GoP</b>	<b>Government of Pakistan</b>
<b>ICPD</b>	<b>International Conference and Plan of Action, Process and Development.</b>
<b>MIPAA</b>	<b>Madrid International Plan of Action on ageing</b>
<b>NGO</b>	<b>Non-Government Organization</b>
<b>OECD</b>	<b>Organization for Economic</b>
<b>PES</b>	<b>Productive Engagement Scale</b>
<b>PHQ-9</b>	<b>Patient Health Questionnaire-9</b>
<b>SAS</b>	<b>Successful ageing Scale</b>
<b>SDG, s</b>	<b>Sustainable Development Goals</b>
<b>SES</b>	<b>Social Engagement Scale</b>
<b>SHARE</b>	<b>Survey of Health, ageing and Retirement in Europe</b>
<b>SWB</b>	<b>Social Well Being</b>
<b>SWLS</b>	<b>Satisfaction with Life Scale</b>
<b>UN</b>	<b>United Nations</b>
<b>UNESCO</b>	<b>WHO World Health Organization</b>

### INTRODUCTION

#### 1.1 Introduction of the chapter

For comprehensive understanding the issue of successful ageing related to social engagement of aged persons; it has been discussed in detail- the general concept of ageing along with its connection with society, implication and international guidelines to cope up with this issue. Demographic transition and trends have been discussed to highlight the sensitivity of the issue of elderly people for making policies by considering population strength throughout the world, in Asia and in Pakistan. The society's reaction toward elderly people with the support of states by devising policy, in western countries, and in Asia along with the general attitude of the society toward elderly people has been discussed in the current study. Moreover, practically and theoretically, the relationship of social engagement and successful ageing has been stated to get complete picture.

#### 1.2 The agenda of ageing

Ageing is the process of growing old (Gorman, 1999) along with biological, social and psychological experiences (Stein & Moritz; WHO, 1999) and it is actually a complex process as the persons have to cope with simultaneously three issues; (i) avoiding from disease and disability (ii) maintaining high physical and cognitive functioning (iii) and the social engagement in latter adult hood (Rowe& Kahn, 1998). Unprecedented changes are occurring throughout the world. The fertility and mortality rates are declining. Due to these changes' countries are facing numerous issues- increasing of aged population is one of them and it is being ignored by the countries (UN, 2019). These changes are affecting at micro and macro level as well. Such changes have posed the spectrum of the responsibilities not only for the individuals but for the families, private-sector organizations, governments, and academia as well. It is the combined responsibility of all of those to address the issue of aged persons by taking practical measures by reducing the burden of disease and disability, providing health

care, housing, social security and encouraging and providing fair chances of participation to these aged persons (Fall & Bloch, 2014). However, it has been witnessed the approach and focus to address issues related to aged population vary from state to state depended upon different factors.

But the fact is that changes occurring in context of aged population to measure and understand the issue of ageing carry important things to be incorporated in internationally agreed goals for the betterment of aged persons. The Program of Action of the International Conference on Population and Development (ICPD), the Madrid International Plan of Action on Ageing (2002) and most recently, the 2030 Agenda for Sustainable Development Goals 2030 (Sidorenko, & Zaidi, 2018) which holds responsible the societies to be oriented for all ages by discriminating the concept of privileges to some specific age group. Actually, the agenda of these internationally agreed developments stress upon the societies to sensitize and achieve equal human rights for all people. For assurance of Sustainable Development goals every person should be given equal chance of participation so that no one remain left behind in the society. (Sidorenko & Mikhailova, 2014). Although this agenda negates any discrimination for any specific age group but vulnerable segments of a society still struggling to achieve their rights including aged persons.

For the first time Madrid International Plan of Action on Ageing (MIPAA, 2002) provided four major guidelines to address the issues of aged person that can improve their Live's which is not only beneficial for aged persons but for the society as well (Hokenstad & Roberts, 2011). These guide lines include (i) discrimination and decision making (ii) health (iii) work and pensions (iv) and supportive environments. Despite having the guidelines for the societies and international bindings- still aged persons are facing numerous issues including social protection and lack of supportive environment (Parry, Zahidi & Um, 2018).

By addressing the issues of aged persons, the MIPAA has provided specific guidelines for the for all stake holder in the society by categorically assigning the role for civil society, government and for other active welfare groups for building a society which negates discrimination regarding age (Sidorenko & Walker, 2004). Additionally, for the first time, internationally, aged persons contribution was recognized through this development. It also provided guidelines for the governments that ageing should be included in all social and economic development policies so that lives of those could be eased who had contributed not only for their society but for the state as well. It was agreed upon by 159 governments but the reaction from countries has not been found satisfactory. Resultantly, aged persons are being pushed toward vulnerability by joint effort of societies and states.

### **1.3 Ageing, demographic trends and issues**

When we look into the human history it is evident that to achieve 60 years and above was an exceptional mark. It was due to attacks of different diseases, lack of medication, hunger and lack of research to tackle these issues. Scholars in the field of demography have estimated that until the mid-18<sup>th</sup> century, globally the life expectancy was only 25 years, so which was at its minimum level (Vallin, 2002). The life expectancy has been increased with the passage of time and this trend has been witnessed throughout the world. Globally, it reached about 47 years by 1950 by proceeding it has attained the mark of 67 years today and trend will increase up to 75 years by 2050 (AARP 2007; United Nations, 2009). This is the result of declining mortality by the induction of science and research in the lives of people. Recent trend shows that mortality and fertility rate both has decreased. The increasing life span has resulted continuous increase in the aged population. (Bennett et al., 2018). However, it has been observed higher life expectancy in developed countries than under developed countries.

Currently, according to report of United Nations (2019) in next thirty years, it is projected the aged population will 1.5 billion around the globe which is huge increase. No region will have any exception but this trend will vary across the globe. However, the largest



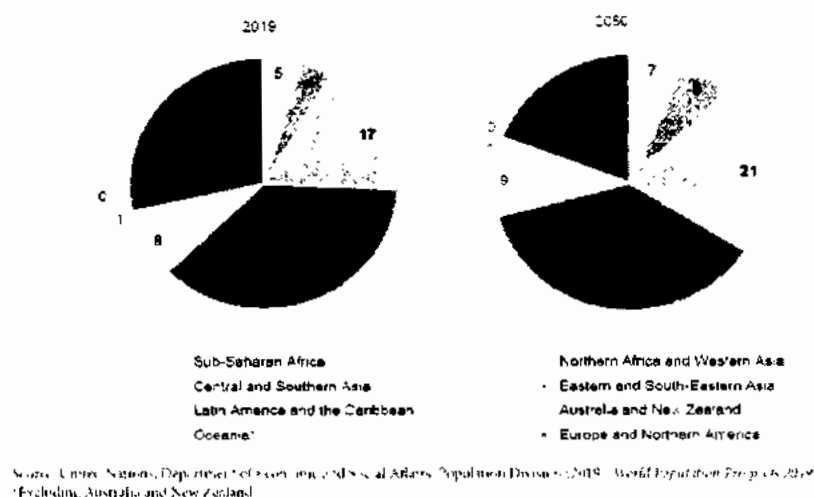
increase of 312 million persons is projected to occur in South Asian countries, growing from 261 million in 2019 to 573 million persons aged 65 years or over in 2050 needs attention by considering the resources of these countries. The trend of changing population in other regions of the world will also occur but comparatively a less than Asian countries. It is also worth mentioning that the female survival advantage persists into older ages (see table 1.2 for estimation) and it has been confirmed in the estimates of United Nations in 2019. The changing trend of older persons around the globe is given in the table below (see table 1.1) and see (figure 1.1)

Table 1. 1

*Number of persons aged 65 years or over by geographic region, 2019 and 2050*

<b>Region</b>	<b>Number of persons aged 65 or over in 2019 (millions)</b>	<b>Number of persons aged 65 or over in 2050 (millions)</b>	<b>Percentage change between 2019 and 2050</b>
World	702.9	1548.9	120
Sub-Saharan Africa	31.9	101.4	218
Northern Africa and Western Asia	29.4	95.8	226
Central and Southern Asia	119.0	328.1	176
Eastern and South-Eastern Asia	260.6	572.5	120
Latin America and the Caribbean	56.4	144.6	156
Australia and New Zealand	4.8	8.8	84
Oceania, excluding Australia and New Zealand	0.5	1.5	190
Europe and Northern America	200.4	296.2	48

*Source:* United Nations, Department of Economic and Social Affairs, Population Division (2019). World Population Prospects 2019. \*Excluding Australia and New Zealand.



United Nations, Department of Economic and Social Affairs, Population Division

**Figure 1. 1 Number of persons aged 65 years or over by geographic region, 2019 and 2050**

This expected huge population needs a special attention while making ageing oriented policies at global level. As per contribution of women, they are making even greater gains than men and they cannot be ignored at all while framing policies. Female life expectancy is continuously surpassing than man by a range of three to seven additional years with increasing time throughout the world (United Nations, 2009). This trend indicates that females should be given even greater importance to cope up this huge population of elderly people. In 2005, older women of 60 years or above outnumbered older men by 67 million. However, overall response to facilitate the elderly people is passive and especially aged females are not on radar of policies. (Lassonde, 2014).

Additionally, as the world's population as a whole is increasing virtually along with the growth of aged persons (United Nation, 2019). This changing demographic trend needs special focus to address the issues of supply of food, housing, transportation and social protection in the 21<sup>st</sup> century for all societies especially for the societies struggling in economy (Bloom & McKinnon, 2010). This will be also test case for the family systems as well to provide a better and dignified life to the aged persons as governments cannot cope up this issue single handedly.

However, these ageing transition and trends are the lessons for the societies and for the states to prepare a comprehensive plan of actions to utilize this growing population into the productive activities by considering their moral obligation and legal binding respectively without any gender bias approach as the aged women strength in numbers cannot be ignored (Cauley, 2012).

### **1.3.1 Ageing, demographic trends and issues in Pakistan**

Like all other countries, Pakistan is also experiencing a comprehensive growth in the aged population. Currently it has not been existing an accurate data regarding projection of older persons in the country even it has been conducted census in the country in 2018. The data of 2018 does not reflect any figures regarding aged population in the country. World Health Organization (WHO, 1998) estimated that 6% of the country's population is 60 years and above which is projected to be doubled in 2025. Hence it is expected that almost 10% of the country's population is 60 years and above. This ageing trend pose different challenges for the country whose economy and political situation is not stable for that different segments of society especially older persons have to face serious issues (Alam, 2017).

It is expected that Pakistan will face some serious challenges regarding its ageing population in terms of their social security, housing, supply of food and social protection due to this changing trend (Cheema, 2013). It presents challenges for economic activities where the country is seriously struggling with such heavy external debt of 30 billion dollars in which country cannot afford to facilitate the burden of non-contributors including the aged persons. It will be test case for the country who is struggling in every sphere of life either it is economic and social. As this transformation is heavily affecting individual, family, community and society as whole (United Nations, 2007) and Pakistan situation will get worse if the steps toward handling the issue of older person are not being taken timely during such serious economic crises. The policies regarding social protection are lacking that needs to be incorporated in practice (Zaidi, 2005).

#### **1.4 Ageing as a Social Issue, Policies and practices in West**

The issue of ageing has been addressed differently by different regions of the world depending upon their resources and their cultural traits toward older persons. Despite the fact that most of the western countries are rich in resources but they are continually struggling to provide support to their elderly population. Additionally, they have been found unable to use their resources in effective way to make the lives of their aged population (Grootegoed & Dijk, 2012). Developing a long-term care system is one of the challenges for such states who don't have an effective alternative care system of aged persons which puts huge pressure on these countries (Pierson 1996; Esping, Andersen & Mestres, 2003). Resultantly, these countries are unable to use alternative method of self-sustainability to make the life of aged person successful and dignified. However, it has been illustrated by many commentators that developed countries are taking care of their aged population in effective way in comparison to the developing and underdeveloped countries due to their resources (Liu & Kendig, 2000).

#### **1.5 Ageing as a social issue, policies and practices in Asia**

As the developing countries are struggling as a whole in their economies, so, to cope up the issues of ageing population is coming as a huge challenge to make ageing successful of the elderly people. Situation regarding addressing the issues of ageing is almost similar. (Phillips, & Chan, 2002). Although, it is expected that Asian countries are rich in their values which believe that aged person will enjoy a high level of respect and be privileged due to their age but the process of rural-urban migration as the industries for earning located in urban areas and also the outer migration resulted a significant change in the lives of the older people. The aged persons are facing numerous issues due to this changing trend. The family system has also been changed from extended to nuclear which resulted a prominent issue of social isolation which has many adverse effects on the lives of elderly people (Trivedi, Sareen, & Dhyani, 2008). As a whole due to these changes the aged people feel alienated in their communities which is against to the value system of these countries. It has been witnessed that some of Asian

Countries like Singapore has developed its capacity to help their older person and engage them in productive activities which resulted in high quality of life. It is pertaining to mention here that Singapore is country which has highest GDP in Asia (Chan, Wang & Zinn, 2014). However, most of the Asian countries have been unable to make policies to restore the quality of life for the elderly people.

It is worth mentioning here that with these struggling economies and changing structure of society put older person's social security at high risk which need to be focused (Croissant, 2004). These concerns have at times, led to the conclusion that population ageing is not centrally taken as an issue and lack of action policies are evident to not treat as well against their cultural spirit of Asia in which the aged persons are believed to enjoy dignified position in families and societies as well (Phill, 2000). However, in comparison to western culture the older person still receive care giving, financial and emotional support from their families but it needs the support from the governments and civil society as well to share the burden by encouraging their participation in the society and providing fair chance of participation (Löckenhoff et al .2009).

#### **1.6 Ageing as a social issue, policies and practices in Pakistan**

Due to political unrest, economic instability and lack of resources, Pakistan as a developing country is struggling through many challenges including the issue of older persons regarding their social protection and providing them a dignified life in the latter adult hood. To protect the older persons is more concerning issue as compared to other countries. As this country is standing on the basis of religion and culture which endorse society and state to make the life of older persons dignified. The elderly population can be engaged in different productive activities by utilizing their experience by considering their physical and mental potential. Unfortunately, the aged persons are less trusted to be engaged in any productive activity in the Pakistani Society (Mansor, 2016).

Brain drain of this country is another factor that has affected the lives of the aged persons. Although there exist no concrete data that can portray a clear picture regarding left behind older (Sajjad, 2011). In result of this change, parents have to survive without their younger children with advancing age which damages their physical and mental health. (Hashmi, Zeeshan, Mehmood, Naqvi, & Shaikh, 2012). Even the older parents at latter ages cannot migrate due to adoptability issues of life style with their younger generation and it has been observed that younger generation remained hostile to give them any space for adoptability. But it's a harsh fact that due to this change aged persons sometimes have to sacrifice their freedom and have to change their life style for settlement along with they have to be totally depend upon their younger children which is not accepted by the parents (Kaukab, 2005). Once again, the effect of this change can be minimized in the presence of joint family system which is almost dying.

Culturally, older person's in Pakistan has always been given highest respect and dignity. Being old is considered itself a symbol of wisdom. This symbol of wisdom was reflecting in the joint family system. But with the passage of time and the factors discussed above- the joint family system is going to decline. Resultantly, despite having values supporting to the elderly people they are pushed toward misery. This rapid social change also has affected the power of decision making attached with the elderly people and the prime position for the elderly people has been lost. It is the need of hour in this country to take measures to restore the dignity for the aged persons (Itrat et al. 2007).

Due to these social changes like conversion of family system and brain drain from the society; it has been reported that the aged persons have started to face serious issues in the society. Although it has not been frequently reported the issues like physical, financial and material abuse, psychological, emotional, abandonment, neglect, and serious loss of dignity and self-respect but some cases reflect decline as a whole of this culture towards reducing the dignity

of the older persons. However, this situation in a country where constitution, religion and societal values promote dignified life for the aged persons, is not justified (Yasamy, Dua, Harper & Saxena 2013).

As for successful Ageing of the older person is concerned; it is not on priority of policymakers and professionals to develop programs and services to meet the complex and diverse needs of aged population to raise their quality of life in Pakistan. Similarly, the society is also responsible to make practical efforts in protecting and dignifying the aged persons by following their highly enriched cultural values (Ashiq & Asad, 2017). The goal of successful ageing can be achieved by defining four dimensional calculated efforts; the aged person's life style, family of the person, social circle and government initiatives. As per the matter of life style aged persons is concerned- how they are proactive with in available choices. The family of the elderly must arrange and promote the life style by considering their moral and religious obligation (Itrat, et al. 2007). The role of social circle and societal environment is very crucial to ensure the dignity of aged person's rather than considering old age as an abuse. The government should address the issues of aged persons at micro and macro level by devising policies to provide quality of life at door step. But the efforts from all pillars are lacking resultantly elderly people are at the boarder of vulnerability.

### **1.7 Critical Analysis: Ageing as a social issue**

Internationally for the first time, The General Assembly of United Nations declared the Year of Older Persons in 1999, stressed the states to take measures for building "A Society for All Ages" by considering this a prime responsibility. It has been discussed categorically in paragraph 42 and 94 for the nations to take measure for active and successful ageing by framing policies and their implementation in same spirt. Categorically, it is the prime responsibility to take actions for "An appropriate caregiving mix for frail older persons, encompassing family, community, and institutional care systems that distribute tasks equitably among state, community, family, and the primary caregiver" (Liu & Kendig, 2000) and in connection to this

MIPPA 2002 held at Madrid in which 159 countries agreed to do arrangement for the elderly persons but it is lacking on their part (Sidorenko, & Zaidi, 2018).

Like other countries, modernization and the process of social change has also influenced the Asian countries where family system is considered as back bone to support their older persons and vulnerable segments of the society. All these changes result in social change due to modernization that has affected the strong family system and ties, and consequently not to have enough time to invest on the older persons. (Sheykhi, 2018). However, the elderly people have been affected in this process of change worst. These Asian countries passing through developing phase needed to frame policies and actions for the better life of the elderly people. Economic position of these countries is also a factor which has hinders to make successful ageing of their older persons in comparison to the developed countries. Anyhow economic advantage of the developed countries does not reflect while facilitating their older persons in true spirit (Chen & Turner, 2018).

The situation of Pakistan to handle the issue of aged person's is no more different from other Asian countries. As social and economic changes in the country occurred in last two decades which have affected and affecting the vulnerable segment of the society (Ashiq, & Asad, 2017). The factors like breakage of traditional family system and the significant brain drain of this country and a passive response from the state to address the issues of weaker segments of society especially elderly people are not included in their programs and policies (Jalal & Younis, 2014). The changing social milieu has not only affected the general aged persons of the country but affected also affected who are retired pensioners by not creating an environment of fair participation in the society after their retirement.

However, it is expected that there is need for engagement of older persons and their services needed to be acknowledged. It is still believed in society's that older person can be great contributor; if the policies are framed accordingly and actions are being taken (Baroni &



O'Donoghue, 2008) but they are not on the preference list. The reaction of the states and the societies is not encouraging for the protection and promotion of those who had invested their best potential for the states and society. If the policies are not oriented toward older persons, which will result in coming decades a serious crisis in shape of health care, pensions and social protection (Hagemejer, 2009). So, it's time to take up this matter promptly at all levels to avoid any crises (Chawla et al., 2007).

## **1.8 Social engagement and ageing**

The extent to which individual participate in a variety of social roles and relationships can be called as social engagement (Dykstra, 1990). The social role and relationship can be extended in the form of local community connections, religious connections, family connections, friends' connections, neighborhood connections, relatives Connections and work connections. These relationships have a significant effect in late adult hood. Actually, they are the source to determine the direction of ageing either it is going in the successful or just adding years into the life. All of these connections play important role to make the ageing successful of the older person. Other factors, like physical health, personality traits, previous experiences of life, financial position and opportunities, medical care, chance to participate in social activities etc. are the contributing factor to determine the successful ageing of the older persons. (Butler, 1974). Hence, it cannot be said the ageing is solely biological phenomenon but a social and cultural as well. ageing is not a solely biological but a social and cultural phenomenon at the same time. If someone is interested to make ageing successful of the older persons needed to incorporate these elements effectively in the society.

### **1.8.1 Local community connections and ageing**

Local community connections are important in the lives of aged persons as they provide an opportunity to be engaged with societal affairs and these have positive impact on their health by increasing the satisfaction in their lives. By these connections the aged persons can contribute for the betterment of society and their wellbeing as well. It has been emphasized that social

participation be the central element of concern for the societies to make successful ageing of the older persons (WHO 2012). In connection to these guide lines, the societies which have encouraged social participation of the older persons have been succeeded to make successful ageing of their persons. As social participation is the source to maintain self- esteem of their older persons. Additionally, it is not surprising that successful ageing frame work throughout world's research regarding ageing has incorporated this element which is the right way to understand and study this phenomenon of successful (Ahmad, Hafeez, 2011). However, most of the societies are reluctant to engage the older persons. Resultantly, their potential is not going to be utilized by realizing them distrusted.

### **1.8.2 Religious connections and ageing**

The interconnections between religion and old age are complex and these connections are important source of engagement which result in different benefit. As religious connection not only provide sometimes a source of mental and physical healing but also enhance strength in them and purist. It has been observed that religious groups are also the source of provision of spiritual and moral support as well which results in coping stress and enhancing the chances of successful ageing. (Idler et al. 2009; Koenig 2003). However, the participation in religious activities vary from individual to individual and society to society. It is important for the societies to encourage religious connections by facilitating their engagement in different religious activities to make successful ageing of the aged persons.

### **1.8.3 Family connections and ageing**

Integration of older persons in society to improve the quality of life has become a social value and necessity for them. It needs a careful induction of these people into society by considering their physical and mental strength. The role of family connection is very much important as they are the driving force to bring a balance of relation between society, individual and family (Bengtson, & Terre, 1981). The role of family support and giving confidence to older persons for integration with society provide a chance healthy, satisfied and dignified period of

ageing. But it varies from society to society and it also come under the influence of family to family. For example, societies of South Asian Countries and the families of these regions react different toward aged persons by considering the element of care (Güven & Sener, 2010). Hence the phenomenon and the issue of successful ageing cannot be understood without having knowledge about family structure. As familial structure, actually determines ageing. However, me must not forget that the the phenomenon of ageing cannot be understood by ignoring larger structure of the society. So, it's a network in which family role is very much important to make successful ageing of the older persons and it's the need of hour that family connections be revoked to make successful ageing.

#### **1.8.4 Friends connections and ageing**

The interrelationship between ageing and friendship is vital to understand as this provide a source of connection to those who understand their issues in best way. With the advancing age, it has been observed that older persons struggle to make new friends who can understand their issued related with ageing and support them. It is also a fact that older persons lose their connections with their parent organization in which they had worked for many years, but the friends of same age cadre remain left behind with them. These friend's connections are the source of providing emotional care and help in the hour of need. Moreover, the friend's connections boost the life satisfaction and health which results in ageing well (Blieszner, Ogletree & Adams, 2019).

Despite the fact that few researches on ageing and social network have been conducted in latter adult hood but friendship and ageing have been underexplored in the late adult hood in comparison with other ken relationships. Hence such relationship and implementation regarding these relationships is lacking. Moreover, it is also necessary that induction of new relationship in the late adult be investigated along with social and cultural change (Mullis, 2010). So this agenda in the researches by considering its positive effects must be included. Maintaining

friends' connection also needed support from the families, societies and the state for those persons who have mobility issues.

#### **1.8.5 Neighborhood connections and ageing**

The importance of neighborhood connections cannot be ignored for all ages. But Neighborhood characteristics affect aged persons largely as this age group is mostly affected by neighborhood connections. Older persons often feel a higher level of satisfaction and find emotional and social support as they had spent many years with them. This factor raises life satisfaction in them which is key component of successful ageing and has been investigate in this research as a separate variable along with its effect. Public policies should include a specific agenda to ensure the goal of successful ageing by providing a fully facilitated environment where they can exchange their hardships with their neighbors as they are mostly familiar with the problems of aged neighbors (van Dijk, 2015).

#### **1.8.6 Work connections, ageing and retirement**

The older people who have been engaged throughout their life in different fields and had been connected with a specific group of the officials, after retirement this rapidly get affected due to loss of their permanent job (Feldman & Beehr, 2011). Retirement actually brings a significant social change in the life of older person as they to lose their permanent income, social network of colleagues and often respect attached with a specific position in working environment. They also have to sacrifice full recognition to limited recognition. This process of change not only affect their physical but also mental health. The decreasing recognition also reduce the life satisfaction in the lives of retired employees and they have to compromise with this situation and they are pushed towards isolation. (Phillips, Ajrouch, & Hillcoat-Nallétamby, 2010). The important thing is to develop a mechanism of acknowledgement of their services for the department and lend support if they need. This factor results in life satisfaction, but unfortunately this culture is not being promoted in the societies which need a joint effort by the societies and structures.

It is easy to define that what retirement is, but it is difficult for someone who try to measure it for research purpose (Beehr & Bennett 2007). It has been witnessed that research conducted on the issue of retired persons, mostly does not reflect their problems. It has been explored and discussed many forms of retirement for someone understanding but it has not been made conscious on specific forms (Beehr & Bowling, 2013) and it can be said that actually retirement is definition is arbitrary (Cahill, Giandrea & Quinn2015). Although it has been attempted earlier for understanding this change. It has been classified into three dimensions; early versus on-time, voluntary versus involuntary, and partial versus complete retirement (Beehr, 1986). It can be said that each form of retirement is continuous rather than in dictomous form. So, some retirees are not on complete retirement and same vice versa. This multidimensional process of change results in different issues for different retiree person and it needed to be addressed in same dimension with different proposal in researches and policies at governing level.

Furthermore, retirement brings different out comes for different persons such as health outcomes i.e. physical health and mental health, social adjustment and life satisfaction. Such issues have been underexplored (Dingemans, & Henkens, 2014). It has been inconsistently investigated the level of life satisfaction after retirement in previous empirical researches (Dingemans, & Henkens, 2014) and it has been discussed in this study to get complete picture (see discussion in CH.4). Investigation of this factor and framing policies for the country and society is mandatory to make successful ageing of the people.

It is hard to accept the loss of relationship after retirement (Phillips, Ajrouch, & Hillcoat-Nallétamby, 2010). Most of the retiree and having above 60 plus face a crisis in contacts with those whom they had worked for many years (Quine, 2010). Sometimes they have to face hostile reaction from their ex colleagues. These are the challenges which they have to face and needed to be addressed to make ageing successful for the retiree older persons. Different countries have focused to maintain the connections of aged persons by considering

their importance and have arranged different programs, for example the European countries have inducted the policies of bridge employment which not only provide a chance of earning but a source of connection after retirement with department and colleagues (van Dam et al., 2009; Kubicek, et al., 2009; Schreurs, et al., 2010).

This concept is lacking in underdeveloped and developing countries for those who been retired from a regular job. The retired persons are just financially supported by the pension which often doesn't meet the requirements of the responsibilities. (Bockerman & Ilmakunnas, 2017). Specifically, in Pakistan there is compulsion of retirement on completing sixty years which sometimes put extra pressure on these retirees who have to go through familial responsibilities like marriage of the children, construction of their own house and returning of loan. The retiree belonging to Class-IV and clerical cadre according to the pension structure. They have to face huge burden which affect their physical and psychological health. A system with age relation must be introduced.

It has been noticed that several disciplines like psychology, political science, gerontology, economics, management etc. are working on retirement issues like life satisfaction and social adjustment after retirement. But it has been observed that no one single discipline is focusing on the topic of bridge employment which can be beneficial for those who are interested to work and they needed to work for economically sustaining in the society. Bridge employment concept needed to be practically implemented in societies as per their capacities rather than just research (Cahill et al. 2013) but also providing a chance to those retirees who can and needed to work.

Different countries are taking different steps to provide a better life to their old persons as a whole by bringing reforms in pension system, longer involvement of older person in work, empowering economically to reduce pressure on the welfare states (OECD, 2011). Countries like Sweden, Norway and United Kingdom are exemplary for those countries who are

interested to bring reforms to make successful ageing of the older persons. But it needed a clarity while framing policies that it should not be the contrary to the main culture of the society. (OECD, 2011; Whitehouse, D'Addio, Chomik, & Reilly, 2009).

### **1.9 Successful ageing**

For comprehensive understanding the process of successful ageing one must have clarity about normal ageing in which the elderly people have to face the consequences of disease and disability and reduced mental and physical functioning and constrained engagement with society due to person, society and structure. Successful ageing, practically could be a dream for any older person having no disease and disability; having high cognitive and physical functioning; and dynamic engagement with society (Rowe and Kahn, 1998) which cannot be achieved by ignoring the role of society, structural policies and individual efforts.

Theoretically, and practically for the first time Rowe and Kahn (1987, 1998) presented a model of successful ageing which was paradigm shift in the field of gerontology. They proposed aged persons with no decrements of disease in late adult hood will fall in the category of successful ageing contrary to those falls in normal AGEING with decrements of disease. By induction of this model into the body of knowledge attracted many social scientists to work in the dimension of ageing. However, they neither presented a precise definition of successful ageing nor proposed specific method to measure it. Hence, it is needed to design specific conceptual model to measure the successful ageing and operationalization of this model is still required. So theoretically and practically it is needed to propose a model of successful AGEING which could be generalized and measure it (Guralnik & Kaplan, 1989; Roos & Havens, 1991; Seeman, Rodin, & Albert, 1993). Additionally, to clear the concept of successful ageing it has been defined by many investigators in relative terms, such as Baltes and Carstensen (1996)

*"The attainment of goals which can differ widely among people and can be measured against diverse standards and norms" (p. 399).*

Historically the concept of “successful ageing” was first coined in the 1960’s by the pioneer in the field of AGEING such as Havighurst (1951) and Williams and Wirths (1965). Havighurst (1951) highlighted successful with the idea that by exemplifying “adding life to the years” rather than adding life to years and along with “getting satisfaction from life”. This idea presented by Havighurst of successful ageing remained a philosophical idea rather because it has not been supported by any data from the field.

It is believed that believe that successful ageing is the result of high physical, cognitive and social functioning in the society. Practically, this idea cannot be implemented in the society without creating and providing such environment and facilities to the older persons. The idea of successful ageing can be attributed to psychosocial or biomedical perspective or combination of both (Bowling, 2007). But it seems more medical rather than social model as its two major components out of three are medical. Practically the concept of successful ageing is attached with the factors like life style habits, satisfaction with life- dependent upon different factors, health status- physical and psychological and social engagement by considering physical and mental strengths particularly in latter ages (Coleman, 1992).

Additionally, the concept of successful ageing is a human construction (Ryff 1989), thus there exist variety of ways to perceive and measure this idea (Butt & Beiser, 1987; Pérez-Guzmán, Vargas, Torres-Cruz, & Villarreal-Velarde, 1999). Successful ageing of the older persons cannot be understood without understanding the environment the individual has and what are the past experiences he had with respect to health and engagement (Qualls, 1992). These things actually determine the direction of ageing. For example, a person having completed his/her 60 years without any chronic disease and has been engaged in attractive and satisfied job/work is likely to have successful ageing in comparison to those who had been suffered in disease and remained under pressure for different things such as struggle for material requirements (Fry, 1996).



Practically the dimensions of successful ageing are becoming a topic of concern for the societies and for the individuals. By considering the importance of successful ageing; modern societies seem more focused than developing societies. They are investing their resources on research that it could be utilized for productive engagement of older person in the latter adult hood (Callahan, McHorney, & Mulrow, 2003; Rowe & Kahn, 1998). Moreover, successful ageing is related to life style habits of the person, satisfaction with life, health status- physical and mental and social engagement which boosts the life of elderly under the umbrella of suitable supported policies by the states. It has been observed that life style habits, health status, satisfaction with life and social engagement are directly associated with successful ageing. This process of successful AGEING cannot be understood by ignoring the mutual relationship of these factors and interrelationship of these factors.

#### **1.9.1 Life style habits and successful ageing**

Life style habits are directly associated with successful ageing. The persons who have not habit of smoking, involve in physical activities, avoid consumption of alcohol and take proper diet can achieve successful ageing and it reduces premature mortality. (Krokstad et al. 2017; Lafortune et al. 2016; WHO, 2014). Therefore, it is needed to engage the older persons in healthy life style habits. So successful ageing cannot be achieved without maintaining the healthy life style habits. A healthy life style for successful ageing is dependent on the joint effort by the elderly and the structural support which can provide fair chance in engaging healthy life style habits. Such efforts are lacking from the individuals and the society to promote healthy life style habits in the days of changing structure of societies and limited resources allocated by the states to support such person who needed a special attention.

Although, it has been investigated life style habits and their maintenance in single direction by ignoring the structural support available to maintain active life style habits. (Zanjani, Tol, Mohebbi, Sadeghi, Jalyani, & Moradi, 2015). Maintaining of healthy life style habits among older person can save them from the attack's chronic diseases in latter adult hood.

(WHO, 2008) which is not only beneficial for the individual but for the society as well as it reduces the cost of health on such persons (WHO, 2002) and it cannot be achieved without tridimensional effort by the individual, society and structure.

Although successful ageing is determined by its predisposing factors such as diet physical activities etc. (Knoops et al., 2004) but maintaining life style habits is not under the control of individuals in late adulthood when such people are dependent upon the families. The role of families in this situation actually determine the path way of ageing. Hence to maintain life style habits should be studied with the factor of dependency in late adult hood. For example, provision of diet does not remain in control of the elderly in late adult hood due to mobility factors and the situation gets worse day by day for those who are dependent for diet and medical care. So, it is needed proactive role is necessary from all dimensions by considering the facts of every individual in the late adult hood.

### **1.9.2 Health status and successful ageing**

Health status and successful ageing have direct relationship with one another. Higher the health status i.e. physical and psychological results in high successful ageing. It has been established that physical health of the older person before the age of 50 years is greatest determinant of successful ageing. Although becoming sick is not controllable like diabetes, blood pressure but over weight, abuse of cigarettes, use of alcohol and use citrates can be controlled that that result in good physical health and can reduce the chance of sickness. Recently, it has been focused in the researches that good physical health is the outcome of successful ageing and the older persons guided towards adoption of life style habits that can help to maintain good physical and mental health (Berkman et al. 1993). However, lack of physical and mental health should be studied in three dimensions; individual contribution, societal role and the structural policies for comprehensive understanding of this phenomenon. However, It has not been reflected in the policies in country like Pakistan that encourage to opt good physical and mental health.

It is encouraging that, researchers are focusing on the role of these dimensions discussed above that how good mental health is predictor of successful ageing. It has established that older people with lower rate of depression, and higher psychological resilience can make successful ageing. Although, psychological resiliency mostly under control of older person's ability but this ability is relatively connected with other social factors as well. The individual with higher resilience can navigate the crises around him/her and can use effective methods to cope with such crises (Jeste et al. 2013). Thus, an older person with higher level of psychological resilience have a positive outlook on his/her life and possibly enjoy good health. There is need to incorporate the element affecting the resilience and to maintain resilience be incorporated in policy frame works.

Additionally, it is believe that physical and psychological health is determined by genetically but the importance of social factors that categorically determine successful ageing, like happy marriage, higher education, higher local community connections, friends connection and religious connections etc (Pietrzak, Tsai, Kirwin, & Southwick, 2014) cannot be ignored. It has been observed that social factor plays a vital role in determine the psychological and physical health (Yaffe et al. 2009). For example, the persons with higher level degrees are more likely to have social contacts and more familiarity with positive life style habits that result in good physical and mental health and ultimately successful ageing (Meng & D'arcy, 2014). Therefore, it is needed that older persons be engaged in communities and encouraged their participation so that chance of good physical and mental health can be increased to achieve successful ageing. However, it has been observed hostile reaction from the societies to encourage better life style habits for good physical and mental health.

### **1.9.3 Satisfaction with life and successful ageing**

Satisfaction with life is outcome of many factor like health status, economic position, positive life style habits, social contacts and the intervention of the society and state polices that boost life satisfaction in the life of older persons. This results in successful ageing. It is assumed

that life satisfaction feelings of overall accomplishment at a particular point in life (Diener, 1984). However, life satisfaction is relatively associated with social factors as well which has been less investigated in the studies of successful ageing. For example, acknowledgement of the services and contribution of the older persons can boost the feeling of life satisfaction. (Diener, Emmons, Larsen, & Griffen, 1985). The concept of life satisfaction has been missed in most of the studies while addressing the issue of successful ageing and hence this element is missing in the policies of the states. Earlier, gerontologist incorporated theoretically without supporting empirical evidence that satisfaction with life leads to successful ageing. Hence it is needed to be incorporated in the studies of successful ageing.

#### **1.10 Social engagement and successful ageing**

Social engagement, life satisfaction, health status, life style habits and successful ageing have strong relationship with each other. One factor affect other and resultantly successful ageing is affected. The phenomenon of successful ageing actually is dependent upon life satisfaction, health status and social engagement. As the level of social engagement in elderly raises, it raises the level of life satisfaction in their lives that results in healthy ageing. It can be witnessed in different researches. The model of Rowe and Kahn (1998) documented the same kind of relationship among active engagement, physical and cognitive functioning, and avoidance of disease and disability. Though they missed the concept of life satisfaction and their model has been criticized for not incorporating the component of life satisfaction. Thus, higher the level of social engagement in the lives of aged persons ensures, highly likely to be the life satisfaction and result in healthy ageing. The combination of social engagement, life satisfaction and health results in ultimate goal of successful ageing. These theoretical findings are not being implemented by societies in real sprit to make the ageing of aged persons successful.

As social engagement i.e. local community connections, family connections, friends' connections, neighborhood connection and work connections are the key factors to determine the successful ageing and often associated with the reduction of chances of diseases, mortality,

and enhance quality of life in the life older persons (Berkman, 1995; Berkman, Glass, Brissette, & Seeman, 2000). Enhancing social engagement can control many problems of the older persons and it has been remained concerned point to achieve ageing well of the older persons.is (WHO, 2002). It has been observed that older persons value their participation in the communities and enhances sense of accomplishment and connectedness (Levasseur, Desrosiers& Tribble, 2007). Social engagement has been included in many conceptual models of successful ageing and is the focus of several research studies in gerontology which is right direction to investigate the issues of older persons (Marshall & Mackenzie, 2008; Van Leuven, 2010; Chen, Hung, Lin, Haung, & Yang, 2011; Suls & Rothman, 2004). Despite having concrete knowledge around the globe, a passive reaction in policies is witnessed. The issue of social engagement and successful ageing in Pakistan has been not investigated all and same is reflected in the policies as well which is discouraging for successful ageing of the older persons.

The opposite of social engagement is social isolation or loneliness, which includes physical and psychological disconnectedness from the community and people (Victor, Scambler, Bond, & Bowling, 2000) which results in many negative effects on the lives of older persons. Social isolation may occur in both institutional and community settings (Hook, Sobal, & Oak, 1982). The lack of meaningful social engagement, whether it occurs in community results in poor psychological well-being (Thompson & Heller, 1990; Victor, Scambler, Bowling, & Bond, 2005; Windriver, 1993) and also set a negative path of successful ageing. The older persons are facing numerous issues due to lack of social engagement which directly interrelated with successful ageing. Same kind of issues are faced by the retired pensioners while having enriched experience are not being engaged in any productive activity. Resultantly, society and the older persons are being benefited from their experience. Hence, this situation is arising a series of questions on successful ageing of the retired older pensioner. This issue of lack of social engagement is needed to be addressed at every forum to make successful ageing of this trained potential (see discussion of chapter 4 and table 4).

### **1.11 Statement of the problem**

Ageing population around the globe can bring many social, cultural and economic benefits by socially engaging them in productive activities which is also beneficial for the older persons as well. This challenge of engagement is not accepted by the governments and the societies to utilize this potential enriched with experience who intends to be the part of productive work, serve as caregivers and volunteer in their communities. But the dilemma of the societies is that they are not going to trust the potential of the older persons. The stereotype classifying the elderly as frail and dependent certainly does not portray all older persons and with each successive generation, the elderly are expected to be more educated, healthier and active. However, by considering this trend older persons are not being engaged which can turn into numerous positive outcomes for societies and older persons.

In 2010, older population was 524 million that means 12% of total world's population. This aged population is projected to be 1.5 billion in 2050 (WHO 2015; UN, 2019). Currently in Pakistan, there are more than 12 million elderly people and it will reach to 25% of total population by 2050(UN, 1998). Keeping in view the ageing trend around the globe, WHO (2017) focused aged population by introducing five major strategic objectives to achieve goal of healthy ageing. For healthy ageing it needs different strategies to engage them. Under the umbrella of these strategic objectives, the developed countries have taken initiatives to address the issues of older persons as per their resources. In Pakistan, an effort had been made to address the issues of older persons in 1997 by devising only health policy to meet international guide lines but unfortunately it is still awaited to be implemented (Jalal & Younis, 2014). Resultantly, older persons are on losing side in terms of health and which will affect in worse way individual, society and structure.

Cultural and religious tradition of Pakistan expect that families and communities will take care of their own aged members but rapid socioeconomic and demographic transitions, mass poverty, changing social and religious values, influence of western culture and other

factors have broken down the community care system. In Pakistan, the elderly population is being pushed toward vulnerability due to this social change and unhealthy response from structure. Neglecting welfare for the elderly people is against the spirit of constitution of Pakistan and contrary to the societal values (Gohar & Azher 2014; Farhana & Riaz 2015). Efforts to make ageing successful at every forum are lacking, including the lives of retired pensioner with huge experience while served in public sector departments. Consequently, a highly trained human resource is becoming useless.

The opportunities of social engagement for older persons are at minimum level. The pensioners are facing numerous socio-economic problems as they have to live with the stigma of “retired” person that means they are bound in certain limitation and they are distrusted to be engaged in any work either it is volunteer or paid. Thus, lack of social engagement and non-acknowledgement of their services affects their physical and mental health and their level of life satisfaction decreases. Resultantly, the goal of successful ageing remains questionable by restricting their engagement in the society.

### **1.12 Purpose of the study**

After the 18<sup>th</sup> amendment in the constitution of Pakistan (Adeney, 2012) all provinces have autonomous powers to legislate for the welfare of all people including aged person. Khyber Pakhtunkhwa (KPK), Sindh and Baluchistan have given special attention to their elderly by legislating the Senior Citizen laws namely as “The Khyber Pakhtunkhwa Senior Citizen Act 2014” (KHYBER PAKHTUNKHWA ACT NO. XXXV OF 2014) (ANNEXTURE. 1), The Sindh Senior Citizen Welfare Act 2014” (SINDH ACT NO.XXI OF 2016) (ANNEXTURE.2) and “The Baluchistan Senior Citizen Act 2017” (BALOCHISTAN ACT.NO.III OF 2017) respectively to protect and raise their standards of life of their aged population. However, Punjab, the largest province by population, has not done any legislation for their older persons (Punjab Laws Online).

Academically, in Pakistan not even a single dissertation on successful ageing exists. The process of successful ageing is connected with social engagement i.e. local community connections, family connections, religious connection, friend's connections, neighborhood connections and work connections and also life satisfaction which make the ageing successful of the older persons. However, Furdooos (2007) and Ahmed (2008) worked on the issues of senior citizens related with their socio economic and management of chronic diseases problems. This research exclusively investigated the issue of ageing in the social context of Pakistan along with relationship of social engagement and successful ageing by including the element of life satisfaction. This study has attempted to gain the attention of academicians to work on the issues of those who had contributed and invested their best potential when they were fit enough physically, mentally and psychologically, not only for their society but the state as well.

### **1.13 Significance of the Study**

This study has significantly contributed four things in the body of knowledge. Firstly, it has explained the phenomenon of ageing and specifically the successful ageing comprehensively and the measures taken by the states to cope with the issue of ageing to achieve the goal of successful ageing. Secondly it has evaluated the theories of successful ageing and in result it has revised the model of successful ageing which is mostly cited model in the academician world purposed by Rowe and Kahn (1998). The revised model consisted of three components including health, social engagement and life satisfaction (for detail see Table. 4).

Thirdly, the present study measures steps to ensure successful ageing of retired government employees by engaging them in different assignments while considering their physical and mental ability and adoptability that can raise the level of satisfaction with life and promote health.

Fourthly, in the light of major findings of the study, a draft has been prepared for Government of Punjab to legislate for the older person to make their ageing successful by



engaging them with in the society. Furthermore, this study has revised the model of successful ageing that can be implemented by engaging the retired pensioners while using their experience which is not only beneficial for the pensioners but the society as well.

#### **1.14 Objectives of the study**

- I. To study socio-economic profile of retired government employees from south Punjab.
- II. To assess the level of social engagement of retired government employees.
- III. To explore the prevalence of successful ageing in retired government employees.
- IV. To test a relationship between social engagement and successful ageing.
- V. To suggest suitable policy measures and implications for the betterment of retired government employees.

#### **1.15 Hypothesis of the study**

- I. Social engagement is associated with successful ageing.
- II. Religious tendency is likely to be associated with successful ageing.
- III. Life satisfaction is likely to be associated with successful ageing.
- IV. Health is associated with successful ageing.

## REVIEW OF LITERATURE

### 2.1 Introduction of chapter

This chapter can be divided into three sections. In first section independent variables i.e. Social Engagement (local community connections, religious connections, family connections, friends' connections, neighborhood connections and work connections), life style habits, satisfaction with life, health status and dependent variable i.e. successful ageing has been evaluated with reference to different studies. In the second section major theories of ageing has been evaluated to support the studies by illustrating demarcation among them. In the third section Rowe and Kahn (1998) Model of Successful ageing has been evaluated to test this model in the culture of South Punjab.

### 2.2 Social engagement

It has been mentioned in different studies of social engagement that daily life functioning regarding older adults pointed out, those older persons who remain connected with their friends, family, neighbors are expected to perform better functioning in their daily life (Gardner, 2014) along with multiple benefits of health. Rosso and colleagues also established such type of relationship in their study that those older persons who remain engaged with their society enjoy better health as compared to those who don't remain engaged with such relations.

It has been established that social engagement that achieving successful ageing is connected with maintain good health and good health is connected with higher level of social engagement (Bassuk, Glass, & Berkman, 1999). Moreover, as the social network of the older persons declines it directly affect the executive functioning of the individuals especially the older persons (Seeman et al. 2010).

Social engagement of the older persons is affected by various factors such as their physical and mental health and their socioeconomic position which sometimes encourage for engagement (Wang, 2009). Behavior of social isolation and remaining inactive for the older

persons increases sometimes major depressive disorder. When older persons are engaged in any activity they use their cognitive functioning, language and memory, it makes them active and reduces such depressive disorders (Tasi et al., 2009).

Thus, lack of social interaction and engagement results in cognitive dysfunctions. It results in different diseases in the older persons like dementia. It is also found that socioeconomic status indicated by income of the older person, social capital, and education is also related with his/her social engagement (Bassuk, Glass & Berkman, 1999). So, different studies have developed a positive relation of social engagement and mental; physical health in late adult hood. Social engagement has been reasonably explored to depict clear picture along with its benefits in late adulthood.

As social engagement has been documented as a key variable while investigating the issue of older persons and it has been established by many researchers that social engagement directly affects physical and mental health of the older persons along decreasing mortality rate and enhancing psychological wellbeing (Berkman & Syme, 1979; Rozzini, Bianchetti, Franzoni, Zanetti, & Trabucchi, 1999; Mendes de Leon, Glass, & Berkman, 2003; Unger, Johnson, & Marks, 1997). It also enhances level of happiness among the older persons (Graney, 1975; Thompson & Heller, 1990). The depressive symptoms are also reducing due to this engagement (Cacioppo & Hughes, 2006), and resultantly cognitive functioning is enhanced (Bassuk, Glass, & Berkman, 1999).

Carver and colleagues (2018) stated that “ageing is an experience that can be endured or embraced” and also demarcated normal ageing with successful ageing. As successful ageing is the journey that can be embraced and focused on “adding life to years not years to life”. It means that quality of life is mandatory for successful ageing which requires social engagement, connection to the close one and finally life satisfaction. Further they identified successful ageing is also associated with psychological resilience and self-reported health. In their research they

also establish a relationship of successful ageing with socioeconomic status as well. The older person with higher level of socioeconomic status are more likely to have a better health facility and opt good health behavior in comparison to those with lower level of socio-economic status. Controlling and management of chronic disease was also related higher as well among older persons. The importance of social engagement has been once again established with the attachment to socio-economic status.

It has also been established by Leon (2005) that social engagement is important for successful ageing. As the older person's participation increases in social activities it results in better health. It not only improves the physical health but mental health as well. As soon as the level of social participation in activities decreases it results in poor prognosis in older persons which defiantly collapse successful ageing and individual inner as well. However, their idea of successful ageing and consequences of lack of social engagement is based on folk wisdom and there exist no empirical verification.

Engagement in informal social activities such as volunteering and assistance to someone without any fix schedule is the key to successful ageing for the older persons above 60 years (Huxhold, Fiori & Windsor 2013) and it cannot be achieved without structural network and social support. Social engagement in form of friend's connection is important for older person which is beneficial for their good physical and mental health. Friendship is perceived as a significant enjoyment and socializing (Pinquart & Sörensen, 2000). Still a there is need a solid scientific justification for the understanding of the importance of social engagement for successful ageing for development of programs and framing policies for the older persons to make their ageing successful (Foster & Walker, 2015).

Most of the researches working on social networks of the older persons highlighted that the size of these network become smaller with advancing age (Lang & Carstensen, 1994) which puts negative effect on the ageing of older persons. The older persons who remained active and

involved in productive activities after the retirement and contribute socially and economically can navigate the challenges of ageing and have best chances to make their ageing successful in comparison to those who lose their network after the retirement and could not maintain their contacts (Inui, 2003). However, it cannot claim that retirement is the only factor that reduces the social engagement in older persons despite the fact retirement brings many changes in individual life. Actually, retirement brings social changes in terms of replacement of social roles and activities. (Szinovacz et al., 2003; Wang, 2007).

But the studies dealing with the social engagement and its relationship with successful ageing has ignored the element of life satisfaction in the late adulthood (Fisher, 1995). Social engagement is an umbrella term and it has been studied in terms of local community connections, religious connections, family connection, work connections and friend connections. These variables have been documented numerous positive effects on ageing. They have been discussed in detail as under one by one.

## **2.2.1 Local community connections**

### ***2.2.1.1 Social participation***

As for as social participation is concerned “it is an organized process in which individuals are characterized by specific, collective, conscious and voluntary actions, which ultimately leads to self-actualization and achievement of goals” (Moradi, Fekrazad, Mousavi, & Arshi, 2013) which can be documented with numerous positive effects. It has been shown interest by many researchers in social participation to investigate its positive effects in the lives of the older persons (Richard, Gauvin, Gosselin & Laforest, 2009). Most of the researchers suggest that social participation is not only beneficial for the older person but for the all ages (Jerliu et al., 2014). Social participation has been noted as a key indicator of successful ageing (Douglas, Georgiou, & Westbrook, 2017). But the studies have missed the concept of participation by considering the mental and physical abilities of the aged persons.

Rowe and Kahn (1998) documented that participation in social activities is important for the older persons and discussed as a key factor in determine successful ageing as it avoid physical mental diseases. Further, its benefits have been explored in different studies as the level of such activities increases, it ensures improvement in social wellbeing (SWB) which results in better health in older persons. It also protects from number of diseases. (Adams, Leibbrandt, & Moon, 2011; Chen & Fu, 2008; Fernández-Ballesteros, Zamarrón, & Ruíz, 2001; Menec, 2003).

Categorically, it has been building a relationship of informal social activities that have strongest relation with SWB (Adams et al., 2011; Litwin & Shiovitza, 2006). Actually, such activities are considered as leisure activities and have many positive effects for the older persons when they have not formal engagement. These activities not only provide leisure to the older persons but also a source of reducing the chances of mortality and morbidity in the older persons and enhances the quality of life in them. of informal activities are considered as leisure and have many positive effects on the life of elderly people. (Douglas, Georgiou, & Westbrook, 2017). World health Organization again and again focused social participation of the ageing population for its multiple benefits (Brakel et al., 2012).

It has been pointed out that participation in social activities along with ability and chances determine the successful ageing among older adults (Hsu, 2015) whether they belong to urban settings or rural areas. Different cultural settings provide different level of opportunities with respect to the familial structure, social capital etc. Actually, social participation is a form of regular social interaction with family, friends, neighbors, religious peers and other individuals along with inclusion of different activities. This process of social interaction, can be one or group to group (Carver, Beamish, Phillips, & Villeneuve, 2018).

The role of human right organization does not seem to be proactive for mobilization of communities for engagement of older persons in different formal and informal activities. As the involvement of older persons is associated with positive experience among them which increase

level of life satisfaction along with many positive outcomes of health. Social participation is linked to a sense of interpersonal social connections, sense of belongings, and attachment with specific locale and location enhances the chances of successful ageing for older persons in their last stage of life (Levasseur, Desrosiers & Noreau, 2004).

It has been documented that enhanced social participation of older persons is valued by the older persons which is a positive source of satisfaction among them (Ramachandran, & D'Souza, 2016). However, their participation is not encouraged in different cultures equally despite having their experience and right of participation. Often, such participation provides resources linkages for informal social assistance to older persons into the community. Through this participation, older persons find a positive interaction (e.g. to families and friends) and (e.g. volunteering). Such participation in latter adulthood carry many positive outcomes in terms of physical and mental health which is key to successful ageing and has been investigated in many gerontological researches (Douglas, Georgiou & Westbrook, 2017).

#### ***2.2.1.2 Social support***

Like social participation, social support has also been associated with many positive physical and psychological outcomes and most of the studies have established its relationship (Antonucci & Jackson, 1987; Cohen & Wills, 1985). It has also been used to measure GWB (General Well-Being) of the older persons which resulted after induction of social support in the life of older persons, it reduces depression in them and enhances overall happiness and finally life satisfaction among them. It has been concluded that social support provides emotional support to older adults which is so much beneficial (Cohen & Wills, 1985).

Furthermore, it has been investigated a categorical relationship between supportive social networks and physical health which resulted positive outcome in the lives of the older persons (House, Landis, & Umberson, 1988) e.g. it has been witnessed increased level of activities by the older persons. It has been established that the relationship between social

support and well-being is reciprocal i.e. the persons who are healthy and happy enjoy positive relationship with others. Additionally, it has also been established in longitudinal studies that positive social support is beneficial for the older adults physically and psychologically (Eaton, 1978; Seeman et al., 1995). However, the concept of social support has been widely investigated in the discipline of psychology and social work.

### ***2.2.1.3 Social network, social connections and social relationship***

It has been established in most of the studies of social networks and their impact on the older persons and these have found frequently a positive relationship between physical and psychological well-being and generally with many positive outcomes (e.g., Walen & Lachman, 2000). Whenever social participation is discussed with reference to older adults, it is actually integration of them with their family, friends, neighbors and overall community. Such participation provides them chances of recreational, cultural, educational, and spiritual activities and socialization which have been documented with positive effects (Ghazi et al., 2017).

However, it has been highlighted that this process of integration is complex for those who are above the age of 60 years. Maintaining connection in late adulthood is tough. However, the importance of this integration cannot be ignored while studying wellbeing of the older persons.

Individual well-being is associated with social connections and quantity of these connections (Pavot & Diener, 1993) and especially for those who needed badly in the late adulthood for seeking different kind of support. It has been found that older persons who have close relationship with their family members, friends and community are more optimistic about their future life and enjoy healthier life (Antonucci, 2001; Cohen & Janicki-Deverts, 2009). The relationship of subjective well-being (SWB), social connections provide an opportunity for the individuals more social participation in activities (Berkman, Glass, Brissette, & Seeman, 2000).



However, contrary to this social relationship in the life sometimes have negative effects on the lives of older persons as they cannot afford and maintain these relations which puts extra pressure on them (Newsom, Rook, Nishishiba, Sorkin, & Mahan, 2005; Rook, 1984). As a whole these connections have been positively associated with the life of older persons.

The quantity and quality and of social relationships and social connections has been documented as a significant factor that influence physical, mental health, health behavior and reduces the risk of mortality among older persons. In the discipline of sociology, it has been investigated with keen interest for better understanding of process of ageing. As ageing has been associated with social experiences. The role of sociologist has been remained remarkable to establish a link between social connections and health and its outcomes by discovering social variation across gender and race in aged persons (Umberson, & Karas Montez, 2010). Sociological studies have established that social connections and social relationships have short term and long-term effects on the older persons. Actually, these relations play vital role from child hood to old age.

As the social process of ageing changes many things in the lives of older persons. Due to these changes most of the things in the lives of older person's changes such as quantity and composition of social network and connections along with frequency of participation social activities (Pinto & Neri, 2017). It has been noticed that elderly people have to face restricted participation in different social activities despite the fact they are able to participate. Different factors with respect to different culture play the role.

However, it has also been documented the restriction and limitation in participation is not the result of social process but it depends upon personal aspects such as health, gender, income. Hence social participation is dependent upon personal aspects, contextual and socially transient moments in late adult hood. Many studies have included these factors in their conceptual frame work of successful ageing (LaPlante, 2014).

Indeed, still there is lacking on consensus that how social relations affect well-being of the older persons. Interestingly, several investigators have started working to address the negative side of these social connections with respect to social strain. How it affects some persons in smaller, medium and greater way (Umberson, & Karas, 2010). Therefore, it is being under investigation that both support and strain differently affect different person in different way. But as a whole it is very much clear that social relationships have more positive effects than its negative side.

It has documented that with the advancing age most of the older persons lose their contacts. Eventually their functioning reduces which greatly affect their health. The older person who have more contacts been found healthier by exploiting of their resources in maintaining their daily life activities as they hunt support from these connections (Kiely & Flacker, 2003). It is also natural that with advancing age people cannot perform in daily life activities due to lose of their ability by hindrance of physical and mental health (Lawton & Brody, 1969).

Social engagement of older persons is depended upon their physical functioning. Higher the level of health status mobilizes older persons to be the part of the different activities in society. Everard (1999) established in his research that physical health of the older persons were positively associated social activities and maintenance of these activities. Furthermore, it has also been established social interaction with friends but not with the children reduces the factor of disability among older persons.

Social scientists explained social network is a network of social interactions and relationship with friends, family, neighbors, ex-colleagues and the community which are so much essential for successful ageing and well-being of the older persons. These connections are the sources of sharing their emotions, feeling and sympathy with the friends, family and loved ones and are the major source of ingratiation. However, the people avoid those persons who

don't support and share grief in the hour of need (Mendes de Leon, Gold, Glass, Kaplan, & George, 2001).

The studies of physiology and psychology has given more importance to physical and social factors rather than social factors. However, it has been established in the case of older persons that having great social support and network age. (Mehrotra & Wagner, 2018). Although, by considering the importance these variables of research most of the discipline parallel given weightage to these factors

Social capital is comprehensive concept which has been related to different studies in ageing. Social can be defined as "The capital that can be considered a kind of public good that is provided by a group or community, and, consequently, the benefits of social capital tend to be more widely shared by members of the community" (Cannuscio, Block & Kawachi, 2003). Social capital is form of capital that can used by older persons to remain engaged in productive activities, helps to remain independent, push toward satisfactory economic position and also enhances level of satisfaction among older persons.

Although empirical studies have measured social capital with its proxy variables such as the extent of engagement in social activities in the local community, level of participation and level of trust in return from the community (Cannuscio, Block & Kawachi, 2003).

Social capital often has been associated with social network for better understanding. But this concept is distinguished the concepts like social network and social support. (Pichler & Wallace, 2009). The persons who lacks in societal ties residing in a community remains on higher level of threats as compare as compared to those ones who have large social capital can use it in uneven situation for their survival from external threats. In turn, as a whole community with high level of stock of social capital can handle disastrous situation and health issues more effectively (Pettit, Erath, Lansford, Dodge & Bates, 2011).

It is signified that social connections can be perceived as correlates of ageing after retirement as well. Therefore, it can be hypothesized that retirement with lack of social connections is negatively associated with successful ageing. Successful ageing often has been associated with social connection after retirement which has been point of concern of Life Span Theories (Heckhausen, Wrosch, & Schulz, 2010), (Stamov, Rossnagel & Hertel, 2010) as well.

### **2.3 Religious connections**

According to Malone and Dadswell (2018) literature on positive ageing associated it with the role of religion, spirituality and belief and it can be perceived as significant factor. Even advancement in societies, the importance of religion, spirituality and belief cannot be ignored it provides support to many people in challenges in a specific structure (Crowther, Parker, Achenbaum, Larimore, & Koenig, 2002). Thus, it has been indicated most of the benefits of religion as it sometimes improves quality life, used as a source of integration with religious groups and potential benefits of health as well. Therefore, the importance of religious belief, spirituality cannot be ignored to understand the process of ageing. However, the limited studies have empirically established the relationship between positive ageing and religion as a whole.

Currently after the revision of Rowe and Kahn (1998) model of successful ageing in which the element of positive spirituality has been added for comprehensive understanding the process of successful ageing. Positive spirituality has been associated with many positive outcomes. From this the concept of positive ageing associated with the factor of positive spirituality that results in successful ageing along with healthy life style habits. This factor sometimes encourages older person to achieve physical and mental health and it avoids them a serious off issue which cannot be controlled in latter adulthood and is also a source of inspiration to promote healthy life style among them (Ng, Nyunt, Chiam & Kua, 2011).

Moreover, a relationship has been established that positive spirituality not only improve the mental and physical health among older person but as a source of longevity in them as well.

(Zimmer, Jagger, Chiu, Ofstedal, Rojo & Saito, 2016). Through this engagement older persons are able to get positive health behaviour from their companions, social support which controls stress and psychological factors and these mechanisms provide a way to successful ageing. It has been documented that throughout the world older persons are highly involved in religious practices which is determine ageing well among them. (Levin & Chatters, 2008). However, the environment being provided for their participation in religious activities is under explored.

According to Cohen and Koenig (2003) religiosity is the source to connect older people with the community where they share their belief and religious rituals/ practices. Religiosity is an organized system where in community people have specific belief about specific things and more importantly there it has been sharing the difference between sacred and transcendent. Further, spirituality sometimes provides meaning to the life. It does not always provide a source of connection with the system. It brings a balance of humanity and tradition with specific belief along with personal change in the individuals. (Pocinho & colleagues, 2016). Through this people are able to control their emotions and their thought process and promote their social contacts along with quality of life (Fry, 2000).

Faith is the nucleus that attracts all religious practitioners to be engaged in religious practices and have social contacts with other fellows (Ellison, 1994). Involvement in religious practices provide a chance to its practitioners to extend their contacts and have a chance to enhance the quantity of interaction. It has been suggested in number of studies that religious participation as a whole exert positive effects regarding psychological well-being and older persons can enjoy healthy life (Ellison & Levin, 1998). In most of the studies the potential benefits of prayer have been discussed (Levin, 1996) and also participation indifferent religious services have given important consideration (Idler & Kasl, 1997). However, such practice and involvement in religious activities have little meanings.

Crothers and colleagues (2002) explained positive spirituality by revising the model of successful ageing proposed by Rowe and Kahn with its potential benefits linked with positive spatiality while working with health professional, religious communities and established these relations in form of model. They added a missing component of positive spatiality in already proposed model based on three components explaining successful ageing. It was claimed by them additions of this element for health promotion has been taken positively by older person to make their ageing successful. It was claimed by them that leader in the discipline of gerontology missed these concepts while framing conceptual model of successful ageing in the growing body scientific evidence. The proposed enhancement in the model of Rowe and Kahn (1998) will not only help the older persons individually but also to those health professionals, civil societies, religious organization, families and government organization while framing policies to make successful ageing among aged persons. For comprehensive understanding of their model they elaborated exclusively the concept of religion, spirituality and positive spirituality (see table 2.1) given below.

Table 2.1

*Distinctions among religion, spirituality, and positive spirituality*

Religion	Spirituality	Positive Spirituality
Community focused	Individualistic	Seeks to identify those features of religion and spirituality that have yielded or are associated with positive outcomes. The blend between community focused and individualism.
Observable, measurable, organized and/or more extrinsic	Less visible and measurable, more subjective and/or more intrinsic	Measurable, extrinsic, and intrinsic
Formal, orthodox, organized	Less formal, orthodox	Less formal, orthodox, and systematic

Behavior oriented, outward Practices	Emotionally oriented, inward directed	Emotion and behavior oriented
Authoritarian in terms of behavior	Not authoritarian, little accountability	Accountable to engaging in positive actions
Doctrine separating good from evil	Unifying, not doctrine oriented	Unifying, promoting life enhancing beliefs

*Source:* Rowe and Kahn revisited model of Successful ageing with inclusion of positive Spirituality (2002).

To elaborate the new element in the model of successful ageing, Oliveira and Menezes (2018) studied on the theme, “The meaning of religion/religiosity for the elderly”. The objective of their research was to understand the meaning of positive spirituality for the older persons and they also established and confirmed that positive spirituality results comfort and ageing well in them. It also helps to cope with the changes occurring during the process of ageing.

## 2.4 Family connections

Aged persons having prime support of family relationships for well-being have been stated by several authors (e.g., Antonucci, Jackson, & Biggs, 2007; Katz, 2009; Koropecykj-Cox, 2002; Lowenstein, 2007; Silverstein & Bengtson, 1994). Walsh (2003) explored that significant social relationships have major role in the well-being of aged persons. However, the family connections are at top priority. Further, these relationships contribute to live happily as people in connections provides social support, especially support of countering the existing stereotyped expectations of old aged persons. Therefore, the role of family connection is very much important to cope with tough circumstances in the latter life. However, it has been found that changing family structures has deprived from the family support around many parts of the world. The joint family system is widely being altered by nuclear family system. In the former system, the aged person has higher level of authority within family and which also have higher social bank that ensures aged person’s higher social status instead of economic. In case, the higher social and economic status of an aged person is ensured, it would be an ideal case of successful ageing in relation with joint family system because such status would ensure higher

participation and engagement especially decision-making power within family. On the contrary, the nuclear family system excludes aged person from the family which, ultimately, excludes all the prestige fastened with the joint family system especially social and emotional support. Such lack of support directly effects the wellbeing of aged person.

Diener (2012) argued that social wellbeing is one of the crucial indicators of successful ageing, but it influences mortality and health. However, Freund and Baltes, (1998) found that family connections have major contribution to the wellbeing of the aged persons. Nevertheless, the value of aged person in each culture is different (Zhang and Li, 2019) such as western cultures prefers old age home for their nursing and Asian culture, especially the locale of India, Pakistan, Bangladesh, etc. has the priority of the home services. The old age nursing facilities have some problems such as unfamiliar environment, social disengagement, etc., including the high level of dependence on the government. Further, aged person may also resist entering old age homes (Chen & Han, 2016). On the other hand, the home nursing may maintain the social status of an old-aged person but it could cost the economic prestige which, ultimately, negatively affect the social status of an old aged person within family. Further, it is also reported that high level of economic burden on family which cause the highly level engagement of earning hands of a family in occupational activities, also reduce the level of nursing to the old aged person within family (Li, Xu, & Chi, 2017). Thus, family have direct effect on the old-aged person in terms of the social support.

Such support is not negligible because it is one of the prime indicators within family which determines health and successful ageing of aged person. On the contrary, the loneliness and social isolation may increase among age persons. Tsai and colleagues (2010) found that social support including virtual support such as social media reduce the level of the aged persons who are living in old age homes. The level of loneliness may also be reduced through participation such the participation of an aged person in the family functions. The other factors, which may be called pseudo factors or tools of reducing loneliness are reading, writing, etc.



(Dreher 2001). The reduction of loneliness is also related with the satisfaction of aged person because such reduction is directly related with, somehow, better level of interaction and relationship with family. Lins, Rosas, & Neri, (2018) found the satisfaction is aged person is associated with high level of interaction in terms of reciprocity and emotional support. Such support is strong predictor of the satisfaction comparing with the other factors because the aged person is already at the edge the social life where the need emotional support as their financial requirements are already being fulfilled by the government in old age homes. Another important fact that they found is the volume and quality of support. They explored the higher volume of quantity of support is less effective than the higher level of quality of support.

In relation with family, health of aged person is also strongly associated which has been verified with genetics as well because the family trajectory of health especially in terms of susceptibility to disease also determines the health status of an aged person. However, family culture is another neglected aspect which effect the health of an aged person (Utz , Berg, & Butner, 2016) because diseases can also be found in a family with no trajectory of specific disease which showed that family connection could affect the health status of an aged person. Morris, Silk, Steinberg, Myers and Robinson (2007) argued that the health status of one person within a family effects negatively or positively on the health of other families.

## **2.5 Friends connections**

Friends have a different place in life and the relationship with friends can neither be ignored nor replaced by any other relationship like colleagues or co-workers throughout the life span. Friendship stays in life while other relations fade away with the passage of time (UM, 1994). Friendship ties are important source of entertainment and enjoyment (Pinquart & Sörensen, 2000).

Although making new kin is common in early stages of life yet making new friends is more is greater than making new kin in the later age especially in one's age group (Adams et

al. 2019). Hence good ties with family members and relatives are of great importance for the elderly people for their wellbeing. Social relations with friends are also important and it affects opportunities and daily life activities and day to day engagement (Berkman, Glass, Brissette & Seeman, 2000).

Walen and Lachman (2000) explored the relationship of psychological wellbeing and health with social connections i.e. family, partner, friends, etc. They designed the research work as that whether such relationship differed by sex and age. They found that these connections contributed to the reduction of psychological strain. Further, these connections are also effective more for women than men, even among their aged persons.

## **2.6 Neighborhood connections**

It has been pointed in number of researches that as the older persons advance in their age the geographical area become smaller and smaller and space as well (Wiles, 2005) due to different reasons that affect aged persons in different way. A number of researches worked on the factor what is the importance of specific place for the older persons and they explored that neighborhood connection are much of importance for them for many reasons (Burns, Lavoie & Rose, 2012). The neighborhood connections are of much important for the older person as compared to the younger generation who have the capacity and intention to extend their contacts in wider space. With advancing the meaning and the importance of neighborhood connection increases as these are the best source of social, emotional support and help in the hour of need. Most importantly neighborhood connections are the source of frequent interaction for those who have limited opportunities to live with their family.

It has been established the relationship of well-being and sense of place for the elderly people in specific physical environment. As sense of place can be extended to the connections that affect the stress among older persons because it is multidimensional and perceived as cognitive, affective and conative and is beneficial for the older persons (Pickett & Pearl, 2001;

Robert, 1999). By considering the importance of sense of place it has been evaluated for the quality of neighborhood connections for the elderly people residing independently. It is beneficial for both physical and mental health. It has been documented a rich literature focusing the relationship between specific residence and multidimensional effects (Kawachi & Berkman, 2003).

Health of aged persons sometimes can be associated directly with neighborhood connections. Although it has been less investigated that neighborhood perception affects the health of elderly people (Aneshensel & Sucoff, 1996; Ellaway, Macintyre, & Kearns, 2001; Wilson et al., 2004) but it has been measured subjectively rather than objectively (Macintyre & Ellaway, 2003). However, some of the studies pointed out that neighboring environment may be the influential indicator for health. Once again, this factor has been explored on self-reports of the older persons regarding their health and the effect of neighborhood connections (Caughy, O'Campo, & Muntaner, 2003; Christie-Mizell, Steelman, & Jennifer, 2003; Hadley-Ives, Stiffman, Elze, Johnson, & Dore, 2000; Ross, 2000; Sooman & McIntyre, 1995). Therefore, it is needed objective measurement of neighborhood connections for comprehension of its positive effects to health.

The concept of ageing in place has gained popularity to study the process of ageing. Burns, Lavoie & Rose (2012) stated that loss of social spaces has posted many effects on the lives of the older person as they have to face the issue of social disconnectedness, loss of political influence in specific place which the older person has earned in result of residing in specific place. Contrary to that when persons are dislocated from their specific social spaces and they have to struggle to build new relationship at new place. Somehow, they have to sacrifice their quality of life which has been remained attached with the specific place. So, it has been encouraged that older person to live in their familiar places rather than to those centers

providing residing facilities along with health as well. Familiar places are the source for enhancement of physical and mental health (Golant, 2015 & Ahn, 2017).

Due to importance of neighborhood connections, it has been noted that a trend toward investigation of effect of neighborhood connection on the health of elderly people (Yen, Michael, & Perdue, 2009). Such type of researches have focused on a particular domain of those persons who are living in minorities and it is needed also to device strategies to implement the policies that can create age friendly societies for all the older persons by considering the importance of the health of the individuals in specific place (Michael & Yen, 2014). The main focus of such researches has been to explore the effects of neighborhood connections on the mental health of elderly people who sort somewhat emotional support from their neighbors.

According to Lawton (1998) that with the advancing age of the older persons they lose their personal capabilities to cope with hindrance regarding health and their neighborhood connections play a vital role to maintain their health especially mental health and as a whole well-being is challenged. Same has been suggested in environment theories regarding older persons. Moreover, the factors of compatibility with specific environment sustain with a span of time. The founding father of this field emphasized “competence-environmental press” and this factor plays a vital role in active and successful ageing in late adult hood (Lawton, 1981, 1983). However, this phenomenon has been less studied in the context of environment.

## 2.7 Work connections

Work connections has been associated with the process of ageing. The nature of work connections with respect to ageing changes and has multiple effects on the lives of aged persons. It is a fact that work connections with respect to ageing has been least investigated (Shultz & Adams, 2007, p. 308). The nature of relationship varies when the person is doing a job in a specific organization and after that these connections changes rapidly. These connections are related actually with a specific position and after their retirement older person not only lose their

position but also somehow lose their social contacts as well (Truxillo et al., 2012; Zacher and Schmitt, 2016). These work connections sometimes determine successful ageing as they provide a regular activity. Somehow, different structures have different issues to provide prolonged service but the replace of the roles is necessary for those aged persons who intend to engage themselves in work. Even they can be engaged in honorary work. Hence the stance of activity theory is needed to be implemented to make successful ageing of the retired persons.

Although it has been investigated in other dimensions of work connections effect on successful ageing by focusing the role of organization and their environment influence on the process of ageing. This has provided an immense interest of the organization and the practitioners to get out maximum benefit from the workers. It has been characterized as useful technique to utilize age with a specific work place for the benefit of organizations (Hansson et al., p. 209 1997).

## **2.8 Life style habits**

It has been noticed life style habits of the individual determines the healthy ageing and it is also connected life expectancy. Even though the role of advance research and medicine cannot be ignored. However, the healthy life style habits dominate from this position advance medication and research as these habits eradicate the diseases not only but reduce the morbidity among the individual. Life expectancy has been associated to extend 10 to 20 years for those who take moderate physical activity 30 minutes per day along with the care of their diet and avoid smoking, excessive use of alcohol (Stanner, 2009). The successful ageing has been often established theoretically the individuals own contribution in terms of his/her with positive life style habits. Hence most of the researches have given prime attention while addressing the issues of health especially the health of the older persons.

It is known that staying active has health benefits important to successful ageing. Physical and cognitive activity, along with social engagement (Bath & Deeg, 2005) are related

to improved health and function with ageing. Regular physical activity, both of moderate and high intensity, are associated in older adults with lower frequencies of heart disease and diabetes mellitus, maintenance of weight, more beneficial levels of other cardiovascular disease risk factors, better physical function, and lower likelihood of disability and dependency (Fried, Freedman, Endres & Wasik, 1997). Additionally, positive social supports and social networks are also independently protective of health and functioning as people age. Social activity has also been related to improved health, functioning, and happiness. Social activity refers to the connection with the society and participation in different activities like volunteering, care giving etc. Such activities are not only the source of connection with the society but these provide a chance to remain physically active as well which reduces risks of diseases.

It has been observed that with advancing the physical capacity of the individuals declines resultantly it affects the biological process of ageing. After crossing the age of thirty years maximum oxygen uptake reduces from 8 to 10 percent after every decade and result of that muscle strength decreases 10 to 15 percent and chance health fall as a whole increase. (Paterson, Jones, and Rice 2007). The importance of physical activity increases with the advancing age and has been widely established. Physical activity has been established as determinant factors of physical, mental, and emotional health of the older persons. Same has been established in longitudinal studies that it reduces mortality rate and morbidity as well (Talbot et al. 2003; Paterson, Jones, and Rice 2007; Hollman et al. 2007). So, physical activity for the elderly person by considering their health is important to make them active.

Additionally, the importance physical activity has been discussed and established that it is necessary for prevention and treatment of diseases like obesity, type 2 diabetes and other diseases and also it prevents from chronic pain along with controlling of blood pressure (Nelson et al. 2007; US Department of Health and Human Services 1996, 2008). It is also associated with to decrease the factors of the fall and it recover functional limitation among the older

persons and it helps to strive independently as well (Agency for Healthcare Research and Quality 2002; Lee and Park 2006). Highly active people have been found less depressed and enjoying more healthy life in comparison to those who are not involve in any physical activity and in result enjoy high quality of life (Nelson et al. 2007) which actually determines the successful ageing.

According to Sjosten and Kivela (2006) regular physical activity and exercise results in reducing the symptoms of depression among the older persons. It has been reported that those older persons involve in physical activity enjoy higher quality of life (Spirduso and Cronin 2001) along with higher level of well-being as well. It is also evident that physical activity and exercise improve the cognitive functioning among the older persons (Angevaran et al. 2008). It also a sort of treatment for those who suffer from mild cognitive impairment (Baker et al. 2010; Angevaran et al. 2008). The risk of Alzheimer can also be controlled through tis physical activity (Larson 2008). So, numerous positive outcomes have been recorded in respect of physical activity like exercise, yoga etc. Involving elderly people in different physical activities prevents and secure them from different diseases.

As ageing is inevitable process and same are its outcomes but this process can be managed by involving older persons in physical activities by considering their physical strengths and most importantly care about the diet and proper medication for mild diseases (Steen, 2003) However, along with these factors of physical activity, social and psychological factors are also important that control the diseases among the older persons. Social factors also play a role of promotion of life style habits among the older persons. The healthy life style habits are encouraged by the peer groups and from the close one as well and also a source of inspiration to maintain good health by maintain healthy life style habits.

The increasing population of older persons demands a series of changes for the better adjustment of older persons with good health. Changes are required in political approach,

economic and shift in social paradigms as well care. To minimize disease and management of ageing is dependent upon the immutable and mutable factors (Clark & Bond, 1995). Those factors which cannot be controlled during the process of ageing such as gender, age and genetic impertinence are inevitable to proceed further this process but the mutable factors such as socioeconomic position of the individual, social network, provision proper health facilities and the life style factors. It is a fact that adjusting mutable factors is not only dependent on the behavior and response of the elderly but it is heavily dependent upon the response/ input from the structure and society.

## **2.9 Life satisfaction**

The early notion of life satisfaction is known to be found in the studies of Havighurst (1961) with the extension of retirement domain in which the related issues such as lower financial, social and health status are claimed to be the negative predictors of life satisfaction (Heybroek, Haynes & Baxter 2015). Therefore, the matrix of associations of the predictors and outcome have validated in previous studies such as the study of Dingemans and Henkens (2014) argued that different types of retirement have strong effects on aged persons in terms of health and life satisfaction.

They also claimed that negative and positive relationship of retirement with health and life satisfaction is established in previous literature, however, some studies reported no such association. Quine (2010) reported that retirement is one of the important lives shifting incident which, though, provide freedom such as relaxation, flexibility, leisure, etc. but it also brings loss of financial support with it which is directly related with the lack of self-worth and social status that, in turn, introduce lower life satisfaction. Such interrelated process is not an abrupt occurrence because a retired aged person may experience life differently right after the retirement but as the time pass by the other factors as mentioned above begin to force their power upon the aged person and the process of lack of life satisfaction takes its place.



There are also other factors which cannot be neglected such as lose of a spouse or friends can also bring similar detrimental effects on health and satisfaction with life which revealed that the social connections especially family and friends are social supports which are an integral part of any one's life. Similarly, a person who have been working for almost 25 years when leave the jobs, the occupational connections also began to reduce as the level, intensity and duration of interaction with occupational connections reduces after the retirement.

Such reduction is one of the significant indicators of lower life satisfaction among aged persons. Previous studies reported that almost 10 to 30 percent of the retired aged persons were unable to adjust post-retirement wellbeing due to the lack of social support, motivation, health, etc. (Braithwaite & Gibson, 1987; McGoldrick & Cooper, 1994; Szinovacz, 2003). Further, some studies also reported that retired aged person with lack of adjustment with life have negative pre-retirement attitude (Braithwaite & Gibson, 1987). Consequently, a bulk of literature reported that retirement have negative effect on the wellbeing (Richardson & Kilty, 1991), or no effect at all (Gall, Evans, & Howard, 1997) which is a significant indicator of life satisfaction. On the contrary, Calasanti (1996) reported increase in wellbeing after retirement as the higher availability of leisure time and the time to complete the desires which have long been waited by a person to accomplish are ensured.

The association between life satisfaction and social engagement has also be evaluated in various studies as the social participation, interpersonal relationships and social activities increase the health status and emotional wellbeing, and the decrease the mortality rate in later life (Avlund, Damsgaard, & Holstein, 1998; Everard, Lach, Fisher, & Baum, 2000; George, 1996; Glass, Mendes de Leon, Marottoli, & Berkman, 1999; Lennartsson & Silverstein, 2001). Such engagements broadly provide physiological and psychological improvements (Berkman, Glass, Brissette, & Seeman, 2000; Glass et al., 1999). which can be treated as enhanced life satisfaction.

This matrixed of relations can be reversed as well because the engagement and life satisfaction, health and life satisfaction are reciprocal. Therefore, it can also be stated that higher life satisfaction facilitates higher health status, and similarly higher life satisfaction improves social connections (Barger, Donoho, & Wayment, 2009; Diener & Seligman, 2002; Pavot & Diener, 2008).

## **2.10 Health status**

The retirement being a change in life is also an abrupt change in the lifestyle which can have negative effect on the health (Drentea, 2002). Ekerdt, Baden, Bosse and Dibbs (1983) reported that retirement is a stressful incident which directly produces negative effects on the health status of an aged retired person. Studies also were of the view that retirement is associated with vulnerability because employment is a channelized empowerment. The vulnerability is said to be the financial lose, however, the loss of occupation tenement is also included in such effects which may provide higher support when need in occupational stress.

Therefore, the loss of connections is also associated with the decrease in mental health as well (Drentea, 2002). In case of the voluntary retirement, the cases may differ while examining their health status. McGarry (2004) claimed that the selection of the retirement date is one of the major decisions that an employee made while being aware that what kinds of effects it may produce, especially on health and financial wellbeing. Therefore, such relationship can be seen other way around such as the lower health status may also forces an employee to take decision of early retirement (Syse, Veenstra, Furunes, Mykletun, & Solem, 2017; Oksanen & Virtanen, 2012).

This situation is significantly revealing that pre- and post-retirement have severe effects on the health status of an employee. However, if an employee is already aged person, the case is even worse in case of health outcome. On the other hand, the studies examined that relative effects of the health and retirement have no unanimous agreement on the nature of association of these variables in terms of economic status. One of the prime reasons that the researcher of

this study can claim is the inconsistent measurement of these variables because several studies used already devised health status tools such as PHQ-9.

On the other hand, the financial status is one of the most diversely measured variables because it has several indicators which has never been complexly measured, especially in case of secondary data analysis where researchers used only the available indicators which can range from one to twenty. Nevertheless, the forced or involuntary retirement had detrimental health effects as it produced unhealthy activities such as smoking (Henkens & colleagues, 2008). However, researchers also reported that in services aged persons have higher probability of smoking than the retired persons (Lang, Rice, Wallace, Guralnik & Melzer, 2007). Similarly, Midanik, Soghikian, Ransom and Tekawa (1995) reported no effects of retirement on smoking.

## **2.11 Successful ageing**

The idea of successful ageing is one of great contribution in the body of knowledge in the field of gerontology during last 70 years. It has been treated as a concept, approach and model for the researchers, individuals and policy makers (Katz & Calasanti, 2015). It has attracted many researchers to work on it and in result of that terms such as “healthy,” “positive,” “active,” “productive,” and “effective” ageing has been introduced. The model of successful ageing introduced by John Rowe and Robert Kahn (1998) has been criticized for its superficial nature and biological dominant nature. However, the dimension to measure successful ageing has always missed something, therefore consensus on this concept, model and approach has not been established since its inception.

But with the passage of time this idea in the field of gerontology gained popularity while inception when successful ageing was demarcated by normal ageing by Rowe and Kahn (1987, 1998) work. They diverted the research from diseased persons to less impaired persons with high cognitive and physically functioning older persons with active social engagement. However, most of the studies considered their work as seminal (Jeste, Depp, & Vahia, 2010; Phelan & Larson, 2002). The Rowe and Kahn’s model has been criticized for missing different

element regarding successful ageing like missing lay perception of common man about it (Katz & Calasanti, 2015; Martinson & Berridge, 2015). Therefore, many scholars have suggested for the inclusion of lay perceptions while defining successful ageing to understand this process (Glass, 2003; Phelan & Larson, 2002).

Historically, this idea has been discussed in the renaissance texts while they have discussed it philosophically and modern gerontological idea has been discussed in 1950 when Havighurst discussed it while attaching this activity as the essence of life and essential component of successful ageing. Rowe and Kahn crystalized this idea by introducing three elements that determine the successful ageing. Additionally, this idea of successful ageing has been incorporated in different theoretical paradigms, health measurements, retirement lifestyles, policy agendas, and antiageing ideals. Due to induction of this idea the researches also generated kin concepts of this like “productive ageing,” “positive ageing,” “optimal ageing,” “effective ageing,” “independent ageing,” and “healthy ageing” and all these have provided ground to do research (Katz & Calasanti, 2015) for addressing the issues of elderly and to make effort for successful ageing.

However, the work of Rowe and Kahn has been criticized for many reasons while missing subjective concepts and also has the reflection of racism in it as the data used for this model was of white Americans along with “Western cultural bias and lacking legitimacy in other cultures and diverse populations”. As Pruchno (2014) pointed out,

*“For many years, our understanding about the ageing process focused on the experiences of White Americans” (p. 3), and thus neglected the role of culture in the ageing process. We need to “bring culture into the foreground”*

It has also been pointed out that “

*“One of the active principles or forces in a psycho-cultural process (of adaptation to ageing)” (Clark & Anderson, 1967, p. 393) because the ageing process is “a situated phenomenon—an iterative, socially embedded process that requires adaptation to specific sociocultural contexts” (Perkinson & Solimeo, 2013, p. 102)”. Hence, there is an empirical evidence, suggesting the importance of culture in understanding “successful ageing.”*

However, Kim and Park (2017) supported the work of Rowe and Kahn’s model of successful ageing as it has been used in most of the studies to measure the well-being of older persons by including three elements of this model.

Franklin and Tate (2015) narrated that the idea of successful ageing has been successively used for healthy ageing of older persons and is outcome of different factors. The transformation in the social theories of ageing reflected that it provided basis for theoretical investigation. Different researchers have constructed it differently to probe psychosocial and biological domains. There exist is no clear-cut definition of successful ageing and its determinants. However, it clear is that successful ageing is related to the human health span, or healthy life expectancy. Moreover, the successful ageing is associated with life style factors, such as physical activity, smoking, nutrition which have direct connection with successful ageing.

Different strategies have been discussed in the literature for attaining the goal of successful ageing. It is claimed that presented literature supports healthy life style can be an effective strategy for successful ageing (Knight & Ricciardelli, 2003). It is greatest challenge for those working in the domain of successful ageing is that there exists no consensus on the term of successful ageing for its conceptualization and its operationalization (Phelan, Anderson, LaCroix, & Larson, 2004; Pruchno, Wilson-Genderson, Rose, & Cartwright, 2010). Therefore, this concept is subjective rather than objective in nature.

The Depp and Jeste (2006) identified 29 definitions in the 28 studies they examined falling in the domain of quantitative design and most of the studies focused on physical functioning and disability. The persistence on the variability of this idea reflects limitation to work on it and measure it. However, the idea of successful ageing is attractive that every society and researchers remained focused to probe it for the concrete guide lines to make the lives of their aged people successful and could provide an attractive literature to the readers and researchers to attain the goal of successful ageing and a theoretical model in context of their culture. There are four major social theories that attempts to explain ageing in their social context namely as

- I. Activity Theory
- II. Disengagement Theory
- III. Continuity Theory
- IV. Age Stratification theory
- V. Social Network Theory

## **2.12 Theoretical models in social gerontology**

### **2.12.1. Activity Theory**

Activity theory proposed by Havighurst and Albrecht (1953) is renowned as first theory on ageing. This theory was developed while working on a group of older adults. The work of them in form of theory was published in 1963. This theory is highly accepted among the people working on older persons and social scientist and still it is known as dominant theoretical perspective and widely has been used in conceptual frame work. This theory is based on the argument that activity is the essence of life for all ages. Some studies have associated it positive adjustment which is highly correlated. It has established that more positive adjusted people are highly engaged in the activities and enjoys more physical and mental health. Earlier social scientist believe that normal ageing involves maintaining activities as long as possible. It has been proposed that the individual's roles be replaced with new one when they are forced to give

up some roles. It has been predicted in activity theory that those persons who remain involved in social activities are expected to highly socially integrated, higher satisfaction in life and result possibly in successful ageing.

Most of the gerontologists have introduced specific principles for activity theory . It has been witnessed by the work of Earnest Burgess the orientation toward activity theory which can be traced into 1940. Burgess, one of the founders of social gerontology, observed that the elderly had no real place; they were left out of social activity. He described old people as having a “roleless role” (Burgess, 1960). Burgess was of point of view that it is necessary for the older person to be engaged in meaningful to make their ageing successful instead of forced leaving of roles. From this their experience can be used in different productive activities which is not only beneficial for them but for the society as well. This stance clearly implies support for the activity theory.

#### **2.12.2. Disengagement Theory**

Disengagement theory presented by Cumming and Henery (1961) and it was developed through empirical research while studying 275 older adults residing America and it has been well explained in the book *Growing Old* which was published in 1961. They used this sample size of older persons between the ages of 50 to 90 years also with having good health and had minimum for independence. The major claim of the theory is that with the passage of time the older persons seek passive roles rather than active participation and it is beneficial for the society and the older persons as well. They categorically summarized that disengagement is the mutual process and is the basis of optimal functioning of the individual and society. Either society withdraws the assigned role at specific age or the individual leave its assigned role at the specific age and it is mutual withdrawal between society and the individual. According to them individual at specific age try to escape from pressure of handling the things and they cannot afford stress. However, it does not come happen in every society.

Although it was a great contribution in the body of knowledge but this theory invited a lot of criticism as well. Their claim it's the way to bring equilibrium in the society by removing older person with young generation without giving replacement of the roles. They argued that normal ageing is actually disengagement. When disengagement is complete and brings solidarity in the society and the system. However, equilibrium defined by them cannot be an expected outcome of disengagement to every individual and for every society even not in America as a whole.

According to them by justifying their major assumption of disengagement theory in latter adulthood that fully engaged and energetic persons perform better than the older persons and he/she has more potential to meet the expectation of the system. The young potential can mobilize the resources for the community and can frame better things in comparison to the older persons. However, they give some space to older person who are renowned scientist or poet to be engaged for better functioning of society and they can be assigned the roles in which they have the expertise. They totally ignored the factor that older persons having enriched experience can be utilized to train the young potential as training is the essential component for making or devising any policies for the society.

This theory has generated a great deal of criticism after its inception in the body of knowledge. The major claim of this theory are biased as it reflects ethnocentric approach and it represent industrial thoughts which needed young potential to work for them and produce capital for them. They ignored the female in their research to produce such knowledge which can serve the benefits of industrialists. It has been also suggested to improve this theory that if it comes with the interventions that can help older person can be fitted into the body of knowledge and can be used for the welfare of the older persons and their protection as well. Some of them have questioned about its major claim of withdrawal from the roles by suggesting that some individual prefer to leave their specific roles at a certain age, others don't do that to avoid disengagement (Achenbaum & Bengtson, 1994). However, it should be accepted that this



theory has emerged in specific context in which biological determinism is reflected. At the same time the major factors that affect the process of ageing such as gender, income, education and other cultural factors has not been incorporated. So, there is need to produce comprehensive knowledge that can represent the issues of aged persons with empirical justification.

### **2.12.3. Continuity Theory**

The continuity theory was presented by Atchely (1989) to generate a discussion on the assumptions of activity and disengagement theory and he has been succeeded in it. Continuity theory has been generated t a debate on the merits and limitations of disengagement theory. This theory has been widely accepted as it claims that the individuals utilize their experience for their continuity in the future and bring change in them accordingly. He explained it with the example that it is required for devising any strategy a prior knowledge and experience and hence experience can be attached with age and efficiency. His theory introduced three types of continuity depending upon the degree of continuity. He associated continuity with too little, too much, and optimal. He explained theses three types categorically i.e. “too little continuity produces an unsettled feeling that one's life is too unpredictable while too much continuity is boring and totally predictable. The optimal amount of continuity provides sufficient challenge for change but not so much challenge that the person is overwhelmed”. The amount of continuity actually determines the ageing of the elderly.

The major claim of the continuity theory is that older adults and the middle-aged attempt to maintain internal and external structures by using their experience to accomplish their goals in their life. They adjust by using their past experience by changing their social behavior and maintain their social connections. Thus, continuity theory is grand adaptive strategy that being adopted by the individual according to his/her preference along with social approval. So, engagement of the elderly people is dependent upon not only person's choice but also the structural environment. So, the internal and external structures have importance for determination ageing of the elderly people.

Furthermore, he extended the concept of continuity by giving two types. One is internal continuity and the other is external continuity. Internal continuity is the outcome of temperament experiences and emotions of the individuals which can be unique and at the same time external continuity is concerned it comes from the physical and social environment in which a person had performed some specific roles with a specific job. Internal continuity is the source that connects a person with past. On the other hand, external continuity is the source to maintain the connections with friends and the job employment contacts and family connections as well.

The continuity theory of ageing is a theoretical framework for the study of adulthood and it has attempted to explain the lives of older adults in internal and external continual factors. Theoretically, Continuity theory claims that development and adoption strategies are continuous cumulative and incremental that determines actually internal and external continuity. These all the things occur in smooth and with slow process as the persons experience is prolonged on decades. Through this experience the older adults able to solve their problems quickly and they adjust them well. Continuity theory explained the adaptive strategy that focusses on the process of successful ageing rather than stating just activity can make the successful ageing without explaining the process of successful ageing and similarly disengagement theory claims that just withdrawal of roles without giving any justification of the adjust of the older person in the society. However, this theory seems more optimistic while claiming that adoption of the different strategies for the older persons for them adjust in differential environment to make their ageing successful.

#### **2.12.4. Social Network Theory**

Social network theory introduced by William N. Dunn (1983) which attempted to explain the ageing by focusing the predictors of the structures rather than relationships only. It is the structure of the society that determine the relationship at the specific age. It is necessary to understand the influence of the structure that guides the relationship and its dynamics.

Social network theory fails to explain the relationship in terms of friendship connections which are beyond the structural understanding. The empirical studies guided by the social network theory has also failed to explain the close the friendship connections and and the close ties. Although some of the researches attempted to explain this process of relationship which is outcome of this structural influence. But comprehensively this phenomenon has not been addressed at all to understand the process through which structure influence ageing.

## 2.14 Comparison of micro level theories of ageing

Table 2.2

Brief Comparison of ageing theories

Comparison of Micro Level Theories of ageing	Disengagement Theory	Activity Theory	Continuity Theory
Major Assumption of Theories	a). old age is different than Middle age b). natural and voluntary withdrawal of individual and society c). decreasing interaction with others d). mortality effect e). older adults do not necessarily have to be active and productive	a). continued need and benefit from activities b) successful ageing means active ageing c). extension of adult life d). new roles, friends and activities should replace lost ones e) "activity and roles" effect self--- concept f). Positive self--- concept effect positively on life Satisfaction	Internal Continuity a). remembered structure: Ideas, experiences, affect, skills, etc. b). requires memory External Continuity a). role performance, activities, relationships b) continuity is an adaptive strategy

			c). Continuity of activities Continuity of relationships d). Continuity of environment
Critique	a). disengagement is not universal or inevitable b). different types of disengagement (e.g., physical activities, mental engagement) c). intrinsic (biological versus social)?	a). New activity may not replace the old activity, i.e., quality or personal meaning Of activities/roles is not acknowledged b). Psycho---social needs may change in later life, i.e., urge to focus more on inner/spiritual growth c). Resources vary across socio--- economic groups effecting level of activity d). Suggests that mid---life is the standard for later life	a). Resources vary across socio--- economic groups effecting level of continuity b). Suggests that mid---life is the standard for later life

*Source: Self Constructed*

## **2.15. Rowe and Kahn model of successful ageing**

The model of Rowe and Kahn (1998) gained a lot attention for the researchers and practitioners to work on successful ageing. In fact, it is great contribution in the discipline of gerontology. Their model of successful ageing includes three main components as; absence of disease and disability; high cognitive and physical functioning and dynamic engagement with

the life. All three components of this model are connected with each other and these result in successful ageing (as seen in Figure 2.1) and some the researchers working on that domain state that it is some extent hierarchical. The figure of this model indicates absence of disease and maintenance of functioning physical and cognitive at the high level at the latter stages of life. It also reflects maximum functioning with full capacities and their maintenance as well at the latter life. These both components of physical and mental functioning are very much important for successful ageing. But these both components without active engagement cannot be understood the process of successful ageing comprehensively.

According to Dillaway and Byrnes (2009) stated that the model of successful ageing introduced by Rowe and Kahn (1998) is applied in nature as this model views the process of ageing better than average. While discussing qualities of this model and engaging three components that determine successful ageing negates the prior thinking of disengagement for the older persons along with dynamic engagement (Johnsen & Mutchler, 2014). Practically, this was the turning point in the discipline of gerontology that provide opportunities to work on older persons and has been generated a lot of funding for the researchers to work on this domain by engaging the elderly people in different activities which is value able for not only the society but for the individual as well (Everad, Lack & Heinrich, 2000). However, this model has been criticized for its conceptualization that it views functional decline and loss although modifiable can be restored by individual's own actions by negating the concept the structural and societal role. Beyond this, it has been cited in thousands of articles and researches which is encouraging that it has laid foundation towards empirical researches on successful ageing.

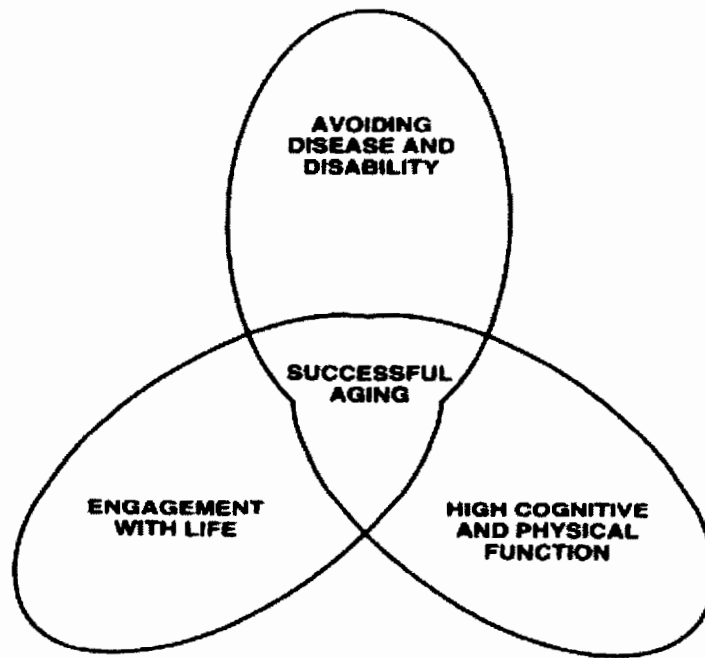


Figure 2. 1 *Rowe and Kahn Model of Successful ageing*

This model has been further elaborated to counter the criticism by introducing the sub part of three components of this model. The three sub parts of this model consists of absence of disease with low probability of disease and disability; high cognitive and physical functioning with adjustment of functioning depending upon the chances or absence of disease along with other factors and dynamic engagement associated with potential that a person have and his /her attention for the engagement. Successful ageing does not only address the potential for activity but its motivation towards productive engagement. As active engagement is discussed in many forms but two of them are of much important for the research one is interpersonal relationships and other is engagement in the productive activities. Interpersonal relations can be discussed as emotional support or exchange of emotions, social support and exchange of information that can support for successful ageing. Productive activity has been associated with the creation of societal value. So, a person working voluntarily in hospital for the disabled person is involved in high productive activity with the fact even he/she is less or unpaid. (Herzog & Morgan, 1992). Moreover, the concept of productive activity has not been separately discussed in the model of successful ageing. However, the major component of this model be replaced with productive

engagement rather than active engagement for creation of value-oriented output from the older persons as a whole.

Whereas this model gained a lot of attention in the field of gerontology, it received criticism as well. This model represents the biomedical traits for ageing as its two components out of three based on health. Actually, this model can have just two components rather three. By considering its limitations, avoidance of disease and disability in the latter adult hood seems impossible and along with high physical and cognitive functioning due to declining health in the latter adult hood which is natural. Although exceptional older adults attain this level in the latter ages. So, this model cannot be generalized to all older adults by discussing the concept of successful ageing. However, the prime focus of the Rowe and Kahn model is on late adulthood as a point to make a static assessment of an individual's "successful ageing." Thus, it fails to describe the developmental process, history, and strength of social relationships over the time and most importantly the cultural context has embedded with the biological factors which often has not been in control after the age of sixty years.

The model of Successful ageing was revised by Crowther and colleagues (2002) by adding the concept of positive spirituality and also adding the revised concept of avoidance of disease and disability with minimized risk of disease and disability; low cognitive and physical functioning and active engagement with the life along with adding the concept of positive spirituality which determines the successful ageing among aged person.

#### **2.16 Revised model of Successful ageing by Crowther and colleagues (2002)**

Crothers and colleagues (2002) explained positive spirituality by revising the model of successful ageing proposed by Rowe and Kahn with its potential benefits linked with positive spatiality while working with health professional, religious communities and established this relation in form of model. They added a missing component of positive spatiality in already proposed model based on three components explaining successful ageing. It was claimed by

their additions of this element for health promotion has been taken positively by older persons to make their ageing successful. It was claimed by them that a leader in the discipline of gerontology missed this concept while framing a conceptual model of successful ageing in the growing body of scientific evidence. The proposed enhancement in the model of Rowe and Kahn (1998) will not only help the older persons individually but also to those health professionals, civil societies, religious organizations, families and government organizations while framing policies to make successful ageing among aged persons. Their revised model of successful ageing in figure is represented below.

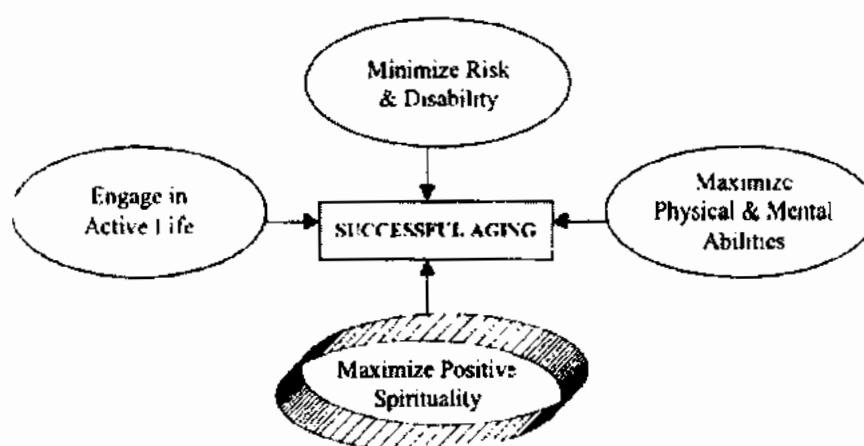


Figure 2. 2 *Revised Model of Successful ageing*

However, this model did not gain popularity due to its limitation while not discussing physical hindrance of older persons toward positive spirituality that according to them determine the successful ageing.



## 2.17 Conceptual frame work of the study

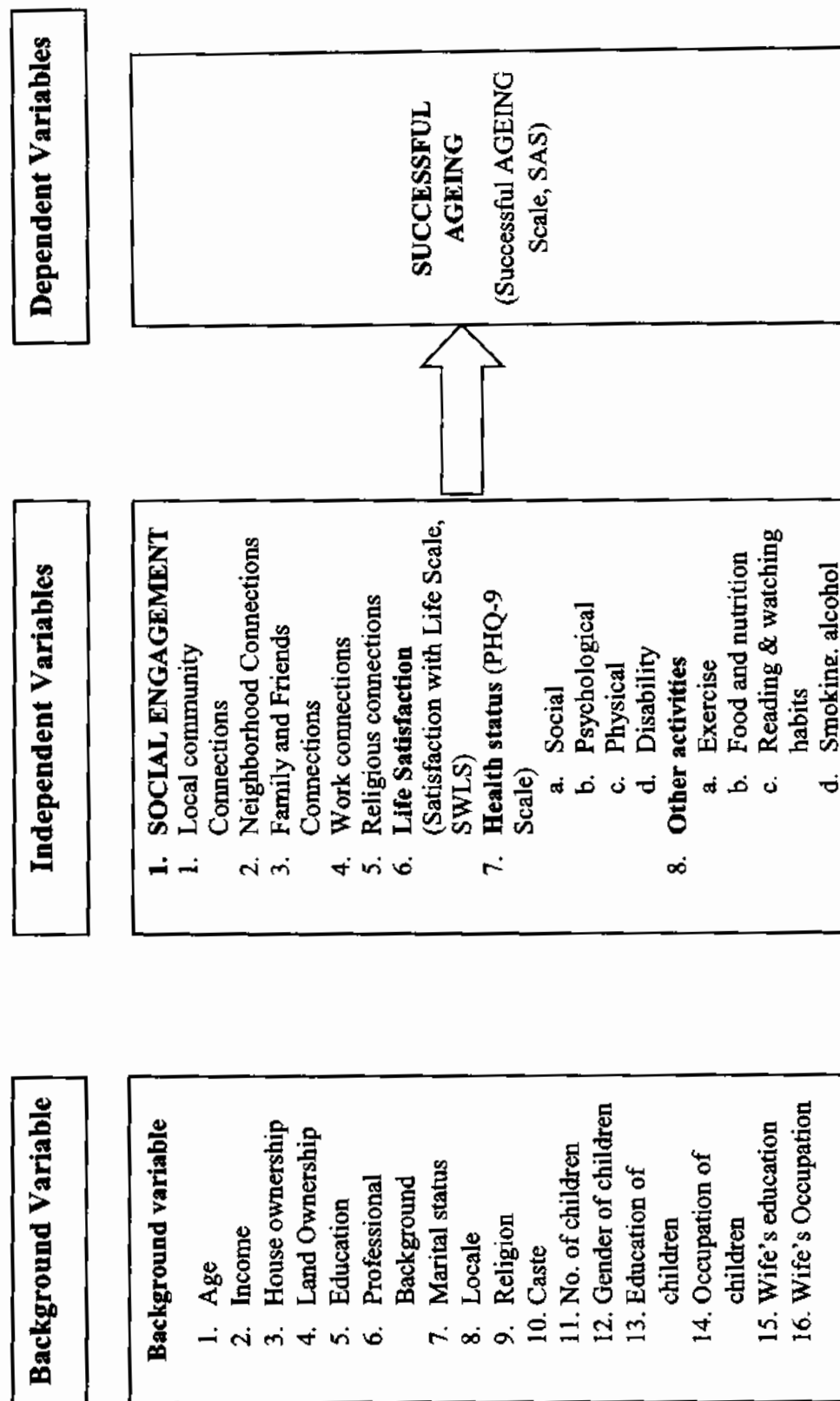


Figure 2.3. Conceptual framework of the study

**METHODOLOGY****3.1 Introduction of the chapter**

Selection of methods have been a crucial step in scientific research especially in the emerging subjects such as ageing which could be well refined and aligned with the existing scientific paradigm. However, social sciences are yet struggling to identify or form its paradigm which creates immense problems of interpreting the collected data (Fossion and Zapata-Fonseca, 2018). How the data, then, be verified and interpreted if there is no paradigm?

The traditional scientific methods such as the reductionistic approach of scientific methods which argues the scientific methods have reached to its most reductionist form and they are no longer able to deal with the existing complication of social phenomenon, is a critical assessment of the development in the idealistic science, commenced from Greek philosophers such Aristotle, Plato, Ptolemy, etc. However, the assumption is the gradual development in the scientific methods. Kuhn (1962/2012) revolutionized philosophy of science with the specific focus on the scientific methods by arguing that the scientific achievements can be explained in sociological context. His concept of Paradigm reveals that each scientific method, concept, theory, etc. are the product of the specific set of axioms of the given time that changes subject to the critics that introduce novel methods, concepts and theories. Thus, the new methodological perspective i.e. emergent, is being popularized which, contrary to the reductionist perspective, attempted to deal with the unexpected social patterns subject to the data considering the building blocks and their interactions.

Therefore, Fossion and Zapata-Fonseca (2018) viewed ageing in the emerging perspective. Their focus seems to be biological or physical ageing, whereas, the sociological perspective of ageing is even more complex phenomena which made each social scientist quite

reluctant in relating it with either reductionist or emergent perspective because umbrella subject i.e. sociology, is itself in process to develop its scientifically rigorous theories.

This specific problem of rigorous is more concerned with qualitative approach than the quantifiable data because the chances of subject involvement is higher in the former approach. Although, Grounded theory (Glaser and Strauss, 1967) and its revised versions (e.g., Charmaz and Belgrave, 2007) claim liberty to each social scientist to produce theory rigorously using its method yet the issues are unresolved e.g. when to conduct review of literature to reduce the chances of subjective bias or the theory laden observation. Nevertheless, the use of qualitative methods and the results produced using the approach in ageing are highly based on meaning of, and experiencing the ageing, the perceptual studies of ageing which lacks in developing any generalized model of ageing. The Oxford journal of Qualitative Research in age and ageing online a set of papers dealt with health services research with special focus on ageing which are solely concerned with the experiences of the respondents (see e.g., Bond and Lowton, 2011; Turner et al., 2016). Nevertheless, the qualitative methods have capacity to handle wide variety of data which can be used to form a curd model of ageing because it cannot be generalized which is its inability to generate quantifiable variables.

The quantitative approach on the other hand has such potential. The model it uses either qualitative or quantitative, on the one hand, can be generalized and, on the other hand, can be revised. However, the qualitative models would be different because it emerges from different contexts, having multiple meanings. Additionally, modelling requires quantification (Gordon, 2013). Considering one of the basic aims of the study about the modeling the ageing, the researcher prefers quantitative methods because (a) it provide generalizability (b) produce or revised a model with rigorous data (c) quantifiable relationship among variables which qualitative models lack in and (d) improve and enhance the body of knowledge being align with the philosophical underpinnings of the model building.

The use of quantitative methods and statistical analysis in ageing perspective is advancing. Lanitis Taylor and Cootes (1999) introduced the parameterized statistical modelling to model face images of ageing. Pulkkinen and Simola (2000) suggested Bayesian modelling of repairable components of ageing models. Ghisletta and Aichele (2017) suggested different statistical techniques to model ageing data such as nonlinear mixed-effect model and generalized additive model.

### **3.2 Data collection procedure**

#### **3.2.1 Universe / population of the study**

The present study deals with the issue of successful ageing particularly focusing on elderly population of the South Punjab. The study is confined to the retired government employees from six districts of South Punjab (i.e. Multan, Khanewal, Bahawalpur, Rahim Yar Khan, Dera Ghazi Khan and Muzaffargarh). These employees were drawing pension from Accountant General Offices of Districts. The selection of the respondents for the current study was made on the following basis;

- I. The retired employee must be a pensioner.
- II. He must be from the South Punjab, comprising 11 districts (The 6 selected Districts are Multan, Khanewal, Bahawalpur, Rahim Yar Khan, Dera Ghazi Khan, and Muzaffargarh).
- III. He must be retired from any of the department of the Government of Punjab.
- IV. He must be drawing pension from the AG offices of namely District AG office, Multan, Khanewal, Bahawalpur, Rahim Yar Khan, Dera Ghazi Khan, and Muzaffargarh.
- V. He must not be retired before 2010.

### 3.2.2 Estimation of sample size

The sample size was calculated after taking list of all retired government employees of South Punjab from Accountant General Punjab office Lahore. The list of districts from AG office was obtained by researcher through proper channel from Accountant General Punjab (Annexure-3).

Taro Yamane's (1973) equation of sample size determination was used as the population is known.

$$n = \frac{N}{1 + N (e^2)}$$

Where;

N = total number of retired government employees and pensioners from south Punjab

1 = the constant

e = the margin of error

$$n = \frac{121995}{1 + 121995 (0.05)^2}$$

$$n = \frac{121995}{1 + 121995 (0.0025)}$$

$$n = \frac{121995}{1 + 304.9875}$$

$$n = \frac{121995}{305.9875} = 398.7 \text{ or } 399$$

The calculated sample size is 399, however, the researcher decided to collect the data from 440 respondents in order to avoid the non-response rate. The sampling procedure to accesses the respondents and data collection is given below.

### 3.3 Sampling procedure

The sampling procedure determines the true representatives of the population; therefore, the most appropriate method and techniques have been used in the study. The present study is dealing with retired pensioners from government of Punjab, which is the targeted population of the study. Firstly, the researcher collected the list of all retired pensioners of the government of Punjab from the Accountant General Punjab (AGP) office Lahore, belonging to the six districts namely Multan, Khanewal, Bahawalpur, Rahim Yar Khan, Dera Ghazi Khan and Muzaffargarh of South Punjab. After the determination of sample size, the second step was to use most appropriate sampling methods to approach the true representatives of the population. In this study the researcher used stratified random sampling method because the data was collected from three Divisions of South Punjab which demands the distribution of the sample across each division and its selected districts. The researcher randomly selected two districts from each division. Figure 3.1 showed the sampling process of the study. Table 3.1 comprised total retired employees' population from the selected region and proportionate allocation of the determined sample size.

Table 3.1

#### Proportionate sampling technique

Sr#	Division	Districts	No. Pensioner	Proportion
1	Multan	Multan	17900	92.88
		Khanewal	9580	49.71
2	D.G. Khan	D.G. khan	11475	59.54
		M. Garh	13160	68.28
3	Bahawalpur	Bahawalpur	16960	88.00

Rahim Yar Khan	15720	81.57
Total population	84795	
Sample size	440	Total proportion 440

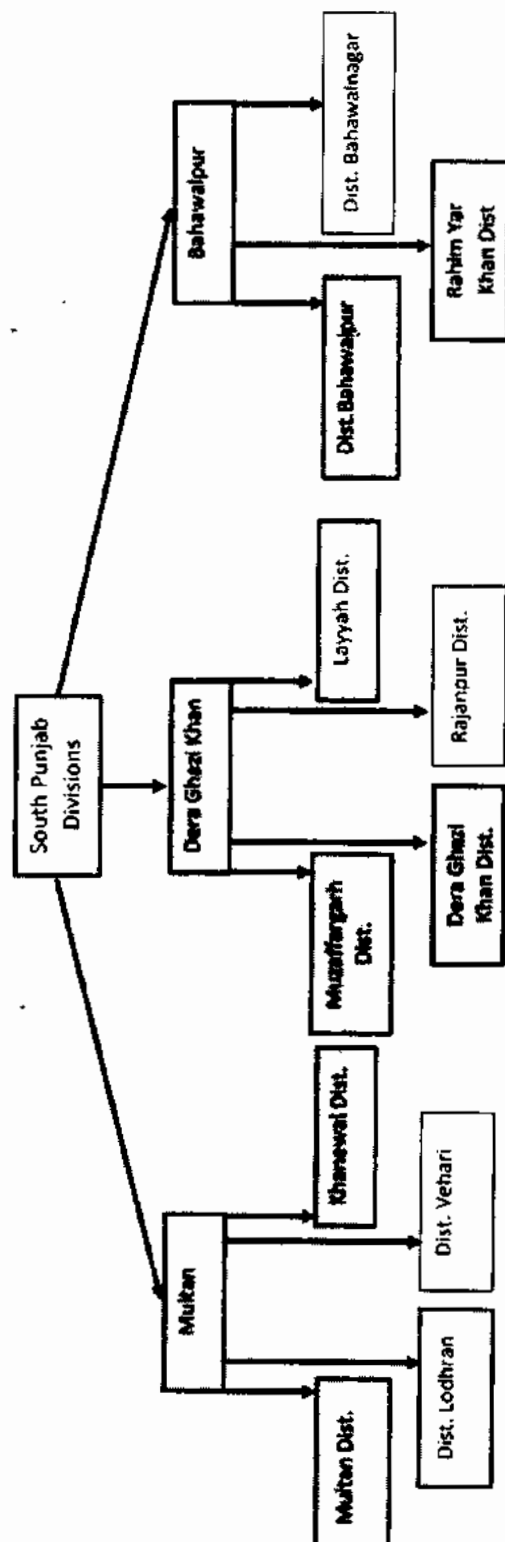


Figure 3. 1 selected (highlighted) districts from south Punjab

### **3.4 Team development**

The data collection from three divisions and six districts was a challenging task. For this purpose, the researcher decided to hire the services of Social Welfare and Bait ul Maal Department so that data collection can be completed within time. As this department has structure to access public at tehsil level. It is important to mention here that this department has appointed grade 17 officers in each tehsil of Punjab along with the supporting staff to work in the field and in the office as well. These officers and officials have bulk of experience while working with different communities by providing welfare services and most importantly this department uses its registered organization for different surveys on various issues of society.

These surveys were supervised by these officers and officials. Therefore, the researcher hired the volunteer services of this department for assistance of data collection, as the researcher himself is serving this department in grade 17. For this project the researcher developed six teams and the detail of each team is given below in the table 3. The Certificates regarding voluntary services rendered by the officers are annexed with names, Nand Lal, Mohammad Ahmed Chishti, Mohammad Umer, Tasawar Hussain, Raja Shehryar, Mohammad Akram, Sadia Tasleem, Zona Khan, Asghar Shahen, Mohammad Uzair, Mazhar Abbasi and Mohammad Afzal (Annexure -4, Annexure-5, Annexure-6, Annexure-7, Annexure-8, Annexure-9, Annexure-10, Annexure-11, Annexure-12, Annexure-13, Annexure-14, Annexure-15) respectively.



Table 3.2

*List of teams engaged in data collection*

Team 1. District Multan				
Name	Designation/Profession	Qualification	Role in Data collection	
Sajjad Hussain	Researcher of this study	Ph.D. Scholar	Team Leader/ Data Collector	
Nand Lal	Social Welfare Officer	M.Phil Gender Studies	Team Leader	
Mohammad Ahmed Chishti	Social Welfare Officer	M.A Sociology	Data Collector	
Team 2. District Khanewal				
Sajjad Hussain	Researcher of this study	Ph.D. Scholar	Team Leader/ Data Collector	
Mohammad Umer	Social Welfare Officer	M.Sc. Sociology	Data Collector	
Tasawar Hussain	Social Welfare Officer	M.Sc. Sociology	Data Collector	
Team3. Dera Ghazi Khan				
Sajjad Hussain	Researcher of this study	Ph.D. Scholar	Team Leader/ Data Collector	
Raja Shehryar	Social Welfare Officer	M.Phil Sociology	Team Leader	
Mohammad Akram	Social Welfare Officer	M.Sc Sociology	Data Collector	

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**Team 4.**  
**Muzaffargarh**

Sajjad Hussain	Researcher of this study	Ph.D. Scholar	Team Leader/ Data Collector
Sadia Tasleem	Medical Social Officer	M.Phil Sociology	Team Leader
Zona Khan	Student	M.Phil Sociology	Data Collector

**Team 5.**  
**Bahawalpur**

Sajjad Hussain	Researcher of this study	Ph.D. Scholar	Team Leader/ Data Collector
Asgher Shaheen	Medical Social Officer	M.Phil Social Work	Data Collector
Mohammad Uzair	Social Welfare Officer	M.A Sociology	Data Collector

**Team 6.**  
**Rahim Yar Khan**

Sajjad Hussain	Researcher of this study	Ph.D. Scholar	Team Leader/ Data Collector
Mazhar Abbasi	Supertendent	M.A Political Science	Data Collector
Mohammad Afzal	Social Welfare Officer	M.A Social Work	Data Collector

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### 3.5 Training of teams

Although the professional's services were hired for assistance of data collection who had the experience of field and offices as well but the teams were trained about the tool of data collection. Additionally, the teams were given training of tool in regional language as the data has to be collected from those respondents who were belonging to Saraiki speaking areas so that data can be collected without any pressure on respondent and the data collector. As the use of mother language between respondents and data collectors enhances the confidence on each other.

### 3.6 Data collection

The field visits were planned by the researcher to collect the data under his supervision. Firstly, two divisions i.e. Multan, Dera Ghazi Khan and secondly Bahawalpur were scheduled for the data collection along with their selected districts. Time spent on data collection in the selected six districts from three divisions depend upon the allotted sample size in each district. The schedule which has been followed during data collection is given below.

*Table 3.3 Plan of data collection*

S#	Name of District	Days spent for data collection
1	Multan	21 days
2	Khanewal	07 days
3	Dera Ghazi Khan	15 days
4	Muzaffargarh	15 days
5	Bahawalpur	20 days
6	Rahim Yar Khan	20 days

### **3.7 Supervision of data collection**

The quality of data cannot be ensured without supervision even it has deployed the professionals working in the field and offices. To ensure the quality of data the researcher led all teams in each district. The researcher himself collected data from each district in the presence of concerned teams for their facilitation to cope up the issues faced by the research team and the respondents in their communities. The researcher himself remained in the field round the time for the facilitation of team and respondents to ensure the quality of data.

### **3.8 Profile of the study Area.**

Punjab is the largest province of Pakistan by population approximately 120 million people living in it and consisted of 36 six districts with 9 divisions. It is divided into three regions namely as Upper Punjab, Central Punjab and South Punjab. The study area which has been selected for this research is South Punjab with its three division namely as Multan, Bahawalpur and Dera Ghazi Khan which is consisted of 9 districts namely as Multan, Khanewal, Vehari, Lodhran, Bahawalpur, Rahim Yar Khan, Bahawalnagar, Dera Ghazi Khan, Muzaffargarh, Layyah and Rajan Pur along with its 48 million population.

In this region, majority of the people are Saraiki speaking. Despite the fact urbanization has also affected this region as well but the family system of this area is still intact. The people prefer to live in joint family system. Politically, some specific families are dominating and ruling in this area. This ruling elite of this area control their voters through “Bradri” system. The economy of this area is based on agriculture. This area produces wheat, rice, white cane and specifically cotton. Although there exist factories in this area but majority of the people depends upon agricultural income.

### 3.9 Allotted Sample for each unit and response rate

The selected districts were allotted sample by considering the proportion of strength of pensioners. The collected sample size and response rate is given below.

Table 3.4

*Allotted sample, collected and response rate*

S#	Name of District	Allotted Sample	Collected	Response Rate
1	Multan	92.88	85	91.51
2	Khanewal	49.71	45	90.52
3	Dera Ghazi Khan	59.54	54	90.69
4	Muzaffargarh	68.28	62	90.80
5	Bahwalpur	88.00	80	90.90
6	Rahim Yar Khan	81.57	74	90.71
				Average=
		Total=440	Total=400	90.68%

The average response rate from districts remained 90% and this rate was attained by the coloration of senior's officers of the department by managing appointments highly trained officers in the selected districts.

### 3.10 Compliance of ethical standards

Ethical standards laid down for social researcher were followed from the step one during conducting the research. Anonymity, confidentiality, written consent and guidance of no socio-psycho harm were implemented as a whole in the field and during the process of research. At first step researcher for the collection of the respondent's list, provided an affidavit to Accountant General Punjab that list of pensioners will not be shared with any one and it will be not used for any other purpose except research focusing on the welfare and identifying their socioeconomic problems by the researcher. Same has been complied in the true spirit.

During data collection the respondents' consent was taken from the respondent on questionnaire. The respondents were briefed about the research by the researcher. The letter from the supervisor was presented to those respondents who demanded it (Annexure-16). Every respondent was treated according to his/her unique characteristics. The confidentiality of every respondent's data was and personal things were ensured. It was also ensured that respondent must not get hurt from the behavior of the researcher. The data was collected in a friendly environment, keeping ease of the respondent in mind.

The researcher and his team controlled the elements of biasness while data collection. The researcher and team while data collection was not predetermined for any estimation neither imposed any influence regarding information required in the tool.

### **3.11 Field experience**

The study targets the retired pensioners from the government of Punjab. First of all, it was not an easy task to collect information about exact pensioners drawing the pensions from different Accountant General Offices of the Punjab. The exact information was under the administration of Accountant General Punjab Lahore. Although it was obtained through proper channel. But the researcher used the professional experience being a government officer and saved the time to process it quickly for the attainment of list of retired pensioners from South Punjab.

The target population of the study was retired pensioners who had served throughout their lives in the public department and they had enriched experience regarding paper work and its importance. The respondents were concerned to response about their financial position which was asked in the tool. Handling and convincing such respondents were so much tough when the atmosphere of National Accountability Bureau was targeting those persons which had suspicious financial position. To cope this issue, the services of the senior officers and

colleagues were taken to satisfy the respondents that information taken regarding economic position would not be shared at any forum but this will be used to measure the socioeconomic status of the respondents and its effects on ageing.

### 3.12 Pre-testing of tool

The pilot study was conducted to test the reliability of the tool. The data from 30 respondents was collected randomly from two district i.e. Multan and Muzaffargarh. These districts were also selected randomly. The data was tested by using Cronbach alpha. The result shows that the value of Cronbach's alpha remained above .70. Hence this tool is reliable to be used for final data collections. The results of this test are given in the table.

Table 3.5

*Reliability of the tool and pretesting*

<b>Name of Scale</b>	<b>Cronbach's Alpha</b>	<b>N of Items</b>
Life style habits Scale	.732	6
Social Engagement Scale as a total	.908	52
Satisfaction with Life Scale	.728	5
Successful ageing Scale	.842	10
PHQ-9 (Health Status)	.803	9
Productive Engagement Scale	.707	8

### 3.13 Tool of data collection

In order to measure the selected variables of the study, the researcher used different scales. However, some of the variables had to be measured with special reference to the sociocultural context of South Punjab such as the tool of the social engagement devised in the sociocultural context of the region by the researcher. The following section described the measurement of each selected variable. In this study life style habit, social engagement, life satisfaction, health status (PHQ-9) productive engagement scales have been used. The detail of these scales is given below.

### 3.13.1 Life style habits

Life style habits of the respondents were measured by constructing self-administrative tool. The scale contains six items. The first items measure the frequency of the respondent for going for a walk. The second item measured respondent's food selection after retirement. The third item measured reading habit of the respondent after retirement. The fourth item measured the habit of reading magazines. Fifth item measured the time spend on watching television after retirement. The sixth item measured the frequency of using mobile phone by the respondent after retirement. Each item was measured on four points Likert scale ranged from 1= Never to 4=Always.

Table 3.6

#### *Items used in Life Style Habits Scale*

Sr. No.	Item
1	I go for exercise
2	In food selection, I remain conscious
3	I read books
4	I read magazines
5	I spent time on watching television

The value of Cronbach alpha of this scale comes out 0.758 and hence the data collected using this scale can be used for further analysis.

### 3.13.2 Satisfaction with life

Life satisfaction of the respondents was measured by using Satisfaction with Life Scale (SWLS). The SWLS scale was introduced by Diener, et al (1985). It contains five items. The first two items of the scale measured the conditions of the life of the respondents either they are excellent or [s]he is living her/his life below the line. The third item of the scale directly



measures the satisfaction of the respondent. Fourth item of the scale measured the achievements of the respondents throughout her/his life. The fifth item measured the life conditions of the respondents which [s]he may want to change if his ageing is going to be reversed. The scale as a whole measured the satisfaction of the respondents. The scale used five points Likert Scale. The range of the scale along with coding is as follows:

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree

Table 3. 7

*Items used in Satisfaction with Life Scale*

Sr. No.	Item
1	In most ways my life is close to my ideal.
2	The conditions of my life are excellent.
3	I am satisfied with my life.
4	So far I have gotten the important things I want in life.
5	If I could live my life over, I would change almost nothing.

The value of Cronbach alpha of this scale comes out 0.792 and hence the data collected using this scale can be used for further analysis.

### 3.13.3 Health status

The health status of elderly retired pensioners was measured through Patient Health Questionnaire-9 (PHQ-9). The scale measured the Psychological and physical Health of the respondents. It was developed by Kroenke, et al. (2001). It contains nine items. The first three items measured the psychological health of the respondents. The fourth and fifth item measured

the physical condition and health of the respondents. The sixth items measured the psychological stress of the respondents. The seventh item measured the functionality of the eye side of the respondents. The eighth item measured the physical strength to walk or speak. The ninth item once again measured the psychological stress faced by the respondents after retirement. The scale measured the response on four-point Likert Scale that ranged between 0 = Not at all and 3 = Nearly every day.

- 0. Not at all
- 1. Several Days
- 2. More than the half days
- 3. Nearly every Day

Table 3.8

*Items used in Patient Health Questionnaire (PHQ-9) scale*

Sr. No.	Item
1	Little interest or pleasure in doing things
2	Feeling down, depressed, or hopeless
3	Trouble falling or staying asleep, or sleeping too much
4	Feeling tired or having little energy
5	Poor appetite or overeating
6	Feeling bad about yourself or that you are a failure or have let yourself or your family down
7	Trouble concentrating on things, such as reading the newspaper or watching television
8	Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual
9	Thoughts that you would be better off dead or of hurting yourself in some way

The value of Cronbach alpha of this scale comes out 0.840 and hence the data collected using this scale can be used for further analysis.

### 3.13.4 Successful ageing

The successful ageing of the respondents was measured by using SAS (Successful ageing Scale). The scale was introduced by Reker (2009). It contains 14 items and the researcher used its ten items to measure the successful ageing of the retired pensioners. The selected items are given in the table.

Table 3.9

*Items used in successful ageing scale*

Sr. No.	Item
1	I am unable to make choices about things that affect how I age, like my diet, exercise and smoking
2	When things don't go as well as they used to, I keep trying other until I achieve the same result.
3	In difficult times, I develop mental toughness in dealing with the situation
4	I strive to remain independent for as long as possible.
5	I make attempts to remain relatively free of disease and disability.
6	I try to maintain good physical and mental functioning as I age.
7	I make every effort to achieve goals that are important to me
8	I can deal with whatever comes my way.
9	I make attempts to engage in healthy lifestyle habits.
10	I am comfortable in accepting both my good and bad qualities.

The first three items of the scale measured the physical and mental ability of the respondent to control his life after retirement. Fourth, fifth and sixth item of the scale measured his contribution to control well his life to remain independent. The seventh item measured the goal setting of the retired pensioners and effort to achieve that goal. The eighth items measured the will power of the respondents to tackle the difficulties in life. The ninth items measured his efforts to engage himself/herself in healthy life style activities. The tenth item measured the acceptance level of good and bad qualities of the respondents. Each item is measured on Five-

point Likert Scale that ranged between strongly agree = 1 to strongly disagree = 5 and given in order as;

1. Strongly Agree
2. Agree
3. Undecided
4. Disagree
5. Strongly Disagree

The value of Cronbach alpha of this scale comes out 0.888 and hence the data collected using this scale can be used for further analysis.

### **3.13.5 Social Engagement**

Social engagement was measured by constructing a self-administrative tool after extensive review of literature. The Social Engagement was divided in sub six categories for the comprehensive measurement. The sub categories are as under;

- i) Local Community Connections
- ii) Religious connections
- iii) Neighborhood connections
- iv) Family Connections
- v) Friends Connections
- vi) Work Connections

#### ***3.13.5.1 Local community connections***

The local community connections contain ten items. The first four items and eighth and ninth items measured the involvement of retired pensioners in community welfare and organization, the services rendered by that organization in which he is engaged, and his/her level of satisfaction and enjoyment for working community welfare. The fifth item measured

his eagerness to involve his friend in community welfare. The sixth and seventh item measured his participation encouraged by his family after his/her retirement. The tenth item measured his participation in politics after retirement.

Table 3.10

*Items used in local community connections scale*

Sr. No.	Item
1	I involve in welfare activities of local community
2	The organization which I am engaged value my services
3	I really enjoy while working for the community welfare
4	I am satisfied with services extended by that organization(s) during the engagement
5	I ask my friend(s) to take part in welfare activities planned by the organization/committee
6	My family encourages my participation in welfare activities
7	My family is happy with my social engagement after retirement
8	I am involve in any charity related activities
9	I remain involve in resolving the conflicts of my area
10	I participate in politics after retirement

The value of Cronbach alpha of this scale comes out 0.974 and hence the data collected using this scale can be used for further analysis.

### **3.13.5.2 Religious connections**

Religious connections were measured using three items. The first item measured the routine of respondent to visit the mosque/church for prayer/pray. The second item measured the involvement of the respondent in resolving the mosque/church related issues after retirement. The third item measured the consent of the respondent that either he will accept his/her nomination for any Zakat or Sadqat Committee.

Table 3.11

*Items used in religious connections scale*

Sr. No.	Item
1	I go to mosque/church etc.
2	Take part in resolving mosque/church related issues
3	Involve in Zakat/ Sadqat committees if requested

The value of alpha of this scale comes out 0.705 and hence the data collected using this scale can be used for further analysis.

**3.13.5.3 Neighborhood connections**

Neighborhood connections were measured by using ten items. The first two items measured the mutual participation of the respondent in his neighborhood and vice versa. The third and fourth item measured the helping frequency in neighborhood of the respondent after retirement. And same as the neighbors to the respondents. Fifth item measured the frequency of participation in the social gatherings. The sixth item measured the trust of neighborhood relations. The seventh and eighth item measured the frequency of exchanging in neighborhood by the respondents. Ninth and tenth item of the scale measured the exchange of invitation in social gathering by the respondents and the neighborhood.

Table 3.12

*Items used in neighborhood connections scale*

Sr. No.	Item
1	Share sorrows and griefs happened in my neighborhood
2	The neighbors also pay visit to my family
3	I help my neighbors whenever they call me
4	My neighbors help me whenever I need them
5	I spend time on social gatherings with my neighborhood

- 6 I trust my neighborhood relations
  - 7 I send gifts to my neighbors
  - 8 My neighbors send me gifts
  - 9 I invite my neighbors on social gatherings
  - 10 My neighbors invite me on social gathering
- 

The value of the Cronbach 0.886 alpha of this scale comes out and hence the data collected using this scale can be used for further analysis.

#### **3.13.5.4 Family connections**

Family connections were measured by using eight items. The first item measured the involvement of the respondent in family decisions making after retirement. The second and third item measured the frequency of interaction generally and by using mobile phone when the children are away from home, after retirement. The fourth item measured the current issues discussion with the family. The fifth, sixth and seventh items measured the frequency of advices, taking advices serious and complementation from the children of the respondents. The eighth item measured the respondent's gup shup after retirement.

Table 3.13

#### ***Items used in family connections scale***

Sr. No.	Item
1	My family involves me in household decision making after retirement
2	My children interact with me daily
3	I use mobile phone to interact with my children when they are away from home
4	My family discuss current issues with me
5	I advise my children whenever I feel they needed
6	My children take my advice seriously
7	My children complimented me on my advices
8	I spend time in gossip with my children

The value of Cronbach alpha of this scale comes out 0.900 and hence the data collected using this scale can be used for further analysis.

#### **3.14.5.5 Friends connections**

The friend's connections were measured by using eleven items. The first two items measured exchange of visits among friends after retirement of the respondents. The third and fourth item measured the exchange of gifts among friends. The fifth items measured the frequency of usage of social media to contact the friends even after his/her retirement. The sixth item measured the frequency of playing game after retirement. The seventh and eighth item measured of helping friends after retirement and vice versa. The ninth item measured the frequency of discussion on political issues among friend after retirement of the respondents whenever they meet. It also measured the level of interest in politics by the respondents and their friends. The tenth items measured other numerous issues discussed among friends whenever they meet at the cultural gatherings.

Table 3.14

#### *Items used in friends connections scale*

Sr. No.	Item
1	I visit my friends
2	My friends visit me
3	I send gifts to my friends
4	My friend send me gifts
5	I remain in contact with my friends by using social media
6	My friends play games with me
7	I help my friends
8	My friends help me when I needed
9	I discuss political issues with my friends
10	It has been remained my best effort to attend cultural issues with my friends
11	In gatherings my friend discusses all type of issues that are being faced by us



The value of Cronbach alpha of this scale comes out 0.899 and hence the data collected using this scale can be used for further analysis.

#### **3.13.5.6 Work connections**

The work connections were measured by using ten items. The first item measured the frequency of visit by the respondent to his ex-department after his retirement. The second item measured his/her guidance taken by his/her colleagues after the retirement. The third item measured the respondent's feelings that even after retirement his/her colleagues value his experience and services to the department. The fourth and fifth item measured frequency of arrangement of paid and honorary work for the respondents by his/her colleagues after his/her retirement. The sixth item measured the level of satisfaction by the respondent about government initiatives to establish a relationship even after the retirement of the respondents. The seventh item measured the level of satisfaction while working with new colleagues after retirement of the respondents. The eighth item measured the value of respondent's experience while working with new colleagues. The ninth item measured the feeling of retired pensioner/respondent that prestige level has been moved up or down while working with new colleagues and organization. The final tenth item measured the working environment encouragement while engagement in new organization after the retirement of the respondent. The whole items were measured on four points Likert Scale ranging 1=Never to 4=Always. The numerical order of the scale is given below;

1. Never
2. Some times
3. Frequently
4. Always

Table 3.15

*Items of work connections scale*

Sr. No.	Item
1	I visit my ex department
2	In difficult situation my ex colleagues invite me for guidance
3	I feel that my colleagues privileged me due to my experience
4	My ex colleagues arranged paid work for me
5	The Honorary work is arranged for me by my ex department
6	Government took initiatives to establish good relationships with ex department
7	I feel satisfied while working with new colleagues( If Any)
8	My new colleagues value my experience
9	I feel the difference in terms of prestige after retirement while working with current organization.
10	The structure of organization encouraged me to do more work

The value of Cronbach alpha of this scale comes out 0.836 and hence the data collected using this scale can be used for further analysis.

### 3.14 Productive engagement

This scale was developed by the researcher after review of literature and with guidance of the supervisor. The scale contained eight items that directly measured the engagement of retired pensioners after retirement. The first item measured economic, second research, third literary, fourth political, engagement after retirement. The fifth measured the respondent engagement in producing trained potential for the benefit of the society. The sixth item measured involvement in arranging cultural to events ensure harmony in the society. The seventh items measured the respondent engagement in social events at large level. The final one item measured the involvement in arranging religious events after retirement.

Table 3.16

*Items used in productive engagement scale*

Sr. No	Item
1	Engagement in economic generation activities other than pension after retirement
2	Research contribution after retirement
3	Literary contribution after retirement
4	Political contribution after retirement
5	Producing trained potential for society
6	Arranging cultural events
7	Arranging social events
8	Arranging religious events

The value of Cronbach alpha of this scale comes out 0.727 and hence the data collected using this scale can be used for further analysis.

**3.15 Reliability of the tool**

Although, the tool of the study was designed meticulously yet it has to be reliable statistically. In order to evaluate the reliability of the tool, the researcher used Cronbach Alpha test. The table 3.4 comprised the results the Cronbach Alpha test. The table showed that all the scales in the data are reliable as the alpha value of each scale is higher than the 0.7 which indicates a higher reliability of the tool.

Table 3.17

*Reliability statistics of the tools of the study*

Name of Scale	Cronbach's Alpha	N of Items
Life style habits Scale	0.758	6
Social Engagement Scale as a total	0.929	52
Local community Connections	0.974	10
Religious Connections	0.705	3
Family Connections	0.900	8

Friends Connections	0.899	11
Neighborhood Connections	0.886	10
Work Connections	0.836	10
Satisfaction With Life Scale	0.792	5
Successful ageing Scale	0.888	10
PHQ-9( Health Status)	0.840	9
Productive Engagement Scale	0.727	8

### 3.16 Analysis strategy

The data was analyzed by using univariate, bivariate and multivariate analysis. In the univariate analysis the researcher summarized and described the data through frequency and percentage distribution of the responses. However, central tendency i.e. mean and standard deviation were also described where necessary particularly in case of the computed variables.

The researcher used Pearson Correlation, Independent Sample *t*-test and One-Way Analysis of Variance (ANOVA) for bivariate analysis in which the difference of selected variables was measured across categories/samples and the relationship among variables was measured.

Lastly, the researcher used log linear model for multivariate analysis which does not have any independent and dependent variable. It measured the interaction between two or more variables simultaneously. Due to the simultaneous interrelationship of major variables in the proposed model of the study, log linear model is the most suited statistical analysis to evaluate the model.

## RESULTS AND ANALYSIS

## 4.1 Introduction of chapter

This chapter comprises results, discussion and modeling in successful ageing along with critical analysis of other purposed model most importantly the Rowe and Kahn Model of successful ageing along with its acceptability in South Punjab culture by purposing a revised model of successful ageing. Results of univariate analysis, bivariate analysis, and multivariate analysis has been discussed for comprehensive understanding of the issue supported by the data.

## 4.2 Univariate Analysis

Table 4. 1

*Percentage distribution of the respondents by their demographic profile in terms of gender, marital status, permanent residence, religion, and current profession.*

Variable	Category	Frequency	Percentage
Gender	Male	302	75.5
	Female	98	24.5
Marital Status	Unmarried	8	2.0
	Married	392	98.0
Permanent Residence	Urban	255	63.7
	Rural	145	36.3
Religion	Muslim	386	96.5
	Hindu	6	1.5
	Christian	8	2.0
Current Profession	Private/Business	18	4.5
	Volunteerism	27	6.8
	House Wife	73	18.3
	Land Lord	30	7.5
	Just Retired	252	63.0

Table 4.1 comprised frequency and percentage distribution of the respondents by their basic demographic profile. The profile comprised gender, marital status, residence, religion and current profession. The table showed that male participation (75.5 %) was high in the study as compared to female (24.5%) as the table showed that (75.5 %) respondents were male, and (24.5 %) were female. Further, the table also showed that the unmarried participants were very minimal (2%), however, married respondents were (98%) of the total respondents. The table also showed that (63.7%) respondents belonged to urban area and (36.3 %) were from rural side. As the national statistics showed that Muslims are in majority in Pakistan, similarly, the table revealed that (96.5%) respondents were Muslim. However, a minimal amount of the Hindus (1.5%) and Christians (2%) also participated in the study.

As the study focused upon the retired aged persons and expecting they would be enjoying retirement, but it was found that not all the retired employees were enjoying their retirement as (6.8%) of the respondents volunteered themselves for social services such as Majid Committee Members, Social Welfare Services, Zakat Committee, etc. Further, the table showed that (4.5%) of the respondents were indulged in their business and (7.5%) was solely related to agriculture. As the table revealed that female participation in study is minimal, the table also showed that majority of these females are housewives (18.3%). However, majority of the respondents were just retired from their job.

Majority of the respondents were living with the status of “Just retired” as they have not been given opportunity to participate in different activities as they fall in the cadre of aged person. The culture of South Punjab is not friendly that encourages the participation of retired persons. They are supposed to live just the retired life. Despite the fact the retired persons are trained potential and can serve at least to train the fresh potential of the society.

The retired persons have not been even engaged on honorary basis. This potential is becoming useless. The devolved countries are utilizing this potential by framing policies. The country like Pakistan which is based on high moral values is not going to frame policies to dignify the people having skills and experience. This will not only benefit the retired pensioners by engaging them but society can also be benefited from them.

Table 4. 2

*Percentage distribution of the respondents by their demographic profile in terms of other source of income, ownership of agriculture land, land tenure system and ownership of commercial property.*

Variable	Category	Frequency	Percentage
Other Source of income	Yes	95	23.8
	No	305	76.3
Ownership of agriculture Land	Yes	73	18.3
	No	327	81.8
Land Tenure System	Owner Cultivated	20	5.0
	Rent out	37	9.3
	Share Cropper	7	1.8
	NA	336	84.0
Ownership of Commercial Property	Yes	24	6.0
	No	376	94.0

Table 4.2 showed that (76.3%) respondents had no other source of income except their pension while (23.8 %) respondents reported that they have earning from other sources as well such private and honorary jobs after retirement. The concept of bridge employment is no more existing for all the retired persons who want to do job even after their retirement.

It was further probed that whether they own any land that included agriculture and commercial land, and it was found that (81.8%) respondents did not own any land at all. However, a little amount of the respondents (9.3%) owned agriculture land. It was usually

observed that people used to have tenants for their agriculture land in order to pursue their other career or interests. Therefore, the research further probed that whether the land is being taken care of by the owner himself or he/she had tenants to serve this purpose. In order to comprehend this, the researcher used the term “rented out” for the tenants. It was found that only (5%) of the respondents were taking care of their land by themselves. In other words, they were cultivating their field being farmer. Almost similar percentage i.e. (9.3%) of the respondents reported that they have rented out their land. Interestingly, majority of the respondents (84%) reported that they do not own any agriculture land.

As far as the ownership of commercial property such as shops, rented out houses, markets, etc. concerned, it was found that majority of the respondent did not own any commercial land. However, a little percentage i.e. (6%) of the respondents owned commercial property.

Table 4. 3

*Percentage distribution of the respondents by their demographic profile in terms residence status, living status, spouse live, married again, professional background of spouse and status of children.*

Variable	Category	Frequency	Percentage
Residence Status (Home)	Owned House	391	97.8
	Sharing	9	2.3
Living Status (with whom)	With Spouse	94	23.5
	Son	66	16.5
	Family	222	55.5
	Relative	3	.8
	Alone	15	3.8
Spouse Alive	Yes	364	91.0
	No	27	6.8
	NA	9	2.3



Married Again	Yes	9	2.3
	No	391	97.8
Professional Background of spouse	Government	108	27.0
	Private	24	6.0
	Land Lord	3	.8
	House wife	239	59.8
	NA	26	6.5
Children	Yes	357	89.3
	No	40	10.0

It was probed in the research that retired pensioners after a very long service in the government sector have been succeeded to make their own homes. Table 4.3 showed that majority of the respondents were living in their own houses. It shows that they had given a prime attention to construct their own house during their services. People dream to live in their own houses at least after their late adult hood. In this regard (97.8%) respondent were living in their own houses, while (2.3%) respondents were sharing the house. A little amount of the respondents who were sharing the house were those who have no children either they have not been married. In this scenario when respondents were asked why they have to choose the option to share the house. They have pointed out that close relative facilitated them in taking care. As they needed this care in late adult hood and close relatives are comparatively better option to avail and they were availing.

The trend of the respondents to live either with their spouse, son, family, relatives and alone after retirement showed that majority of them were living with their families. As the culture of South Punjab have strong footings that support of the aged persons to live with in family and be the head of the family. In this regard (55.5%) respondent were living with their family.

The (23.5%) respondents who had no family to live with them were living with their spouses in case having no children, or having the children but they were outstation due to their jobs outside, studies or other matters. Some of the respondent's i.e. (16.5%) were supposed to live with their sons as they have no option to live with their family or their spouse was not with them. It is worth mentioning here that son in the South Punjab culture takes the responsibility of the aged persons and same was affirmed with in the research. It was also found that (3.8%) respondents were living alone as they had no option to live with their family because of no children or spouse. A nominal amount of i.e. (0.8%) the respondents were living with their relative as they thought better to live with relatives instead of living alone.

Furthermore, the research found that majority of the respondent's spouse were alive i.e. (91%) as they were enjoying the company of their spouse in the late adult hood. A nominal amount of the respondents (2.3%) had lost their spouses.

Despite the fact that religion of this region i.e. Islam supports the male and female to marry again if they had lost their partner. It was found that majority of the respondent's i.e. (97.30%) had not availed the option to marry again. The reason behind was that the culture of South Punjab does not encourage remarriage. It is also predictable that in case a person availed the option of marriage again there could be chances that his/her children will be neglected. In this scenario a person sacrifices his/her ease. In this culture it has been observed that male side avail the option of marriage again as compared to female. As the culture of this area is hostile towards female in the matter of remarriage and generally females are more sacrificing in nature as compared to male for the sake of their children. A nominal amount of the respondents i.e. (2.3%) availed the option of marry again.

Professional background of the spouse matters a lot in the lives of the aged persons especially in the lives of the retired pensioners. It was revealed in this research that majority of

the respondent's spouses were house wives. Interestingly, it was found that female respondents availed their partner from government job holder. In this research, majority of the respondents were male due to availability in the sampling frame (see justification in CH# 3). It was found that (59.8%) respondent's spouses were house wives because they believe that house wives can manage the family in better way. Contrary to them female respondents had their point of view that the spouse having government job can understand the problems of professional life and cooperate in this regard. So, it was also revealed that (27%) of the respondents had the professional background of their spouses from the government jobs.

Moreover, it was found that (6.0%) respondent's spouses had professional background from the private sector while a nominal amount i.e. (0.8%) of the respondents had their spouses from the land lord professional background.

Table 4. 4

*Percentage distribution of the respondents by their demographic profile in terms of educational attainments of respondent's sons in birth order*

Son's education	1 <sup>st</sup> son		2 <sup>nd</sup> son		3 <sup>rd</sup> son		4 <sup>th</sup> son		5 <sup>th</sup> son	
	f	%	f	%	f	%	f	%	f	%
Illiterate	4	1.0	1	.3	-	-	-	-	-	-
Primary or Equivalent	19	4.8	14	3.5	-	-	4	1.0	-	-
Middle or Equivalent	10	2.5	-	-	9	2.3	15	3.8	-	-
Matric or Equivalent	38	9.5	8	2.0	14	3.5	14	3.5	21	5.3
F.A or Equivalent	45	11.3	79	19.8	58	14.5	26	6.5	7	1.8
B.A or Equivalent	68	17.0	19	4.8	10	2.5	7	1.8	10	2.5
M.A or Equivalent	136	34.0	83	20.8	46	11.5	28	7.0	15	3.8
M.Phil. or Equivalent	24	6.0	57	14.2	46	11.5	4	1.0	5	1.3
PhD or Equivalent	1	.3	1	.3	-	-	-	-	-	-
Above PhD	4	1.0	-	-	-	-	-	-	-	-
NA	51	12.8	138	34.5	217	54.3	302	75.5	342	85.5
Total	400	100.0	400	100.0	400	100.0	400	100.0	400	100.0

Table 4.4 showed that the respondent's sons had not been in position to achieve the highest degree i.e. PhD and above PhD in significant numbers and percentage. Educating children for the achievement of highest degree is a dream for every person in any society. As education can bring change class of the people who belong to the middle class or lower middle class. Everyone wants upward mobility and only education can push toward the upward mobility. Pakistan being male dominated society focuses on the male side in every segment of life so that he can lead from the front. So, the resources are utilized toward the education of male side by the parents.

However, it was found in this research that the government employees having different basic pay scale structure were in position to push their children for the achievement of degrees differently. It has been found in this study that a trend toward male and female educational achievement of the respondent's children no more differently. But, results of the study showed that females had greater achievement than male's respondent's children. It has been depicted in the table comparison of 4.4 and 4.5.

The table shows that (0.3% )of the respondents' first son had done Ph.D., (6.0%) had Master degree, (17.0% ) had done B.A, (11.3%) had F.A, (9.5%) had done Matriculation, (2.5%) had passed middle level, 4.8 % had finished primary level and (1.0 %) were illiterate; (3%) of the respondents' second son had done Ph.D., 14.2% had M.Phil. degree, (20.8%) had Master degree, (4.8%) had done B.A, (19.8%) had F.A, (2.0% ) had done Matriculation, (3.5 %) had finished primary level and (0.3 % ) were illiterate; while (11.5%) of the respondent's third son had M. Phil degree, (11.5%) had Master degree, (2.5%) had done B.A, (14.5%) had done F.A, (3.5%) had done Matriculation, and (2.3%) had passed middle level; (1.0 %) of respondent's fourth son had done Ph.D.; (7.0%) of the respondents had master degree, (1.8%) of them done B.A, 6.5% had degree in F.A, (3.5%) had Matriculation degree, (3.8%) had passed middle level and the (1.0%) had passed the primary level . However, (1.3%) of the

respondent's fifth son had degree in M.Phil., (3.8%) had degree in Masters, (2.5%) had B.A degree, (1.8%) had done F.A, and (5.3%) had passed matriculation level.

It was found that (1.0%) of the respondents 1<sup>st</sup> Sons had achieved the land mark of getting education above PhD while (0.3%) had done PhD and this has been shared in 1<sup>st</sup> son and 2<sup>nd</sup> son of the respondents. Majority of the respondent's son education were falling in the range of Matric to M.Phil. from 1<sup>st</sup> son to 5<sup>th</sup> son.

It was revealed that the retired pensioners who had worked on gazette posts were in position to push their children to the highest degrees as compared to those who had worked in non-gazette posts. It was also explored by the respondents that pushing of their sons toward education was crippled by financial position, interest of sons toward education and the comparative social environment prevailing in society toward education.

Table 4. 5

*Percentage distribution of the respondents by their demographic profile in terms of educational attainments of respondent's daughters in birth order.*

Daughter's Education	1st Daughter		2 <sup>nd</sup> Daughter		3 <sup>rd</sup> Daughter		4 <sup>th</sup> Daughter		5 <sup>th</sup> Daughter	
	f	%	F	%	f	%	f	%	f	%
Illiterate	4	1.0	3	.8	4	1.0	3	.8	5	1.3
Primary or Equivalent	13	3.3	-	-	-	-	-	-	-	-
Middle or Equivalent	79	19.8	9	2.3			1	.3	11	2.8
Matric or Equivalent	17	4.3	19	4.8	36	9.0	15	3.8	1	.3
F.A or Equivalent	73	18.3	29	7.2	28	7.0			31	7.8
B.A or Equivalent	62	15.5	71	17.8	8	2.0	3	.8	-	-
M.A or Equivalent	60	15.0	91	22.8	34	8.5	33	8.3	-	-
M.Phil. or Equivalent	3	.8	47	11.8	31	7.8	-	-	-	-
PhD or Equivalent	4	1.0	3	.8	-	-	-	-	-	-
Above PhD	85	21.3	-	-	-	-	-	-	-	-
NA	400	100.0	128	32.0	259	64.8	345	86.3	352	88.0
Total	4	1.0	400	100.0	400	100.0	400	100.0	400	100.0

Table 4.5 revealed that girl's education is not considered important in South Punjab as compared to male. They are supposed to run a family in this culture. So, investing resources on daughter's education is useless. However, in the context of government retired pensioners from South Punjab; they have invested their resources in daughter's education as well.

Table 4.5 categorically showed that (1.0%) of the respondent's first daughter had degree above PhD, (0.8%) of them had PhD, (15.0%) had degree in M.Phil., (15.5%) of them had Master's degree, (18.3%) of them had done B.A, (4.3%) had F.A, (19.8%) had matriculation degree, (3.3%) had passed primary level and (1.0%) were illiterate; while (0.8%) of the respondents' second daughter had PhD, (11.8%) had done M.Phil., (22.8%) had master degree, (17.8%) had done B.A, (7.2%) had F.A degree, (4.8%) had done Matriculation, (2.3%) had passed middle level, and (0.8%) were illiterate; (7.8%) third daughter respondent's had M.Phil. degree, (8.5%) had Master degree, (2.0%) B.A, (7.0%) had F.A, (9.0%) had Matriculation and (1.0%) were illiterate; (8.3%) of the respondent's fourth daughter had Master degree, (0.8%) had degree done B.A, (3.8%) had done Matriculation, (0.3%) had passed middle level, and (0.8%) were illiterate while (7.8%) of the respondents' fifth daughter had degree in F.A, (0.3%) had done Matriculation, (2.8%) passed Middle level, and (1.3%) were illiterate.

Interestingly when it is analyzed comparatively on the basis of statistics girls out reached boys in education despite having the fact the boys education have been invested a lot as compared to the girls and soothing environment for boys education in the society. In this research it has been found while drawing a comparative analysis of Table 4.4 and Table 4.5 that daughters have outperformed sons in educational attainment.

Categorically it is revealed in this study that daughters have out reached sons respondents in higher education, at graduation level, intermediate level, and middle level and



at primary level as well. The respondents expressed that daughters had taken more interest in education as compared to the sons. Furthermore, it was also revealed by the respondents that they had given equal opportunity to their daughters as well for the attainment of higher, graduation, intermediate, secondary, and primary level education.

The daughters of the respondents utilized the opportunity provided by the respondents for attainment of education and it is categorically resulted in the table.

Table 4. 6

*Percentage distribution of the respondents by their demographic profile in terms of sector of employment (son's in birth order)*

Sector of employment of Sons	1 <sup>st</sup> son		2 <sup>nd</sup> son		3 <sup>rd</sup> son		4 <sup>th</sup> son		5 <sup>th</sup> son	
	f	%	f	%	f	%	f	%	f	%
Government	148	37.0	124	31.0	70	17.5	14	3.5	9	2.3
Private	97	24.3	97	24.3	51	12.8	39	9.8	30	7.5
Business	22	5.5	2	.5	10	2.5	9	2.3	-	-
Unemployed	34	8.5	23	5.8	12	3.0	5	1.3	9	2.3
Other	45	11.3	16	4.0	41	10.3	36	9.0	17	4.3
NA	54	13.5	138	34.5	216	54.0	297	74.3	335	83.8
Total	400	100.0	400	100.0	400	100.0	400	100.0	400	100.0

Table 4.6 revealed the whole picture of respondent's sons being involved different sectors to earn and support the family. The result of table shows that a typical trend has been shifted in the respondent's sons. Majority of the respondent's sons have been involved in the government sector. It shows that they have been inclined to go for government job by their parents who are respondents of this research. As in this area the government job is preferred for simply two reasons i.e. it is the symbol of prestige for the person who have served in public sector and has been succeeded to induct his successor in the public sector at any cost while second reason for opting public sector job is job security especially in the society where uncertainty level remains high in every sphere of life.

The respondents were asked to provide information regarding their all sons' involvement in different professions. The professions were categorically mentioned as involvement in government sector, private, business and any other for the saturation of category. They were given the chance to report if their sons are not involved in any profession. It was asked to provide information of five sons in birth order.

The results categorically show that (37.0%) of the respondent's first son had government jobs, (24.3%) had private jobs, (5.5%) were in business, (8.5%) were unemployed and (11.3%) had other means of employment; while (31.0%) of the respondents' second son had government jobs, (24.3%) had private jobs, (0.5%) were running business, (5.8%) were unemployed and (4.0%) had other source of income; (17.5%) of the respondents third son had government jobs, (12.8 %) had private jobs, (2.5%) were in business, (3.0%) were unemployed and (10.3%) had other source of employment; (3.5 %) of the respondents' fourth son had government jobs, (9.8%) had private jobs, (2.3%) were in business, (1.3%) were unemployed, and (9.0%) had other source of employment; furthermore (2.3%) of the respondents fifth son had government jobs, (7.5%) had private jobs, (2.3%) were unemployed, and (4.3%) had other source of income.

It is worth mentioning here by looking at the results that a significant percentage of respondent's sons were unemployed. Either they were still getting education or they were not been able to secure any job in any department. It means the respondents have to arrange their studies expenses or they have to bear the pressure of unemployed sons even after their retirement. The government of Punjab have announced a policy to induct the government employee's successors in case of their death. So, this policy cannot favor those who have been succeeded to complete their superannuation.

Table 4. 7

*Percentage distribution of the respondents by their sector of employment of daughter (in birth order)*

Sector of employment of Daughter	1 <sup>st</sup> Daughter		2 <sup>nd</sup> Daughter		3 <sup>rd</sup> Daughter		4 <sup>th</sup> Daughter		5 <sup>th</sup> Daughter	
	f	%	f	%	f	%	f	%	f	%
Government	121	30.3	101	25.3	31	7.8	-	-	-	-
Private	8	2.0	24	6.0	44	11.0	-	-	1	.3
Unemployed	144	36.0	125	31.3	58	14.5	36	9.0	40	10.0
Housewife	51	12.8	23	5.8	9	2.3	12	3.0	-	-
Other	-	-	-	-	5	1.3	-	-	-	-
NA	76	19.0	127	31.8	253	63.2	347	86.8	359	89.8
Total	400	100.0	400	100.0	400	100.0	400	100.0	400	100.0

Table 4.7 depicted that females are less engaged in earning professions in country like Pakistan. In this research daughter's involvement in different profession to draw a comparative analysis between son and daughter engagement in professions was attempted. It was found that daughters were competing the sons while attaining of jobs in different professions despite having the hostile culture toward daughter's involvement while opting professional life.

Table 4.8 revealed that (30.3 %) of the respondents first daughter had government jobs, (2.0%) had private jobs, (36.0%) was unemployed, and (12.8 %) was housewives; one fourth of the respondent's second daughter was governments employees, (6.0%) had private jobs, (31.3%) were unemployed and (5.8%) were housewives while (7.8%) of the respondents third daughter had government jobs, (11.0%) had private jobs, (14.5%) were unemployed, (2.3%) were housewives and (1.3%) had other source of income; (9.0% )of the respondents' fourth daughter were unemployed and (3.0%) were housewives and (1.3%) had other source of employment and (0.3%)of the respondents' fifth daughter had private jobs and (10.0%) of them were housewives.

Table also shows that a significant number of respondent's daughters were either unemployed or they preferred to live as house wife. The employment opportunities have remained a challenging issue in the Pakistani society. Same has been depicted in the table while probing the involvement of daughters in different professions.

It is worth mentioning that respondents have equally pushed their daughters to do a job as they have backed their sons because economically empowered female can live a better life. The government of Pakistan and Punjab has devised policies for inducing more females in different professions so that they can equally contribute for the prosperous country. However, in male dominated society the female are struggling to achieve the key positions in the country.

Table 4.8  
*Percentage distribution of respondents by their life style habits*

Life style habits	Never		Sometimes		Frequently		Always		Total
	f	%	f	%	f	%	f	%	
I go for exercise	172	43.0	130	32.5	10	2.5	88	22.0	400(100%)
In food selection, I remain conscious	127	31.8	79	19.8	83	20.8	111	27.8	400(100%)
I read books	191	47.8	63	15.8	68	17.0	78	19.5	400(100%)
I spend time on watching television	76	19.0	231	57.8	59	14.8	34	8.5	400(100%)
I use mobile phone	64	16.0	250	62.5	38	9.5	48	12.0	400(100%)

Table 4.8 revealed the life style habits of the respondents including their habit to do exercise, consciousness about food selection, reading books, spending time on watching television and using mobile phone. It was found that over all respondents were reluctant to opt the life style that can add healthy years in their lives. Going for exercise is best form of physical activity that has a lot of positive effects on the health of elderly people and is a key trait of life style. Different studies have documented the positive outcomes of physical activity in the form of exercise. It was reported by most of the respondents (43.0%) who had never gone to exercise after their retirement while (32.5%) respondent were going to exercise sometimes. It means they were missing the opportunity of remaining healthy by not involving in the exercise being capable of doing this. It was encouraged to found that (22.0%) respondents were always going for exercise while (2.5%) respondents were going for exercise frequently.

Being conscious about food selection can save aged persons from different diseases. For example, a diabetic person remains conscious while using such food items which can increase of insulin level - can protect himself/herself from different health issues attached with diabetes. It was reported by significant percentage (31.8%) that they had never been conscious about their food selection while (19.8%) respondents were sometimes conscious about their food selection. However, among the respondent (27.8%) were those who always remained conscious about food selection and also (20.8%) were those who frequently remained conscious about food selection.

Books is a source of knowledge and information along with a good companion. Habit of reading was probed in respondents and it was reported by almost half of the respondents i.e. (47.8%) that they had never been engaged in reading books after their retirement. While (15.8%) respondents sometimes read books. It was also found that (19.5%) respondents always read books whenever they had the opportunity while (17.0%) frequently read books.



Watching television is a source of entertainment, information and an activity to remain engaged at home. Habit of watching television among respondents was inquired in response to which most (57.8%) of the respondents reported that they sometimes watch television while (17%) of the respondents frequently watch television. Interestingly (8.5%) always spend by watching television. However, (19.0%) had never spent time on watching television after retirement.

In digital era use of mobile has become a source of keeping in contact and also a source of entertainment and information. Tendency of using mobile phone among respondents was inquired in this research. It was reported by majority (62.5%) of the respondents that they sometimes use mobile phone. They were not fond of using mobile phone while (9.5%) were frequently users of mobile phone. Interestingly, (12.0%) were always using mobile for different purposes. However, (16.0%) had never used mobile after the retirement.

Table 4. 8

*Percentage distribution of the respondents regarding their social engagement in terms of local community connections*

Local Community Connections	Never		Sometimes		Frequently		Always		Total
	f	%	f	%	f	%	f	%	
Involvement in welfare activities	136	34.0	83	20.8	52	13.0	129	32.3	400(100%)
Value regarding services rendered	101	25.3	164	41.0	83	20.8	52	13.0	400(100%)
Working for Community Welfare	52	13.0	168	42.0	87	21.8	52	13.0	400(100%)
Services extended by organization	109	27.3	156	39.0	83	20.8	52	13.0	400(100%)
Invitation for welfare activities	109	27.3	156	39.0	83	20.8	52	13.0	400(100%)
Family encouragement to participate in welfare activities	101	25.3	153	38.3	86	21.5	60	15.0	400(100%)
Happiness of family in social engagement after retirement	109	27.3	139	34.8	100	25.0	52	13.0	400(100%)
Involvement in charity related activities	39	9.8	117	29.3	107	26.8	137	34.3	400(100%)
Involvement in resolving the conflict of the area.	125	31.3	140	35.0	83	20.8	52	13.0	400(100%)
Participation in politics after retirement	129	32.3	136	34.0	83	20.8	52	13.0	400(100%)

Results of one of the sub- scales of social engagement i.e. local community connection are documented in the table 4.9. The table showed that percentage of the respondents who never and always involved in welfare activities is slightly similar (34% and 32.3% respectively) and these percentages are high comparing with the categories of sometimes (20.8%) and frequent (13%) involvement in welfare activities.

The table also revealed about the value regarding the services rendered by the aged retired respondents. As the data showed, (41%) of the respondents reported that it happened sometimes that their services are acknowledged by the colleagues or the organization while lower than the quarter of the total respondents (20.8%) said that their colleagues or the organization they have served in frequently value their services rendered. Interestingly, (13%) of the respondents said that their services have always been valued. On the contrary, the quarter of the total respondents (25.3%) reported that their services to their organizations has never been valued.

It was found that less than half (42%) of the total respondents have sometimes been working for community welfare and only (21.8%) of the respondents reported to work frequently for the welfare of their community. On the other hand, equivalent percentage of the respondents reported that they have always and never (13% each) engaged in community welfare.

The table also showed that (39%) and (20.8%) of the respondents reported that their services are extended by their organizations sometimes and frequently, respectively. However, (27.3%) of the respondents said that their services have never been extended. On the other hand, it was found that services of (13%) of the respondents have always been extended by their organizations.

In order to avail the opportunity of available skills in terms of aged person, it is quite possible that people may ask them to enlighten or help other through their enriched experience. Therefore, the research also measured such opportunities and found that (13%) of the respondents has always received invitation to offer welfare activities to other. Contrarily, (27.3%) of the respondents reported that they never received such invitation. Further, it was also found that (39%) of the respondents were sometimes contacted for such services and (20.8%) were frequently contacted to participate in welfare activities.

However, considering the age of the person, it is also possible that families of such aged persons may restrict them to participate in any of the activities and prefer leisure for him/her. Thus, the researcher also asked the respondents about the encouragement of the families towards the aged person's for participation in welfare activities. It was found that (15%) families of the respondents always encouraged them to take a part in welfare activities. However, (25.3%) of the families never encouraged their aged family member to participate in such activities. Furthermore, it was also found that the percentage of the families who sometimes encouraged their aged person to participate in welfare activities is higher than the other categories as (38.3%) of the families of aged person sometimes encouraged them to take part in such activities. However, (21.5%) of the families frequently encouraged their old aged persons participating in welfare activities.

However, it is important to measure whether such encouragement is posed? Thus, the researcher also asked about the happiness of family while the aged person participate in welfare activities after retirement. It was found that (27.3%) of the families never became happy for such participation, whereas, (13%) of the families were always found happy on such activities of the aged persons. Further, (34.8%) and (25%) of the respondents reported that their family sometimes and frequently, respectively, became happy on such their welfare activities.

The researcher further probed about the type of activities of the aged persons and found that only (9.8%) of the respondents never participated in charity related activities. However, (34.3%) of the respondents reported that they were always ahead in participating charity related welfare activities. It was also found that (29.3%) and (26.8%) of the respondents sometimes and frequently, respectively, participated in such activities.

Nevertheless, when it comes to conflict resolution, the percentage of the never participating in such welfare activities is higher i.e. (31.3%) than the always participating which is (13%). However, (35%) of the respondents reported that they sometimes got involved in conflict resolution, whereas, (20.89%) of the respondents said that they frequently indulged in such resolution.

Lastly, the research measures the active political participation which revealed that (32.3%) of the respondents never participated in politics after retirement, whereas, (13%) of the respondents said that they always participated in politics. Further, it was also found that (34%) and (20.8%) of the respondents sometimes and frequently, respectively, participated in politics after retirement.

Table 4. 9

Table 4.10  
*Percentage distribution of the respondents regarding Social Engagement in terms of Religious Connections*

Religious Connections	Never		Sometimes		Frequently		Always		Total with	
	f	%	f	%	f	%	f	%	f	Percentage
Going for Mosque/Church etc.	86	21.5	105	26.3	28	7.0	181	45.3	400	100%
Involvement in resolving M/C issues	101	25.3	196	49.0	10	2.5	93	23.3	400	100%
Involvement in Zakat/ Sadqat Committees	238	59.5	50	12.5	20	5.0	92	23.0	400	100%

Table 4.10 consisted frequencies and percentage distribution of one of the subscales of social engagement i.e. religious connections. It was found the tendency among respondents to be the part of religious practices. The respondents preferred to go to mosque/ church etc. for religious obligations. As majority of the respondents of the study were male; they are supposed to go for prayer in the mosque as it is norm prevailing in the society. It is also a matter of deep consideration that senior citizen are more focused to pray the prayer in the mosque. The holy book of Muslims i.e. Quran has focused for the Ummah to pray the Salat/ Prayer and it has been mentioned seven hundred times in the book.

Same practice has been found in the research as (45.3%) respondents always were going to mosques for Salat/Prayer. It was also revealed that significant respondents (26.3%) were sometimes going to mosque for the. The reason for visiting the mosque sometimes basis can be linked with different factors. These factors can be health of the respondents, availability of the time to go to mosque, distance of mosque/ church, and engagement preferences to pray in the mosque/church as well.

It was also found in the research that (21.5%) respondents had never visited mosque after their retirement while (7.0%) were frequently visiting mosque. Hence, majority of the respondents were going to mosque/ church for the prayer either always or sometimes.

The respondents who were going to mosque were also asked about their volunteer engagement in resolving mosque/ Church issues. The mosque/ church related issues can be the arrangement of different religious events at mosques, the arrangement of Imam at mosque and paying him. Moreover, the mosque/church related financial burden are not bearded by the state. These financial arrangement for the functioning is supposed to be arranged by those who come to pray. Such engagement of the respondents was investigated. It was found that majority of

the respondents were involved in mosque/church related issues on occasional/ sometimes basis. The categorical percentage of such respondents were (49.0%).

The reason for less involvement in mosque/church related issues was financial stability. As majority of the respondents of the research were working on lower grades and were drawing a pension in which they were not able to contribute for the payments of bills of the mosque/church etc. Hence the situation has not been found encouraging.

Retired pensioners who were the respondents of the study, despite having the professional experience were not being engaged in local zakat/ sadqat committees for helping the marginalized and vulnerable segments of the society. Majority (59.5%) of the respondents had never been engaged in Zakat/ Sadqat committees. The experience of this trained potential was not even used for the welfare of the marginalized population of their area. It was reported by the respondents that the persons having political contacts were engaged or encouraged their participation. So, it was an opportunity of engagement captured by the resourceful persons. In this regard government has not framed any policy to involve the trained potential for the welfare activities.



Table 4. 10

*Percentage distribution of the respondents regarding social engagement in terms of neighborhood connections*

Neighborhood Connections	Never		Sometimes		Frequently		Always		Total with Percentage
	<i>f</i>	%	<i>F</i>	%	<i>f</i>	%	<i>f</i>	%	
Sharing sorrows and grief in neighborhood	54	13.5	53	13.3	106	26.5	187	46.8	400(100%)
Neighbors visit to respondent family	37	9.3	121	30.3	77	19.3	165	41.3	400(100%)
Respondent helping neighbors	22	5.5	174	43.5	41	10.3	163	40.8	400(100%)
Help from neighbors to respondent	14	3.5	162	40.5	67	16.8	157	39.3	400(100%)
Spending time on social gathering with neighbors	43	10.8	226	56.5	51	12.8	80	20.0	400(100%)
Trust on neighborhood relations	11	2.8	186	46.5	54	13.5	149	37.3	400(100%)
Sharing of gifts to neighborhood.	44	11.0	270	67.5	15	3.8	71	17.8	400(100%)
Sending gifts from neighbors	47	11.8	262	65.5	31	7.8	60	15.0	400(100%)
Inviting neighbors on social gatherings	48	12.0	236	59.0	33	8.3	83	20.8	400(100%)
Invitations from neighbors on social gatherings	30	7.5	217	54.3	78	19.5	75	18.8	400(100%)

Table 4.11 consisted frequencies and percentage distribution of the sub –scale of social engagement i.e. neighborhood connections. a typical culture of taking care of others when they are suffering from any pain, the pain of losing a close blood relative and a family member is observed. The strength of any relation in our society depends upon taking care of others specially those who are close. It has been reported that majority (46.8%) of the respondents were always sharing sorrows and grief with neighbors. It has been also found that above one fourth (26.5%) percentage of the respondents were frequently sharing sorrows and grief as well. While (13.5%) reported that they had never shared sorrows and grief with their neighbors.

The nature of neighborhood relations was also inquired. It was reported that the relationship were based on mutual respect, care and locality as the neighbors were also going to pay visit to the family in case the respondents is going suffering from any grief. It was found that (41.3%) respondents were visited by the neighbors in case the family is facing some sort of sorrows and grief. It was also found that a significant percentage (30.3%) reported that their neighbors pay visits sometimes. A nominal percentage (9.3%) of the respondents reported they had never been visited by the neighbors.

Helping neighbors in critical situation is always valued. Same was inquired from the respondents either they just go to share grief or they lend help to their neighbors. It was reported by majority (43.5%) of the respondents that they help their neighbors sometimes. A significant percentage (40.8%) of the respondents always helped their neighbors in the hour of need. It was also probed that either respondents get help in the critical hour by the neighbors and reported by the majority (40.5%) of the respondents were helped by their neighbors sometimes while significant percentage (39.3%) were helped always.

Social gatherings are the beautiful part of this society especially the people from South Punjab celebrate in a unique way. Attending social gathering have a positive effect on the health

of aged persons. Social gathering is the source of lowering tension and these develop sense of belongingness among the participants. Social gatherings are being given high importance in the eastern society and these are the major source to maintain the social capital in the society for any person. Spending time on social gathering is considered as leisure time that reduces a lot of psychological pressure especially of the aged persons. So, it was also probed whether the respondents were spending time on social gatherings. It was reported that majority of the respondents were not spending time in the social gatherings while (56.5%) had spent time on social gatherings occasionally.

Eastern society is standing on the high moral values like care and mutual trust. The strength of the relationship is judged on a parameter of trust. Trust determines the longevity and the quality of the relationship. In this research it was found that respondent's majority (46.5%) trusted neighborhood relations sometimes. The reported percentage was A significant percentage (37.3%) of the respondents reported that they had always trusted in neighborhood relations.

Exchange of gifts is a value of every society and same is practice in this society. This activity strengthens the bond of relationship. Generally, this activity is the part of younger generation. But it has value adopted by the aged persons. Exchange of gifts mean that society is connected on the basis of love, care, and help. It was found in the study that majority (67.5%) of the respondents were receiving gifts sometimes. It means they were not going to follow the value of the society significantly. An almost same percentage (65.5%) of the respondents were not sending gifts to their neighbors. So, lack of interest was observed by the respondents to practice this activity to maintain and strengthen their relationship in the neighborhood.

It was found in the research significantly as well that respondents had showed their interest to invite their neighbors on their social gatherings and vice versa.

Table 4. 11

*Percentage distribution of the respondents regarding social engagement in terms of family connections*

Family Connections	Never		Sometimes		Frequently		Always		Total
	f	%	f	%	f	%	f	%	
Involvement in household decision making	38	9.5	44	11.0	84	21.0	234	58.5	400(100%)
Interaction of children	45	11.3	39	9.8	102	25.5	214	53.5	400(100%)
Use of mobile phone to contact with the children	51	12.8	49	12.3	119	29.8	181	45.3	400(100%)
Discussion on current issue with family	82	20.5	109	27.3	82	20.5	127	31.8	400(100%)
Advising the children	45	11.3	130	32.5	89	22.3	136	34.0	400(100%)
Seriousness of children on advices	68	17.0	100	25.0	68	17.0	164	41.0	400(100%)
Complement on advices	76	19.0	136	34.0	58	14.5	130	32.5	400(100%)
Gossips with children	108	27.0	116	29.0	85	21.3	91	22.8	400(100%)

Table 4.12 consisted of frequencies and percentage distribution of one of the subscales of social engagement i.e. family connections. Family connections are vital for every person at any stage of life. The importance of these relations counts a lot in the life of those who had invested their best potential for his/her family. In this research it was probed that how the respondents were enacted with his/her family. The Pakistani Society values give a prime status to the elderly people. The culture of South Punjab is no more different from the overall culture of the society. But its values regarding importance of aged persons are on high. Involvement in decision making is key to judge the importance of aged person in his/her family. Same was probed in this research. It was found that majority of the respondents i.e. (58.5%) had always been involved in decision making. Moreover, a significant percentage i.e. (21.0%) reported they had been involved frequently while decision making.

Interaction makes the lives of persons meaningful and is source of foundation toward connected ness. Different researches have pointed out the importance of interaction in the lives of people especially it has a positive impact in the life of aged persons. The regular interaction saves the aged person from different psychological problems. Family connections have a positive effect on the health of aged persons and they raise level of satisfaction in their life. Regarding interaction, it was reported by majority of respondents (53.5%) that they had always been in interaction with their children while a significant percentage (25.5%) reported that they had frequent interaction with family.

The induction of mobile phone in the lives of the people have made interaction easier and accessible with everyone. The parents also use mobile phones to remain in contact with their children. So, mobile phone is used as a big tool of communication in these days resultantly they are in frequent interaction with their children. It has been found that majority (45.3%) of the respondents were always using mobile phone to remain in contact with their children. A significant percentage (29.8%) of the respondents were frequently using mobile phone for the

interaction. A nominal percentage of the i.e. (12.3 and 12.8%) respondents had sometimes and never used mobile phone for the interaction to their children respectively.

Now a day's parents involve in discussion on current issue to educate their children and create awareness in their children on different issues of the society. Discussion is also a source of interaction between parents and children. Same was probed that either respondents remain involved in discussion on current issues with their children and found that this tool of interaction had not being used by the parents to educate and crate awareness in their children. As the results showed that (31.8%) had always been in discussion on current issues, (20.5%) were on frequently, (27.3%) were discussing current issues sometimes while (20.5%) of the respondents had never been involved in discussion with their children on current issues.

Advising children is culture of Pakistani society and it is considered as parenting tool and also a source of interaction and family connection. It was probed in this research. It was reported by the significant percentage of the respondents i.e. (34.0%), (22.3%), and (32.5%) that they had always advising their children on different matters, advising frequently and sometimes respectively. While a nominal percentage of the respondents had never advised their children.

It was also probed that whether respondent's children take their advice serious. It was reported by a significant majority (41.0%) that their children had always taken their advices seriously. A significant percentage (25.0%) of the respondents revealed that their children had taken their advices seriously on sometimes basis. It was also found that a nominal percentage of the respondents reported that their children had taken their advices seriously frequently and had never taken their advices seriously with the percentage (17.0%) and (17.0%) respectively.

Encouragement to advices is associated with the compliments by the children of the respondents. Same was probed in the study for the comprehension of the concept of advice and

the purpose of the advice. It was reported by significant percentage (32.5%) that they had always been complimented on their advices while almost same percentage (34.0%) reported that they had been complimented by their children sometimes. A nominal percentage (14.5% & 19.0%) of the respondents reported that that had frequently been and never been complimented by their children respectively.

It was also inquired in the study whether respondents had frankness with their children. A significant percentage (29.0%) reported that they go up with gossip with their children sometimes and nominal percentage had the same response regarding gossips with their children i.e. always, frequently and never had been in gossips with their children (22.8%, 21.3% & 27.0) respectively.

Table 4. 12

*Percentage distribution of the respondents by their friends connections*

Friends Connections	Never		Sometimes		Frequently		Always		Total
	f	%	f	%	f	%	f	%	
Visit to friends	15	3.8	249	62.3	39	9.8	97	24.3	400(100%)
Visits of friends	20	5.0	255	63.7	40	10.0	85	21.3	400(100%)
Sending gifts to friends	167	41.8	171	42.8	20	5.0	42	10.5	400(100%)
Sending of gifts by friends	170	42.5	175	43.8	16	4.0	39	9.8	400(100%)
Use of Social Media to contact friends	224	56.0	92	23.0	27	6.8	57	14.2	400(100%)
Playing games with friends	339	84.8	37	9.3	-	-	24	6.0	400(100%)
Helping friends	63	15.8	215	53.8	42	10.5	80	20.0	400(100%)
Help by friends when needed	39	9.8	191	47.8	67	16.8	103	25.8	400(100%)
Discussion on political issues	172	43.0	157	39.3	29	7.2	42	10.5	400(100%)
Attending cultural events	158	39.5	162	40.5	41	10.3	39	9.8	400(100%)
Discussion on all type of issues	115	28.7	169	42.3	43	10.8	73	18.3	400(100%)



Table 4.13 consisted of frequencies and percentage distribution of one of the subscales of social engagement i.e. friend's connections. The importance of friend's connections can never be undermined in all stages of life especially in the later adulthood when persons are weak and they need such people who support and encourage them unconditionally. So, friend's connections in the life of aged persons support them and boost them to live better and are source of psychological diseases like depression.

We need social connections to thrive. The good news is that with greater awareness, we can take steps to maintain and strengthen our ties to family and friends, expand our social circles and become more involved in the community around us. Visiting friends is a source of connection with them. It was reported by majority (62.3%) of the respondents that they visit their friends sometimes. While a significant percentage (24.3%) reported that they had always visited their friend when they get chance to visit them. A nominal percentage (9.8%) reported that they visit their friend's frequently and almost same percentage (3.8%) reported that they had never visited friends after their retirement.

Generally visiting friend is associated paying visits back. Same was probed in this research. It was reported by majority (63.7%) of the respondents that had also been visited by their friend sometimes while (21.3%) were always been visited by their friends. So, it can be predicted when someone is not going to visit his friend he/she will also be less visited while having any opportunity to visit. A nominal percentage (10%) reported that they had been frequently visited by their friends and (5%) reported that they had never been visited by their friends after their retirement.

Exchange of gifts among friends is a source of maintaining a bond among them. This norm is almost well accepted in every society. Regarding exchanging gifts, first was asked to report of sending gifts to the friends. It was reported by most of them (42%) of the respondents

that they had sent gifts to their friends sometimes while almost same percentage (41.8%) reported that they had never sent gifts to their friend. A nominal percentage (10.5%) of the respondents reported that they had always sent gifts to their friends and (5%) reported that they frequently sent gifts to their friends.

It is generally believed that receiving of gifts is attached with sending of gifts. Almost same results had been reported by the respondents regarding receiving gifts from their friends.

Now a day's social media is being used as a tool of communication and connection among people of every cadre of life throughout the world. Last but not the least social media has enhanced the friendship and connection ties between people of all ages. By considering the importance of social media as a tool of communication, same was probed in this research. It has been reported by majority (56.0%) of the respondent that they had never used social media to remain in contact with their friends after their retirement. While a percentage (23.0%) reported that they had been using social media to remain in contact with their friends sometimes. A nominal percentage (14.2%) of the respondent's reported that they had always been using social media to remain in contact with their friends and almost same percentage (6.8%) reported that they had been frequently using social media to keep in contact with their friends.

Playing games makes the person physically and mentally fit. This activity has a lot of positive effects in the lives of people like it works to boost up the potential of any person and from this he/she can contribute more in productive activity. Regarding playing of games, majority (84.8%) of the respondents reported that they had never been playing any sport since their retirement. It reveals that the respondents either were unaware of the importance of games in the lives or they were not interested in games. Playing games is not only a source to make people fit but also a source of connection with the friends.

Be kind to others and they will be kind you are general practice in our society. Friends help friends and it strengthens their relationship and endure connections. In this research, it was reported by majority (53.8%) of the respondent that had helped their friend sometimes. It depicts either they had no interest to help their friend or they had not been in position to help the friends. It was so much encouraging to find in this research that there had (10%) respondents those reported who reported to have always helped their friends whenever they needed. A nominal percentage (10.3%) reported that they had frequently helped their friends whenever they needed while (15.8%) respondents had never helped their friends after their retirement.

Almost same result had been reported by the respondents about receiving help from their friends in case of need after their retirement.

Political interest makes people to discuss the political issues. Involvement of friends in politics creates chances to discuss political issues. In this research it was probed that either friends had a meaningful discussion with other friends. It was reported by most (43.0%) of the respondents had discussed political issues with their friends while (39.3%) had political discussion whenever they had a chance. Interestingly (10.5%) of the respondents always discussed political issues whenever while a nominal percentage (7.2%) had frequently discussed political issues.

Attending cultural events are a source of connection among people of all ages. Participation in cultural events is a type of productive engagement as well. It is a source of sharing information, knowledge, and experience and somewhat exchanging of different ideas and a source of entertainment as well. It has been found most (40.5%) of the respondents were attending cultural events with their friends while (39.5%) had never attended the cultural events. Small percentage (10.3%) of respondents were frequently attending the cultural events

with their friends. Moreover, 9.8% were always attending the cultural events with their friends after their retirement.

In friendship it can be expected that one can discuss their every issue or problem with friends. It has been reported by most (42.3%) of the respondents that they sometimes discussed their all issues with their friends.

Much contemporary research has focused on contributions of friends to health and psychological well-being among older adults. At the structural level of analysis, for example, Sander and colleagues (2017) documented a connection between social contact frequency and health across adulthood. Visits with nonfamily members declined over the study waves relative to family visits, with an indication that poorer health in old age explains the less frequent visits to friends, neighbors, and acquaintances exhibited at that stage of life.

Table 4. 13

*Percentage distribution of the respondents by their work connections*

Work Connections	Never		Sometimes		Frequently		Always		Total with Percentage
	f	%	f	%	f	%	f	%	
Visit to ex department	119	29.8	246	61.5	13	3.3	22	5.5	400(100%)
Ex-colleagues invite for guidance	204	51.0	138	34.5	33	8.3	25	6.3	400(100%)
Privileged due to experience among colleagues	269	67.3	75	18.8	35	8.8	21	5.3	400(100%)
Arrangement of paid work by ex-colleagues	374	93.5	22	5.5	4	1.0	-	-	400(100%)
Honorary work arranged by ex-colleagues	358	89.5	23	5.8	-	-	19	4.8	400(100%)
Initiative by government to maintain relationship with ex-department	373	93.3	6	1.5	6	1.5	15	3.8	400(100%)

Table 4.14 consisted of frequencies and percentage distribution of one of the sub –scale of social engagement i.e. work connections. As work connections are source of developing social capital. Social capital can facilitate in every sector of life at all ages especially aged persons need it badly in the latter adult hood as they have to survive for better health and social protection. These work connection help the retired pensioners whenever they needed. It is important to discuss that these retired pensioners had a lot of experience and they are trained potential to help those who are inducted in any department. Same was probed in this research for critical analysis as how this capital is going to help them out and how they are being used to facilitate their ex- department colleagues.

Visiting ex-department shows how the retired person is going to maintain his capital with the department and how he had earned importance for the department. It was reported by majority (61.5%) of the respondents that they visited ex –department sometimes. It shows they are less connected with the ex-department because they are less valued by the department or they had not earned a good reput e during their service. A significant percentage (29.8%) of the respondents reported that they had never visited their ex-department after their retirement.

Utilizing the experience of those persons who are professionally sound and had a lot of experience can resolve the issues faced by the juniors serving in the department. It was found that respondent was not significantly asked to guide the juniors in the department in which they had served. It was reported by half (51.0%) of the respondents that they had never been requested for guidance by the ex-junior colleagues while (34.5%) respondents reported that they had been requested sometimes for guidance.

It is of great value in the societies if a person is privileged due to his professional experience which he had earned in his life. But in this research, it has been found that retired pensioners did not enjoy that privilege. It was reported by majority (67.3%) of the respondents

that they had not been privileged due to their experience by their ex- colleagues while a nominal percentage (18.8%) of the respondents reported that they had been privileged due to their experience by the ex-department sometimes. Interestingly, it was also reported by (5.3%) that they had always been privileged due to their experience.

Due to economic instability in Pakistan, the pension provided to those employees especially retired in the non-gazette posts is not sufficient to meet their needs. And this problem puts a huge mental pressure when they had to arrange the marriages of their children especially daughters. Arrangement of daughter's marriages is being considered a huge value by those belonging to the culture of South Punjab. As provided pension by the government is not sufficient to meet the needs of the respondents, so they needed to do another job to address the reasonability they had to fulfil. It was probed in the research that the respondents either were facilitated in hunting of paid job by their ex- colleagues. It was reported by majority (93.5%) of the respondents that paid work had never been arranged by their ex colleagues and department as well.

Social engagement has so many positive effects on the lives of those who had served their potential to facilitate public and their family. The retired pensioners due to their broad experience can be engaged in honorary works by giving them a specific place and honorary title to work for the betterment of the society. Same was probed in this research and it was reported by majority (89.5%) of the respondents that they had never been engaged in honorary work by their ex-colleagues and department.

In terms of initiatives taken by the government for betterment of retired pensioners, majority of the respondents were not being facilitated by government except providing pension which was not going to meet their economic needs and were not being socially protected especially the retired pensioners from non-gazette posts. So, it was need to address their issues

by the government by devising the policies which can make their lives to boost their confidence to live a better life. Same was probed, it was reported by majority (93.3%) of the respondents that government had never taken initiatives for them to facilitate them to resolve their problems. As they have served their whole life for the country and society so, just providing pension is not sufficient to address all the issues faced by the retired pensioners.



Table 4. 14

*Percentage distribution of the respondents by their life satisfaction*

Satisfaction with Life	Strongly Agree		Agree		Neither agree nor Disagree		Disagree		Strongly Disagree		Total
	<i>f</i>	%	<i>f</i>	%	<i>F</i>	%	<i>f</i>	%	<i>f</i>	%	
Life close to ideal	67	16.8	219	54.8	78	19.5	31	7.8	5	1.3	400(100%)
Excellent Conditions in life	100	25.0	201	50.2	94	23.5	5	1.3	-	-	400(100%)
Satisfaction with life	105	26.3	238	59.5	43	10.8	10	2.5	4	1.0	400(100%)
Gotten important things in life	70	17.5	220	55.0	77	19.3	14	3.5	19	4.8	400(100%)
Change almost nothing	67	16.8	249	62.3	69	17.3	11	2.8	4	1.0	400(100%)

Table 4.15 showed that Satisfaction with life is associated with social, psychological, biological, physiological and economic factors. It was very much important to measure the life satisfaction of the respondents while studying the successful ageing of the aged persons. Satisfaction with life is a subjective concept. Earlier social scientist in the discipline of psychology have worked on this concept and have developed tools to measure it.

It was probed in this research that either the respondents feel that their life is close to the ideal. It means that everything is under their control and they are still working with their own ideology. It was reported by (54.8%) of the respondents that they were agreed that their life is close to their ideal. Surprisingly, (19.5%) of the respondents were neither agree nor disagree while reporting that their life is close to the ideal.

To live in the excellent conditions could be a dream of every person irrespective of the age group. It was reported by (50.2%) of the respondents that they were agreed that their conditions in life are excellent while (25.0%) were strongly agreed. Among (23.5%) respondents, same neither agree nor disagree about the condition of life either excellent or on any mediation.

To attain the satisfaction in life is so much difficult. It was expressed by (59.5%) of the respondents that they had attained satisfaction level in their life while (26.3%) respondents were strongly agreed that they were satisfied with their life. Surprisingly, (10.8%) respondents were confused about satisfaction of life and their response was neither agreed nor disagreed.

In life every person sets a goal to achieve important things in life and for this purpose he struggles accordingly. It was found in this research that (55.0%) respondents were agreed that they had achieved important things in their lives while (17.5%) respondents were strongly agreed that they had gotten important things in their lives. Among respondents (19.3%) showed that they were neither agree nor disagree about getting all important things in their life.

In this research it was also probed that as a whole practice of respondents which practices want to contain and change. It was found that majority (62.3%) of the respondents were agreed to change almost nothing in their lives while (16.8%) respondents strongly agreed that they had no issues with their practice and it needs nothing to change.

Table 4. 15

*Percentage Distribution of the respondent by their successful ageing*

Successful ageing	Strongly Agree		Agree		Undecided		Disagree		Strongly Disagree		Total
	<i>f</i>	%	<i>F</i>	%	<i>f</i>	%	<i>f</i>	%	<i>F</i>	%	
Able to make choices	75	18.8	105	26.3	162	40.5	26	6.5	32	8.0	400(100%)
Keep trying other things to achieve results	70	17.5	118	29.5	159	39.8	40	10.0	13	3.3	400(100%)
Developing mental toughness	117	29.3	154	38.5	74	18.5	39	9.8	16	4.0	400(100%)
Strive to remain independent	133	33.3	153	38.3	53	13.3	30	7.5	31	7.8	400(100%)
Attempts to remain relatively free from disease	135	33.8	100	25.0	67	16.8	93	23.3	5	1.3	400(100%)
Try to maintain good mental and physical functioning.	144	36.0	111	27.8	41	10.3	95	23.8	9	2.3	400(100%)
Make effort to achieve important goal	122	30.5	170	42.5	39	9.8	41	10.3	28	7.0	400(100%)
Dealing ability	100	25.0	163	40.8	105	26.3	16	4.0	16	4.0	400(100%)
Attempts to engage in healthy life style habits	111	27.8	223	55.8	22	5.5	30	7.5	14	3.5	400(100%)
Accepting good and bad qualities	91	22.8	234	58.5	26	6.5	18	4.5	31	7.8	400(100%)

Table 4.16 revealed either ageing of the respondents is successful or not. As most of the studies have been conducted on the concept and issue of successful ageing. In this research successful ageing of retired pensioners is measured. As in Pakistan, the aged persons are vulnerable side regarding social protection, self-respect, and abuse almost in all contexts including retired pensioners. The issue of successful ageing has not been addressed at all at academic level and on the policy level.

Successful ageing was measured on the indicators like able to make the choice in the life and ability to deal with the thing and developing mental toughness to deal in tough situation etc. It was found that (40.5%) respondents were undecided to make choices in their life, while (26.3%) were agreed that they are still able to make choices still in their lives. It was also found (18.8%) were strongly agreed that they can make choices.

About achieving the desired results and making efforts until achieved, (39.8%) respondents, were undecided that they keep trying others options to achieve the desired end of any task as they used to before their retirement while (29.5%) were agreed they used the practice of doing again and again to achieve their results. Surprisingly, (17.5%) respondents were strongly agreed that they kept trying other things even after their retirement to achieve their desired goals. A nominal percentage (10%) of the respondents were disagreed to make efforts again to achieve the desired goal.

Developing mental toughness in difficult situations reflects how much a person is mentally fit to deal in difficult situation. It was found that (38.5%) were agreed that they are still able to develop mental toughness to deal in different demanding situations while significant percentage (29.3%) of the respondents were strongly agreed that they can develop mental toughness in different situation even after their retirement.

Either a person is living in mechanical or organic society, he/she tries to remain independent. Strive to remain independent depends upon the factors like health of the person, economic factors etc. It was found in this research that (38.5%) were agreed to strive to remain independent while almost similar percentage (33.3%) of the respondents were strongly agreed that they strive to remain independent.

Health is an important factor that determines either a person's ageing is going to be successful or not. The health of aged persons is depending upon the activities like exercise, proper diet, sleeping etc. These activities directly affect the health of aged persons. Such activities are executed with the will of a person and consistency showed by him/her. It was found that (33.8%) of the respondents were strongly agreed that they attempt to remain fit while (25.0%) were agreed that they attempt to remain disease free. However, a nominal percentage (7.8%) were strongly disagreed to attempt and remain disease free.

Maintaining good mental and physical functioning is dependent upon health of any person. Health is dependent upon a healthy life style practices like exercise, proper diet, etc. Maintaining of good mental and physical functioning can boost the life of aged persons. They can perform the activities not only for their welfare but for the society as well. It was found that (36.0%) were strongly agreed that they make efforts to maintain themselves so that they can perform mentally and physically well while (27.8%) respondents were agreed that made efforts to maintain good physical and mental functioning.

Achieving goals is subject to the condition of making efforts for them. It was found in the research that (42.5%) respondents were agreed that they made attempts to achieve the goals which they had set in their lives while (30.5%) were still enthusiastic and strongly agreed about making efforts to achieve their goals.

Dealing ability of the aged persons reflects how they had maintained their communication skills. It was found that (40.8%) respondents were agreed that had a great dealing ability even after their retirement and they can convince any person on any idea while (26.3%) were undecided either they had such ability possessed by them or not. Interestingly, it was found that (25.0%) respondents were strongly agreed that that they still had excellent dealing ability.

Healthy life style habits are one of the key indicators of successful ageing. These healthy life style habits can be going for a walk, proper diet, sleeping on time, avoidance of unnecessary mental pressure etc. Regarding healthy life style habits, it was found that (55.8%) of the respondents were agreed to engage themselves in healthy life style habits while (27.8%) were strongly agreed to engage themselves in the healthy life style habits.

Successful ageing is dependent on the factor that how a person considers his good and bad qualities. It was found that 58.5% respondents were agreed to accept their good and bad qualities while 22.8% respondents were strongly agreed to accept their good and bad qualities. However, a nominal percentage was strongly disagreed.

Table 4. 16

*Percentage distribution of the respondent by their health status*

Health Status	Not at all		Several Days		More than the half days		Nearly every Day		Total
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	
Little interest or pleasure in doing things	118	29.5	113	28.2	87	21.8	82	20.5	400(100%)
Feeling down ,depressed or hopeless	171	42.8	168	42.0	44	11.0	17	4.3	400(100%)
Trouble in sleeping	149	37.3	143	35.8	86	21.5	22	5.5	400(100%)
Feeling tired or having little energy	116	29.0	147	36.8	123	30.8	14	3.5	400(100%)
Poor appetite or over eating	194	48.5	131	32.8	54	13.5	21	5.3	400(100%)
Feeling bad about yourself	179	44.8	127	31.8	68	17.0	26	6.5	400(100%)
Trouble concentrating on things	143	35.8	90	22.5	84	21.0	83	20.8	400(100%)
Ability to move or speak	179	44.8	139	34.8	48	12.0	34	8.5	400(100%)
Thoughts about hurting	233	58.3	94	23.5	46	11.5	27	6.8	400(100%)



Table 4.17 revealed the health status of retired pensioners. Health status of retired pensioners is directly attached with their physical and mental health. As the health status of the retired pensioners improved same can be expected as a result in successful ageing. Previous researches have also established the relationship of health status and successful ageing. As mental health status of retired pensioners is important in the latter age. So, it was measured. It was found that (29.5%) respondents had little or no interest in doing things while (20.5%) reported that they feel this situation every day. It was also reported by (28.2%) that they feel this mental state for several days. Meanwhile (21.8%) reported that they feel such situation more than half of the days; now a days. So, a significant percentage of the respondents were enjoying their work.

Respondents were directly asked to report the depression level around the days. It was reported by (42.8%) that they never at all felt depressed after their retirement and almost the same percentage (42.0%) reported that they feel depressed for several days. In the meanwhile, there were (11%) respondents who reported to remain depressed for more than the half days. A nominal percentage (4.3%) reported that they feel depressed nearly every day.

Depression affects the sleeping habit of aged persons. Sleeping habit was also inquired by the respondents. It was reported by (37.3%) respondents they never felt the problem of sleeping and almost same percentage (35.8%) reported that they felt this problem for several days. In the meanwhile, (21.5%) reported that they faced this problem more than the half days. It was also reported by (5.5%) of the respondents that they felt this problem nearly every day.

As the cycle of ageing goes on, the level of energy decreases. This is the result of biological changes in the body of humans. But it could be managed as well. In this research it was reported by (29.0%) respondents that they still had never felt little energy while performing their tasks which is so much encouraging in the latter age while (36.8%) reported they face

this problem for several days. Among the respondents (30.8%) were those who reported to have felt this problem more than the half days and (3.5%) were reported that they felt this problem nearly every day.

Eating habit also determined the mental health of the aged persons. Poor appetite is linked with the health status of the elderly persons. It was reported by 48.5% respondents that they had never felt the issue of poor appetite and they had controlled over their eating habit while 32.8% respondents reported that they faced this issue for several days. Significant percentage 30.8% of the respondents reported that they had to face this issue more than the half days while some the respondents (5.3%) reported that this they had to face this issue nearly every day.

As the depression level increases the feeling about the self also changes. It was directly asked from the respondents that how they feel about themselves. It was reported by 48.5% that they never felt bad about themselves while (31.8%) respondents reported that they felt bad about their selves for several days. Additionally, (17.0%) respondents reported that they felt this problem more than the half days in the meanwhile (6.5%) respondents were those who had felt this problem nearly every day since their retirement.

Mental ability and health can result in better concentration on different issue and things. It was reported by (35.8%) respondents that they had never felt the issue of concentrating on thing. They believed that they can concentrate on different things and still can produce something productive for the society. Among the respondents (22.5%) reported that they had to face an issue of concentrate for several days while almost same percentage (21.0%) reported that they to face this issue for more than the half days. Among the respondents, (20.8%) were those who had to face this issue nearly every day.

Ability to move or speak determines the potential possessed by the respondents even after their retirement. It was reported by (44.8%) respondents that had never felt the issue of moving and speaking being retired while (34.8%) reported that they faced this issue for several days. In the meanwhile (12.0%) reported that they had faced this issue more than the half days and a nominal percentage of the respondents (8.5%) reported that they had to face this nearly every day.

Thoughts about hurting determines the level of depression. It was reported by 58.3% that they had never thought to hurt themselves while (23.5%) faced this issue for several days. In the meanwhile, 11.5% respondents had such feelings more than half of the days and a nominal percentage had to face this issue nearly every day which reflects highest level of depression among such retired pensioners.

Table 4. 17

*Percentage distribution of the respondent by their productive engagement*

Productive Engagement	Yes		No		Total
	<i>f</i>	%	<i>f</i>	%	
Engagement in economic activities	101	25.3	299	74.8	400(100%)
Research contribution after retirement	9	2.3	391	97.8	400(100%)
Literary contribution	29	7.2	371	92.8	400(100%)
Political contribution	25	6.3	375	93.8	400(100%)
Producing trained potential	41	10.3	359	89.8	400(100%)
Arranging cultural events	32	8.0	368	92.0	400(100%)
Arranging social event	42	10.5	358	89.5	400(100%)
Arranging religious event	59	14.8	341	85.3	400(100%)

Table 4.18 measured the frequencies and percentages distribution of the respondents with respect to productive engagement. Productive engagement refers to the engagement of the respondents in beneficial activity herself/ himself is a beneficiary. As the respondent of the research are the trained potential belonging to the different departments are loaded with full

experience and can transform this potential, so they can volunteer their services to the younger generation. Same was probed in this research.

It was reported by majority of the respondents that they were not engaged in any productive activity like engagement in economic activities, research contribution after retirement, literary contribution, political contribution, producing trained potential, arranging cultural events, arranging social event and arranging religious event. The respondents were asked to report either they have not been given opportunity in productive activities or they were not interested to be engaged in any activity. Majority of the respondents reported that had not been encouraged to participate in any productive activity by the societies and the structure of the social institutions.

The structure of state and society as a whole have not performed their due role despite the fact the constitution of the country is based on religious high value and the eastern society is also based on culture which promotes the dignity of the aged person. In the nut shell it has been found the retired pensioners are pushed toward a life in which they are being provided just pension from the state and it is being considered as a huge relief. The role of society in promoting the lives of elderly is diminishing day by day.

Table 4. 18

*Description of the selected variables*

Variable	Range	Minimum	Maximum	Mean	Std. Deviation
Life style habits	16	6	22	12.64	4.285
Local community connections	30	10	40	22.74	8.888
Religious connections	9	3	12	6.91	2.810
Neighborhood connections	27	13	40	26.46	6.728
Family connections	30	10	40	22.08	8.215
Friends connections	31	11	42	22.61	7.304
Work connections	19	10	29	13.16	4.253
Satisfaction with life	19	5	24	10.48	2.978
Successful ageing	40	10	50	22.73	7.824
Health status	20	0	20	8.525	5.661
Productive Engagement	7	9	16	15.16	1.411
Social engagement	114	78	192	113.95	25.414

Table 4.19 comprises description of the selected variables which were computed in order to use for further analysis in the study. The table showed that the mean value of life style behavior is 12.64 (S.D. 4.3) with the minimum value of 6 and maximum value of 22. The local community connection has the mean value of 22.7 (S.D. 8.9). The range of the computed local community connection is 30 (Minimum = 10 and Maximum = 40). The average of religious connection (Mean = 9) is lower than the other variables because it has only three questions. The mean value of neighborhood connections is 26.5 (Minimum = 40 and Maximum = 13), and the mean of the family connection is 22.1 (Minimum = 10 and Maximum = 40). The mean values of friends' connection (Minimum = 11 and Maximum = 42) and work connections (Minimum = 10 and Maximum = 29) are 22.6 and 13.2, respectively.

Other than the sub-scales of social engagement, a composite variable of this variable was also generated. The mean value of the composite variables of social engagement is 113.95

(Minimum = 78 and Maximum = 192). Further, satisfaction with life, health status, productive engagement and successful ageing have the mean values of 10.5, 8.525, 15.16 and 22.73, respectively.

#### **4.3 Bivariate Analysis**

This section comprises bivariate analysis of all the important variables included in the study in order to explore relationship among these variables, and to detect the differences of these variables across other variables such as family system, gender and life status of the spouse. Such analysis of the variables will signify the prominence of these variables in the structure of Punjab, and will also potentially contribute in the suggestion and recommendation regarding policy measures of senior citizens in the country.

Table 4. 19

*Correlation matrix of important variables*

Sr. #	Variables	1	2	3	4	5	6	7	8	9	10	11
1	LSH	—										
2	LCC	-.004	—									
3	RC	.502**	.093	—								
4	NC	.391**	.101*	.372**	—							
5	FC	.069	.931**	.134**	.154**	—						
6	FrC	.502**	.042	.407**	.717**	.107*	—					
7	WC	.456**	.032	.494**	.413**	.082	.577**	—				
8	SWL	-.169**	.011	.009	-.446**	.013	-.350**	-.191**	—			
9	SA	-.162**	.285**	-.269**	-.073	.251**	-.145**	-.361**	.272**	—		
10	HS	-.295**	.077	-.232**	-.299**	.057	-.386**	-.499**	.321**	.242**	—	
11	PE	-.334**	-.056	-.371**	-.264**	-.101*	-.451**	-.490**	.249**	.258**	.336**	—
12	ENG	.401**	.705**	.484**	.666**	.749**	.668**	.535**	-.242**	.030	-.254**	-.375**

\* .  $p < .05$ , \*\* .  $p < .001$ .

Note: LSH = Life style habits, LCC = Local Community Connections, RC = Religious connections, NC = Neighborhood connections, FC = Family connections, FrC = Friends connections, WC = Work connections, SWL = Satisfaction with life, SA = Successful ageing, HS = Health Status, PE = Productive Engagement, ENG = Social Engagement.

The table 4.20 comprised correlation matrix of all the important variables of the study. The table showed that lifestyle habits has a positive correlation with religious connections, neighborhood connections, friends' connections, work connections and social engagement as a whole. However, it has a significant negative correlation with satisfaction with life, successful ageing, health status and productive engagement. Further, the analysis showed that social engagement has a significant positive correlation with local community connections, religious connections, neighborhood connections, family connections, friends' connection and work connections. However, it has a negative correlation with satisfaction with life, health status and productive engagement. Religious connections are significantly positively correlated with life style habits ( $r = 0.502$ ,  $p < .001$ ).

Table 4. 20

*Difference of selected variables by gender (male = 302, female = 98)*

Variables	Gender	Mean	S.D.	S.E. Mean	t	p
Life style habits	Male	13.03	4.552	.262	3.896	.000
	Female	11.45	3.057	.309		
Local community connections	Male	22.08	8.929	.514	-2.709	.007
	Female	24.79	8.483	.857		
Religious connections	Male	7.35	2.700	.155	5.614	.000
	Female	5.57	2.728	.276		
Neighborhood connections	Male	26.16	6.706	.386	-1.573	.118
	Female	27.39	6.747	.682		
Family connections	Male	21.35	8.147	.469	-3.157	.002
	Female	24.32	8.057	.814		
Friends connections	Male	22.56	7.487	.431	-.272	.786
	Female	22.78	6.744	.681		
Work connections	Male	13.69	4.595	.264	6.191	.000
	Female	11.51	2.299	.232		



Satisfaction with life	Male	10.69	3.035	.175	2.648	.009
	Female	9.83	2.706	.273		
Successful ageing	Male	21.43	7.332	.422	-5.822	.000
	Female	26.72	7.974	.805		
Health status	Male	17.80	5.383	.310	1.554	.122
	Female	16.68	6.400	.647		
Productive Engagement	Male	15.10	1.516	.087	-1.591	.113
	Female	15.32	1.011	.102		
Social engagement	Male	113.18	26.532	1.527	-1.191	.235
	Female	116.35	21.557	2.178		

Table 4.21 showed the results of two independent sample t-test by gender. The table revealed that there is a difference of life style habits between male and female respondents. However, male respondents have higher mean value ( $M = 13.0$ ) than female respondents ( $M = 11.45$ ). The table also showed that the local community connections are higher among male respondents than female respondents ( $p < .05$ ). Similarly, the religious connections and work connections are also higher among male respondents comparing with female respondents. However, female respondents have higher family connections than male respondents, and no difference of friend connections were found between male and female respondents ( $p > .05$ ). The social engagement was also almost similar by gender.

The life satisfaction and successful ageing is also significantly different across gender. However, life satisfaction is higher among male respondents than female respondents, and successful ageing is higher among female respondents than male respondents. Moreover, no difference of health status and productive ageing were found between male and female respondents.

Table 4. 21

*Difference of selected variables by life status of spouse (Yes = 364, No = 27)*

Variable	Alive	Mean	S.D.	S.E. Mean	t	p
Life style habits	Dead	12.73	4.418	.232	4.451	.000
	Alive	10.81	1.882	.362		
Local community connections	Dead	22.49	9.084	.476	-2.335	.026
	Alive	25.67	6.610	1.272		
Religious connections	Dead	6.95	2.806	.147	.097	.923
	Alive	6.89	3.215	.619		
Neighborhood connections	Dead	26.55	6.885	.361	.098	.922
	Alive	26.44	5.071	.976		
Family connections	Dead	21.79	8.345	.437	-2.633	.013
	Alive	25.33	6.616	1.273		
Friends connections	Dead	22.86	7.260	.381	1.328	.194
	Alive	20.81	7.756	1.493		
Work connections	Dead	13.19	4.347	.228	.602	.551
	Alive	12.74	3.686	.709		
Satisfaction with life	Dead	10.47	2.946	.154	1.084	.287
	Alive	9.74	3.415	.657		
Successful ageing	Dead	23.04	7.877	.413	1.917	.065
	Alive	20.19	7.447	1.433		
Health status	Dead	17.60	5.553	.291	-.050	.961
	Alive	17.67	6.900	1.328		
Productive ageing	Dead	15.20	1.411	.074	2.799	.009
	Alive	14.41	1.421	.274		
Social engagement	Dead	113.83	25.378	1.330	-.695	.493
	Alive	117.89	29.561	5.689		

Table 4.22 consisted of the results of two independent sample t-test of prime variables of the study across the life status of the spouse, which measured whether the spouse of a retired pensioner is alive or dead. The table showed that there is a significant difference of life style

habits between the respondents whose spouse is alive and whose spouse is dead. The table also showed that the local community connections and productive engagement is significantly higher among the respondents whose spouse is alive. However, family connections are significantly higher among the respondents whose spouse is dead. Further, no significant difference of religious connections, neighborhood connections, friend's connections, and work connections, satisfaction with life, successful ageing, health status and social engagement was found across life status of the spouse of the respondents.

Table 4. 22

*Difference in selected variables with respect to children (Yes= 357, No = 40)*

Variable	Do you have children?	Mean	S.D.	S.E. Mean	t	p
Life style habits	Yes	12.65	4.506	.238	.837	.404
	No	12.38	1.427	.226		
Local community connections	Yes	22.53	9.082	.481	-1.327	.190
	No	24.13	6.988	1.105		
Religious connections	Yes	7.07	2.856	.151	3.979	.000
	No	5.65	2.045	.323		
Neighborhood connections	Yes	26.21	6.501	.344	-1.947	.058
	No	28.88	8.389	1.326		
Friends connections	Yes	22.71	7.544	.399	.109	.914
	No	22.63	3.979	.629		
Work connections	Yes	13.32	4.445	.235	5.082	.000
	No	11.65	1.460	.231		
Satisfaction with life	Yes	10.42	2.891	.153	-.538	.593
	No	10.75	3.719	.588		
Successful ageing	Yes	22.81	8.098	.429	.475	.636
	No	22.38	5.067	.801		
Health status	Yes	18.14	5.436	.288	8.480	.000
	No	11.75	4.407	.697		
Productive ageing	Yes	15.12	1.479	.078	-2.761	.007
	No	15.43	.501	.079		

Social engagement	Yes	113.62	25.977	1.375	-.959	.342
	No	117.05	20.916	3.307		

Table 4.23 showed that there is a significant difference of religious connections between the respondents who had children and who had not children. The religious connections were significantly higher among those respondents who had the children. Table also showed that there is a significant difference of work connections between the respondents who had children and who had not the children. The work connections of those respondents were significantly higher than those respondents who had not the children. The results of the table showed that there is a significant difference of health status between the respondent with children and who had not the children. The health status of the respondents who had children was significantly higher than those who had no children. However, there was no significant difference of life style habits, local community connections, friend's connections, neighborhood connections, family connections, satisfaction with life, successful ageing and productive engagement.

Table 4. 23

*Difference of selected variables by areas (Rural = 145, Urban = 255)*

Variable	Area of residence	Mean	S.D.	S.E. Mean	t	p
Life style habits	Urban	12.81	4.372	.274	1.080	.281
	Rural	12.34	4.125	.343		
Local community connections	Urban	21.45	8.262	.517	-3.787	.000
	Rural	25.02	9.503	.789		
Religious connections	Urban	6.83	2.581	.162	-.723	.470
	Rural	7.06	3.177	.264		
Neighborhood connections	Urban	26.10	7.153	.448	-1.497	.135
	Rural	27.09	5.878	.488		
Family connections	Urban	20.87	7.556	.473	-3.808	.000
	Rural	24.21	8.895	.739		

Friends connections	Urban	22.43	7.945	.498	-.698	.485
	Rural	22.92	6.026	.500		
Work connections	Urban	13.49	4.415	.276	2.146	.033
	Rural	12.57	3.899	.324		
Satisfaction with life	Urban	10.67	3.202	.201	1.904	.058
	Rural	10.12	2.508	.208		
Successful ageing	Urban	22.24	6.834	.428	-1.541	.125
	Rural	23.59	9.276	.770		
Health status	Urban	16.75	5.678	.356	-3.767	.000
	Rural	18.90	5.381	.447		
Productive ageing	Urban	15.16	1.525	.096	.195	.846
	Rural	15.14	1.188	.099		
Social Engagement	Urban	111.16	22.864	1.432	-2.765	.006
	Rural	118.87	28.800	2.392		

Table 4.24 showed that there is a significant difference of local community connection between the respondents who were living in the urban setting and those living in the rural settings. The local community connections were significantly higher in the respondents who were living in the rural settings. Table also showed that there is a significant difference of family connections between the respondents who were living in the rural settings and who were not living in the urban settings. The family connections were significantly higher in those respondents who were living in rural settings than those who were living in urban settings. Table showed that there is a significant difference of health status between the respondents who were living in the urban settings and those living in the rural settings. The health status of the respondents found significantly higher in those respondents who were living in the rural settings than those who were living in the areas.

The table showed that there is a significant difference of satisfaction with life between the respondents who were living in the urban and who were living in the rural areas. The

satisfaction with life was found significantly higher in the respondents who were living in the urban settings. Table also showed that there is a significant difference of social engagement between the respondents who were living in the urban areas and those who were living in the rural areas. Social engagement was found significantly higher in those respondents who were living in the rural settings. However, there was found similar life style habits, successful ageing and productive engagement between the respondents residing in the urban areas and in the rural areas.

#### 4.4 One-Way Analysis of Variance

Table 4. 24

*Difference of selected variables by type of current profession*

Variables		SS	df	MS	F	p
Life style habits	Between Groups	282.196	4	70.549	3.956	.004
	Within Groups	7043.964	395	17.833		
	Total	7326.160	399			
Local community connections	Between Groups	1595.818	4	398.954	5.266	.000
	Within Groups	29924.660	395	75.759		
	Total	31520.478	399			
Religious connections	Between Groups	199.505	4	49.876	6.677	.000
	Within Groups	2950.433	395	7.469		
	Total	3149.938	399			
Neighborhood connections	Between Groups	1468.831	4	367.208	8.741	.000
	Within Groups	16594.446	395	42.011		
	Total	18063.278	399			
Family connections	Between Groups	1994.969	4	498.742	7.901	.000
	Within Groups	24933.629	395	63.123		
	Total	26928.597	399			
Friends connections	Between Groups	857.628	4	214.407	4.146	.003
	Within Groups	20427.532	395	51.715		
	Total	21285.160	399			
Work connections	Between Groups	533.089	4	133.272	7.874	.000

	Within Groups	6685.301	395	16.925		
	Total	7218.390	399			
	Between Groups	644.245	4	161.061	21.987	.000
Satisfaction with life	Within Groups	2893.505	395	7.325		
	Total	3537.750	399			
	Between Groups	3145.243	4	786.311	14.597	.000
Successful ageing	Within Groups	21278.055	395	53.868		
	Total	24423.298	399			
	Between Groups	1960.064	4	490.016	17.879	.000
Health status	Within Groups	10825.686	395	27.407		
	Total	12785.750	399			
	Between Groups	164.832	4	41.208	25.855	.000
Productive Engagement	Within Groups	629.558	395	1.594		
	Total	794.390	399			
	Between Groups	20766.827	4	5191.707	8.655	.000
Social engagement	Within Groups	236944.363	395	599.859		
	Total	257711.190	399			

Table 4.25 showed that there is a significant difference of life style habits,  $F(4, 395)=3.956$ , local community connections,  $F(4, 395)= 5.266$ , religious connections,  $F(4, 395)= 6.677$ , , neighborhood connections,  $F(4, 395)= 8.741$ , family connections,  $F(4, 395)= 7.901$ , friends connections,  $F(4, 395)=4.146$ , work connections,  $F(4, 395)= 7.874$ , satisfaction with life,  $F(4, 395)= 21.987$ , successful ageing,  $F(4, 395)= 17.879$ , health status,  $F(4, 395)= 17.879$ , productive engagement,  $F(4, 395)= 25.855$  and Social Engagement,  $F(4, 395)= 8.655$  as whole across the current professions of the respondents ( $p<.001$ ,  $p<.05$ ,). It was found that there is no similarity among the variables across their current profession of the respondents as the  $F$  values across the variables varies significantly as well as  $p$  values.

The research found that as current profession of the respondents varies; the life style habits, local community connections, religious connections, neighborhood connections, family

connections, friend's connections, work connections, satisfaction with life, successful ageing, and health status and productive engagement are also be affected differently. It detected that due to current profession of the respondent they were enjoying differently the social engagement, life style habits, health status, productive engagement, and satisfaction with life.

Table 4. 25

*Post-hoc Duncan test on selected variables by current professions*

What is your current profession?	N	Subset for alpha = 0.05			
		1	2	3	4
<b>Life style habits</b>					
House Wife	73	11.01			
Just Retired	252	12.90	12.90		
Volunteerism	27	12.93	12.93		
Land Lord	30	12.97	12.97		
Private/Business	18		14.56		
<b>Local community connections</b>					
Just Retired	252	21.34			
House Wife	73	24.03	24.03		
Private/Business	18	24.44	24.44		
Land Lord	30		26.73		
Volunteerism	27		26.81		
<b>Religious Connections</b>					
House Wife	73	5.82			
Volunteerism	27	5.89			
Land Lord	30	6.90			
Just Retired	252	7.21			
Private/Business	18		8.78		
<b>Neighborhood Connections</b>					
House Wife	73	25.51			



What is your current profession?	N	Subset for alpha = 0.05			
		1	2	3	4
Land Lord	30	25.63			
Just Retired	252	25.96			
Private/Business	18	28.44			
Volunteerism	27		33.26		
<b>Family connections</b>					
Just Retired	252	20.51			
House Wife	73	23.40	23.40		
Private/Business	18	24.44	24.44		
Land Lord	30		26.33		
Volunteerism	27		26.81		
<b>Friends connections</b>					
Just Retired	252	22.02			
House Wife	73	22.26			
Land Lord	30	23.13			
Private/Business	18	23.67			
Volunteerism	27		27.81		
<b>Work Connections</b>					
House Wife	73	11.21			
Land Lord	30	13.13	13.13		
Just Retired	252		13.31	13.31	
Volunteerism	27			15.22	15.22
Private/Business	18				15.89
<b>Satisfaction with life</b>					
Just Retired	18	7.00			
Land Lord	27	7.11			
House Wife	73		10.27		
Volunteerism	30		10.33		

What is your current profession?	N	Subset for alpha = 0.05			
		1	2	3	4
Private/Business	252		11.16		
<b>Successful ageing</b>					
Just Retired	18	14.33			
Private/Business	30		21.20		
Land Lord	252		22.13		
Volunteerism	27		22.48		
House Wife	73			27.58	
<b>Health Status</b>					
House Wife	27	11.07			
Private/Business	18	13.44	13.44		
Land Lord	30		14.90		
Just Retired	252			18.48	
Volunteerism	73			18.68	
<b>Productive engagement</b>					
Land Lord	30	13.13			
Just Retired	27		14.30		
Private/Business	18			15.11	
Volunteerism	252			15.40	
House Wife	73			15.47	
<b>Social engagement</b>					
Just Retired	252	110.34			
House Wife	73	112.22			
Land Lord	30	121.87	121.87		
Private/Business	18		125.67	125.67	
Volunteerism	27			135.81	

Table 4.26 comprised the results of post-hoc Duncan test on the major variables of the study across current profession of the respondents. The post-hoc Duncan test produced two

different groups of the current profession of the retired pensioners. Group 1 consisted of house wife, just retired, volunteerism and land lord. Although, group two also has these professions, except house wife, but the private/business profession made the group distinctive. It revealed that life style habits are similar among group 1 but different from group 2. The mean values of each profession showed that the life style habits of house wife profession are lowest. However, the life style habits of private/business is highest comparing with rest of the professions of the respondents. So, the research found that the retired pensioners engaged in private/ business work were living better life style habits. It reflected that current profession directly has a positive relationship with life style habits.

It was found that local community connections among group 1 consisted of just retired, housewife and private/ business were almost similar across their current profession. Although group two has these professions except land lord and volunteerism. But the land lord and volunteerism made the group distinctive. The mean value of each profession showed that local community connections of who fall in the category by profession of Just Retired is lowest. However, the local community connection of the respondents fall in the category of volunteerism by profession were highest. Local community connections of the respondents also directly attached with the current profession of the respondents. The results showed that professions of the respondents directly provide an opportunity of local community connections. A person just living with the status of retirement had lowest community connection. A person with current profession of volunteerism after the retirement had a highest local community connections. So, engagement in different professions provide an opportunity to have high local community connections. Living with the status of just retired decreases the level of local community connections.

It was found that religious connections in group 1 consisted of House wife, volunteerism, land lord, just retired and private/ Business across current professions were also

most similar. Although Group 2 consisted of one current profession i.e. private/business. The mean value revealed that religious connections across current profession by category of private/Business is different and higher among all and lowest in housewife by profession. Interestingly the research found that the respondents engaged in private/ business profession had high religious connections. It means while earning they have better chances to participate in religious affairs of the community and charity for the mosque and different committees helping the poor people. Hence, earning after retirement increases the chance of religious connections. So, retired pensioners engaged in different jobs or a profession increased their religious connections. As different studies have found that religious connections have positive effects on the lives of the people especially who are falling in cadre of above sixty years.

It was found that neighborhood connections in group 1 consisted of housewife, landlord, just retired and private/ business across current profession of the respondents were almost similar. Group 2 consisted of volunteerism is different among current professions. As the mean value of volunteerism is higher among all. Thus, higher neighborhood connections are found among those respondents engaged in volunteerism and lowest in housewife by their current profession. Once again, the research found the importance of engagement of retired pensioners/ respondents that those respondents who were engaged in volunteerism had more neighborhood connection than any other profession. As volunteerism boost the passion to maintain good relationship with the neighbors. The retired pensioners belonging to the status of house wife had lowest neighborhood connections. As the housewives restrict themselves in the activities of house. These activities, perhaps are less contributed after the retirement.

As per findings regarding family connections, Post-hoc Duncan test produced two groups. The group 1 consisted of just retired, House wife, and private/ business. The mean value shows that they have almost similar family connections and group 2 have also same mean value with profession but the profession of Land Lord and Volunteerism made this group

distinctive. Interestingly the results showed that those living with the status of just retired and were doing nothing had lowest family connections. It means due to non-engagement in any profession their family connections were also suffering. The respondents engaged in volunteerism had highest family connections among respondent by their current profession. It means involvement in volunteer activities helps to maintain good family connections or it can be said a person engaged in volunteerism learnt the art to maintain the good family connections relatively than other professions.

The results regarding friend's connections produced (PHD) test, it produced two groups. Group 1 consisted of just retired, House Wife, Land Lord and Private/business by current profession. This group has almost similar values regarding friend connection. The group 2 consisted of only one category by profession i.e. Volunteerism while results produced as a whole regarding friends' connections showed that the respondents once again engaged in volunteerism had highest friend connections.

The result showed by Post-hoc Duncan regarding work connections produced four groups. Group 1 consisted of house wife and land lord, group 2 consisted of land lord and just retired, group 3 consisted of just retired and volunteerism and group 4 consisted of volunteerism and private/business. These groups almost have a similar work connection. The profession of just retired made the group 2 distinctive from 1, the profession of volunteerism made the group 3 distinctive from group 2 and private/business made the group 4 distinctive from group 3. The research found that those engaged in private/business profession had highest work connections. It means if a person wants to keep connections even after his retirement he/she should be engaged in private/ business profession.

Satisfaction with life has been found differently across the current profession of the respondents. The results produced two groups. Group 1 consisted of Just Retired and

volunteerism while group 2 consisted of House Wife, Volunteerism, and Private/business professions. Group 1 almost had same level of satisfaction with life as the mean value is almost same and in group 2 the highest value of satisfaction with life found in private/ business respondents engaged professionally. Hence, satisfaction with life was found higher in those respondents engaged in private/ business professions.

The results produced by Post-hoc Duncan test regarding successful ageing has been found differently. Three groups has been produced. Interestingly, the highest successful ageing was found in the respondents who were housewives by their profession. The lowest satisfaction with life was found in those respondents who were living with the status of just retired. It means they were not engaged in any activity either domestic or outside the house. Similarly, health status was found higher among those who were engaged in volunteerism.

It is concluded that dynamic current professions like volunteerism and business/private are those professions which provide an opportunity to maintain their best connections with the neighborhood, religious connections, and local community connections, friends connections, health status, satisfaction with life, life style habits and successful ageing. So, engagement in different professions is necessary to maintain their relationship and to boost their connections.

Table 4. 26

*The difference of selected variables across living type*

Variables		SS	df	MS	F	p
Life style habits	Between Groups	1171.320	4	292.830	18.793	.000
	Within Groups	6154.840	395	15.582		
	Total	7326.160	399			
Local community connections	Between Groups	603.726	4	150.932	1.928	.105
	Within Groups	30916.751	395	78.270		

Variables		SS	df	MS	F	<i>p</i>
Religious connections	Total	31520.477	399			
	Between Groups	106.530	4	26.633	3.457	.009
	Within Groups	3043.407	395	7.705		
Neighborhood connections	Total	3149.937	399			
	Between Groups	2969.858	4	742.465	19.431	.000
	Within Groups	15093.419	395	38.211		
Family connections	Total	18063.278	399			
	Between Groups	499.525	4	124.881	1.866	.116
	Within Groups	26429.072	395	66.909		
Friends connections	Total	26928.598	399			
	Between Groups	3237.536	4	809.384	17.715	.000
	Within Groups	18047.624	395	45.690		
Work connections	Total	21285.160	399			
	Between Groups	292.787	4	73.197	4.175	.003
	Within Groups	6925.603	395	17.533		
Satisfaction with life	Total	7218.390	399			
	Between Groups	543.930	4	135.982	17.941	.000
	Within Groups	2993.820	395	7.579		
Successful ageing	Total	3537.750	399			
	Between Groups	1086.455	4	271.614	4.597	.001
	Within Groups	23336.842	395	59.081		
Health status	Total	24423.298	399			
	Between Groups	1558.475	4	389.619	13.708	.000
	Within Groups	11227.275	395	28.423		
Productive ageing	Total	12785.750	399			
	Between Groups	23.410	4	5.853	2.998	.019
	Within Groups	770.980	395	1.952		
Social engagement	Total	794.390	399			
	Between Groups	21020.608	4	5255.152	8.770	.000
	Within Groups	236690.582	395	599.217		
	Total	257711.190	399			

Table 4.27 showed that there is a significant difference of life style habits,  $F(4, 395)=18.793$ ,  $F(4, 395)=5.266$ , religious connections,  $F(4, 395)=3.457$ , neighborhood connections,  $F(4, 395)=19.431$ , friends connections,  $F(4, 395)=17.715$ , work connections,  $F(4, 395)=4.175$ , satisfaction with life,  $F(4, 395)=17.941$ , successful ageing,  $F(4, 395)=4.597$ , health status,  $F(4, 395)=13.708$ , productive engagement,  $F(4, 395)=2.998$  and Social Engagement,  $F(4, 395)=8.770$  as whole across the current professions of the respondents ( $p<.001$ ,  $p<.05$ ). It was found that there is no similarity among the variables across their current profession of the respondents as the  $F$  values across the variables varies significantly as well as  $p$  values.

However, a similarity was found between local community connections and family connections with respect to the variables living across living status.

The research found that as living status of the respondents varies; the life style habits, religious connections, neighborhood connections, friend's connections, work connections, satisfaction with life, successful ageing, and health status and productive engagement are also affected differently. It was detected that social engagement, life style habits, health status, productive engagement, satisfaction with life and successful ageing are affected due living status.



Table 4. 27

*Post-hoc Duncan test by living type*

Currently with whom you are living?	N	Subset for alpha = 0.05			
		1	2	3	4
<b>Life style habits</b>					
Alone	15	11.00			
Family	222	11.26			
With Spouse	94	14.26	14.26		
Relative	3		15.00		
Son	66		15.24		
<b>Local community connections</b>					
Alone	15	18.13			
Son	66	21.64			
Family	222	23.10	23.10		
With Spouse	94	23.18	23.18		
Relative	3		30.00		
<b>Religious Connections</b>					
Relative	3	5.00			
Son	66	5.95			
Alone	15	6.00			
Family	222	7.14			
With Spouse	94	7.26			
<b>Neighborhood Connections</b>					
Alone	15	23.00			
Relative	3	24.00			
Son	66	24.32			
Family	222	25.32			
With Spouse	94		31.28		
<b>Family connections</b>					

Currently with whom you are living?	N	Subset for alpha = 0.05			
		1	2	3	4
Alone	15	18.13			
Son	66	21.64			
Family	222	22.02			
With Spouse	94	22.90			
Relative	3		30.00		
<b>Friends connections</b>					
Relative	3	11.00			
Alone	15		19.00		
Family	222		20.76		
Son	66		24.08	24.08	
With Spouse	94			26.90	
<b>Work Connections</b>					
Family	222	12.56			
Relative	3	13.00			
Alone	15	13.00			
Son	66	13.06			
With Spouse	94	14.66			
<b>Satisfaction with life</b>					
With Spouse	94	8.73			
Family	222	10.70	10.70		
Son	66		11.27		
Relative	3		13.00	13.00	
Alone	15			14.00	
<b>Successful ageing</b>					
Relative	3	18.00			
Alone	15	20.00	20.00		
With Spouse	94	21.22	21.22		

Currently with whom you are living?	N	Subset for alpha = 0.05			
		1	2	3	4
Family	222	22.65	22.65		
Son	66		25.97		
<b>Health Status</b>					
Alone	15	12.00			
With Spouse	94	14.83	14.83		
Family	222		18.54	18.54	
Son	66		19.05	19.05	
Relative	3			21.00	
<b>Productive engagement</b>					
With Spouse	94	14.86			
Family	222	15.15			
Son	66	15.35			
Relative	3	16.00			
Alone	15	16.00			
<b>Social engagement</b>					
Alone	15	97.27			
Son	66	110.68	110.68		
Family	222	110.89	110.89		
Relative	3	113.00	113.00		
With Spouse	94		126.18		

Table 4.28 comprised post hoc Duncan test on the living status of the respondents which showed that the respondents living with their son, relatives or spouse have healthier life style than those who are living with family or living alone. With respect to the difference of local community connections, the table showed that those respondents who are living with relatives and spouse have higher local community connections than those who are living with their son

or living alone. As far as neighborhood connections are concerned, it was found that those respondents who are living with spouse has the highest neighborhood connections than all other forms of living status. However, the researcher found no significant difference of religious connections across living status.

Further, the table also consisted of the post hoc Duncan test with respect to the living status of the respondents which showed that the respondents living with their relatives have the highest family connections comparing with the respondents who were living with any other type of living. However, the respondents who were living alone are exposed to lowest family connections. The table also showed that friend's connections were lowest among the respondents who were living with their relatives and highest among the respondents who were living with their spouse and son.

With respect to the work connections, the table showed no significant difference of work connections of the respondents across their living status. Interestingly, the table revealed that the respondents living alone had the highest life satisfaction and the respondents living with their spouse had the lowest satisfaction with life. On the other hand, the respondents living with their family, son and relatives had the moderate life satisfaction

Table also showed the results of post hoc Duncan test about the difference of successful ageing, health status, productive engagement and social engagement. The table showed that the respondents living with their sons had the highest successful ageing but the respondents living with their relatives had the lowest successful ageing. It also showed that the respondents living with their spouse, family and living alone had the similar average of successful ageing.

With respect to the difference of health status of the respondents across living type, the table depicted that the respondents living with their relatives had the highest average of health status whereas those who are living alone had the lowest health status. However, the

respondents living with family and son had almost similar health status which can be called a moderate health status. The table also showed that the respondents living type had the lowest social engagement but the respondents living with their spouse had the highest social engagement. However, the researcher found no significant difference of productive engagement across living status of the respondents.

Table 4. 28

*Difference of selected variables by education of the respondents*

Variable		SS	df	MS	F	P
Life style habits	Between Groups	1143.764	6	190.627	12.118	.000
	Within Groups	6182.396	393	15.731		
	Total	7326.160	399			
Local community connections	Between Groups	3652.773	6	608.796	8.585	.000
	Within Groups	27867.704	393	70.910		
	Total	31520.478	399			
Religious connections	Between Groups	415.395	6	69.233	9.950	.000
	Within Groups	2734.542	393	6.958		
	Total	3149.938	399			
Neighborhood connections	Between Groups	2288.951	6	381.492	9.504	.000
	Within Groups	15774.327	393	40.138		
	Total	18063.278	399			
Family connections	Between Groups	2013.589	6	335.598	5.294	.000
	Within Groups	24915.008	393	63.397		
	Total	26928.598	399			
Friends connections	Between Groups	3856.885	6	642.814	14.495	.000

Variable		SS	df	MS	F	P
Work connections	Within Groups	17428.275	393	44.347		
	Total	21285.160	399			
	Between Groups	2384.376	6	397.396	32.308	.000
	Within Groups	4834.014	393	12.300		
	Total	7218.390	399			
	Between Groups	351.354	6	58.559	7.222	.000
Satisfaction with life	Within Groups	3186.396	393	8.108		
	Total	3537.750	399			
	Between Groups	4646.901	6	774.484	15.391	.000
Successful ageing	Within Groups	19776.396	393	50.322		
	Total	24423.297	399			
	Between Groups	2049.305	6	341.551	12.502	.000
Health status	Within Groups	10736.445	393	27.319		
	Total	12785.750	399			
	Between Groups	174.460	6	29.077	18.433	.000
Productive ageing	Within Groups	619.930	393	1.577		
	Total	794.390	399			
	Between Groups	27414.054	6	4569.009	7.797	.000
Social engagement	Within Groups	230297.136	393	585.998		
	Total	257711.190	399			

Table 4.29 showed that there is a significant difference of life style habits,  $F(6, 393)=12.118$ , local community connections  $F(6, 393) = 8.585$ , religious connections,  $F(6, 393)=$

9.950, neighborhood connections,  $F(6, 393)= 9.504$ , family connection,  $F(6, 393)= 5.294$ , friends connections  $F(6, 393)= 14.495$ , work connections,  $F(6, 393)= 32.308$ , satisfaction with life,  $F(6, 393)= 7.222$ , successful ageing,  $F(6, 393)= 15.391$ , health status,  $F(6, 393)= 12.502$ , productive engagement,  $F(6, 393)= 18.433$  and Social Engagement  $F(6, 393)= 7.797$  as whole across the current professions of the respondents ( $p<.001, p<.05$ ,). It was found that there is no similarity among the variables across their current profession as the  $F$  values across the variables varies significantly as well as  $p$  values.

The research found that as education of the respondents varies; the life style habits, religious connections, neighborhood connections, friend's connections, work connections, satisfaction with life, successful ageing, and health status and productive engagement are also affected differently. It was detected that due to education the social engagement, life style habits, health status, productive engagement, and satisfaction with life and successful ageing varying differently.

It has been found that education was directly affecting the level of social engagement, life style habits, health status, satisfaction with life and successful ageing of the respondents.

Table 4. 29

*Post-hoc Duncan test*

Variables across education	N	Subset for alpha = 0.05				
		1	2	3	4	5
<b>Life style habits</b>						
Illiterate	18	8.17				
B.A	53	10.08	10.08			
Middle	19		11.74	11.74		
F.A	68		11.78	11.78		
Primary	13			13.08	13.08	
Matric	111			13.69	13.69	
Above B.A	118				14.08	
<b>Local community connections</b>						
B.A	53	19.00				
Above B.A	118	20.92	20.92			
F.A	68	21.85	21.85			
Matric	111		24.42			
Middle	19		25.00	25.00		
Illiterate	18			29.00	29.00	
Primary	13				32.92	
<b>Religious Connections</b>						
Middle	19	3.79				
F.A	68		5.96			
Illiterate	18		6.00			
B.A	53		6.91	6.91		
Matric	111		6.91	6.91		
Above B.A	118			7.98		
Primary	13			8.08		
<b>Neighborhood Connections</b>						



Variables across education	N	Subset for alpha = 0.05				
		1	2	3	4	5
Illiterate	18	23.00				
B.A	53	23.79				
Matric	111	24.31	24.31			
F.A	68		27.37	27.37		
Primary	13			28.00		
Above B.A	118			28.67	28.67	
Middle	19				31.68	
<b>Family connections</b>						
B.A	53	18.57				
Above B.A	118	20.75	20.75			
F.A	68	21.75	21.75			
Illiterate	18		23.00			
Matric	111		23.94			
Middle	19		25.00	25.00		
Primary	13			28.77		
<b>Friends connections</b>						
Illiterate	18	16.17				
B.A	53		19.77			
Primary	13		20.54			
Matric	111		20.72			
F.A	68		21.94			
Above B.A	118			26.53		
Middle	19			27.11		
<b>Work Connections</b>						
Middle	19	10.74				
B.A	53	11.45				
Illiterate	18	11.50				
F.A	68	11.51				

Variables across education	N	Subset for alpha = 0.05				
		1	2	3	4	5
Matric	111	11.55				
Above B.A	118		16.52			
Primary	13		17.69			
<b>Satisfaction with life</b>						
Middle	19	7.79				
F.A	68		9.35			
Primary	13		10.08	10.08		
Above B.A	118		10.40	10.40		
Illiterate	18		10.50	10.50		
B.A	53			11.09		
Matric	111			11.45		
<b>Successful ageing</b>						
B.A	53	19.68				
Primary	13	19.77				
Above B.A	118	20.59				
F.A	68	21.41	21.41			
Matric	111		25.01	25.01		
Illiterate	18			26.50		
Middle	19				34.32	
<b>Health Status</b>						
Above B.A	118	14.70				
Primary	13	15.69	15.69			
F.A	68	16.82	16.82	16.82		
B.A	53		17.98	17.98	17.98	
Illiterate	18			18.83	18.83	18.83
Matric	111				20.14	20.14
Middle	19					21.00

Variables across education	N	Subset for alpha = 0.05				
		1	2	3	4	5
<b>Productive engagement</b>						
Above B.A	118	14.32				
Primary	13	14.85	14.85			
F.A	68	14.91	14.91			
B.A	53		15.26	15.26		
Matric	111			15.89	15.89	
Illiterate	18				16.00	
Middle	19				16.00	
<b>Social engagement</b>						
B.A	53	99.49				
Illiterate	18	108.67	108.67			
F.A	68	110.38	110.38	110.38		
Matric	111	111.85	111.85	111.85		
Above B.A	118		121.36	121.36		
Middle	19			123.32		
Primary	13				136.00	

Table 4.30 comprised the difference of life style habits, local community connections, religious connections and neighborhood connections by the education level of the respondents. The table showed that the respondents with the qualification level of matric and above B.A had the better healthy life style habits than those who were illiterate. The table also showed that those respondents who had studied F.A, B.A or above B.A had lowest local community connections but those respondents who were illiterate or had primary level education, had highest local community connections.

The difference of religious connections showed that the respondents with middle level education had lowest religious connections but the respondents with primary level education

had the highest religious connections. The respondents who were illiterate, had matric, F.A and B.A education formed a group with similar religious connection which was different than the religious connections of the respondents with middle and primary level education. The table also showed that neighborhood connections were lowest among the respondents with matric and B.A as well as the illiterate respondents. However, the respondent with middle level education had the highest neighborhood connections.

Table also comprised the difference of family connections, friend's connection, work connections and satisfaction with life of the respondents it showed that respondents with middle and primary level education had the highest family connections but the respondents with the education of B.A and Above B.A and above had the lowest family connections. On the other hand, the illiterate respondents had the lowest friends connects. However, the respondents with middle or above B.A education had the highest friend's connections. The table showed the difference of work connections of the respondents as those with primary and above B.A education had the highest work connections than those with middle and B.A education having lowest work connections.

The results revealed that difference of satisfaction with life of the respondents across education level which revealed that the respondents with middle level of education had the lowest life satisfaction but the respondents with matric level education had the highest life satisfaction.

The table also showed the difference of successful ageing, health status, productive engagement and social engagement of the respondents across education level which showed that the respondents with middle level education had the highest successful ageing but the respondents with B.A level education had the lowest successful ageing. With respect to the health status, the table showed that the respondents with above B.A education had the lowest

health status but the respondents with middle and matric level education had the highest health status. However, the respondent with primary, F.A and B.A level education had a moderate level of health status which is different than other educational group.

The table also showed the difference of productive engagement of the respondents across their education level. The table showed that the respondents with primary and above B.A education had the lowest productive engagement but the respondents with the middle level education and the illiterate respondents had the highest productive engagement. The researcher also measured the difference of social engagement of the respondents across their education group which revealed that the respondents with B.A level education had the lowest social engagement and the respondents with primary level education had the highest social engagement.

Table 4. 30

*Difference of the selected variables by professional background of spouse*

Variables		SS	Df	MS	F	P
Life style habits	Between Groups	171.287	4	42.822	2.364	.053
	Within Groups	7154.873	395	18.114		
	Total	7326.160	399			
Local community connections	Between Groups	1801.013	4	450.253	5.984	.000
	Within Groups	29719.464	395	75.239		
	Total	31520.478	399			
Religious connections	Between Groups	144.461	4	36.115	4.747	.001
	Within Groups	3005.476	395	7.609		
	Total	3149.937	399			
Neighborhood connections	Between Groups	396.051	4	99.013	2.214	.067
	Within Groups	17667.227	395	44.727		
	Total	18063.277	399			
Family connections	Between Groups	1736.469	4	434.117	6.807	.000
	Within Groups	25192.129	395	63.778		

Variables		SS	Df	MS	F	P
Friends connections	Total	26928.598	399			
	Between Groups	997.685	4	249.421	4.856	.001
	Within Groups	20287.475	395	51.361		
Work connections	Total	21285.160	399			
	Between Groups	337.278	4	84.319	4.840	.001
	Within Groups	6881.112	395	17.421		
Satisfaction with life	Total	7218.390	399			
	Between Groups	44.758	4	11.190	1.265	.283
	Within Groups	3492.992	395	8.843		
Successful ageing	Total	3537.750	399			
	Between Groups	5119.270	4	1279.818	26.188	.000
	Within Groups	19304.027	395	48.871		
Health status	Total	24423.298	399			
	Between Groups	486.000	4	121.500	3.902	.004
	Within Groups	12299.750	395	31.139		
Productive ageing	Total	12785.750	399	Conti....		
	Between Groups	28.274	4	7.068	3.644	.006
	Within Groups	766.116	395	1.940		
Social engagement	Total	794.390	399			
	Between Groups	10167.745	4	2541.936	4.056	.003
	Within Groups	247543.445	395	626.692		
	Total	257711.190	399			

Table 4.31 showed that there is a significant difference of life style habits,  $F(4, 395)=2.364$ , local community connections,  $F(4, 395)=5.984$ , religious connections,  $F(4, 395)=4.747$ , family connections,  $F(4, 395)=6.807$ , friends connections,  $F(4, 395)=4.856$ , work connections,  $F(4, 395)=4.840$ , satisfaction with life,  $F(4, 395)=1.265$ , successful ageing,  $F(4, 395)=26.188$ , health status,  $F(4, 395)=3.902$ , productive engagement,  $F(4, 395)=3.644$  and Social Engagement,  $F(4, 395)=4.056$  as whole across the current professions of the respondents ( $p<.001$ ,  $p<.05$ ,). It was found that there is no similarity among the variables across

their current profession as the  $F$  values across the variables varies significantly as well as  $p$  values.

However, no difference between neighborhood connections and satisfaction with life regarding professional background of the spouse was found.

The research found that professional background of the spouse created significant difference in; the life style habits, religious connections, neighborhood connections, friend's connections, work connections, satisfaction with life, successful ageing, and health status and productive engagement. It was detected that due to professional background of the spouse was affecting differently the social engagement, life style habits, health status, productive engagement, and satisfaction with life and successful ageing.

It has been found that professional background of the spouse was directly affecting the respondent's level of social engagement, life style habits, health status, satisfaction with life and successful ageing of the respondents.

Table 4. 31

*Post-hoc Duncan test by professional background*

Variables across professional background of spouse	N	Subset for alpha = 0.05			
		1	2	3	4
<b>Family connections</b>					
House wife	3	17.67			
Land Lord	239	21.02			
Government	108	22.47			
NA	26	23.88	23.88		
Private	24		29.46		
<b>Friends connections</b>					
NA	26	18.96			
Government	108	21.43	21.43		
House wife	3	22.00	22.00		
Land Lord	239	23.12	23.12		
Private	24		26.88		
<b>Work Connections</b>					
House wife	3	10.00			
Private	24	10.71	10.71		
NA	26	12.04	12.04		
Government	108	12.62	12.62		
Land Lord	239		13.80		
<b>Local community connections</b>					
House wife	3	17.67			
Land Lord	239	21.82			
Government	108	22.84			
NA	26	24.23	24.23		
Private	24		30.54		
<b>Successful ageing</b>					



Variables across professional background of spouse	N	Subset for alpha = 0.05			
		1	2	3	4
NA	26	18.15			
Land Lord	239	20.93	20.93	Conti....	
Government	108		25.20		
Private	24			32.17	
House wife	3				41.00
<b>Health Status</b>					
House wife	3	9.00			
NA	26		15.88		
Government	108		17.06		
Land Lord	239		17.76		
Private	24		20.13		
<b>Productive engagement</b>					
NA	26	14.69			
Government	108	14.91	14.91		
Land Lord	239	15.23	15.23		
Private	24	15.88	15.88		
House wife	3		16.00		
<b>Social engagement</b>					
House wife	3	96.33			
NA	26	109.50			
Government	108	112.86	112.86		
Land Lord	239	113.27	113.27		
Private	24		132.75		

Table 4.32 comprised the difference of selected variables across professional background of the respondents which revealed that family connections are highest among the respondents who had the professional background in private sector and those who had no

professional background -those who had not been working in any sector. However, housewives had the lowest family connections.

The table also showed that those who had no professional background, had the lowest friend's connections but the respondents who had private sector professional background had the highest friend's connections. With respect to the work connections, the table depicted that those who were landlords had the highest work connections and the housewives had the lowest work connections. The local community connections are highest among the respondents who had professional background in private sector, but housewives had the lowest local community connections.

The insignificant differences are suppressed as difference of satisfaction with life, life style habits, local community connections and religious connections across professional background.

The table also comprised the difference of successful ageing, health status, productive engagement and social engagement of the respondents across their professional background which revealed that housewives had the highest successful ageing, respondents with private sector professional background had the lower successful ageing than house wives and the respondents who had no professional background had the lowest successful ageing.

With respect to the health, the table showed the housewives had the lowest successful ageing, but the respondents with the professional background in private sector had the highest health status. Further, the table also showed that the respondents with no professional background had the lowest productive engagement and housewives had the highest productive engagement. On the contrary, housewives had the lowest social engagement. However, the respondents with the professional background had the highest social engagement.

## 4.5 Log linear Models

Table 4.33  
Log linear model selection criteria

Label	Models	G <sup>2</sup>	$\chi^2$	df	AIC	BIC	p (G <sup>2</sup> )	p ( $\chi^2$ )
M <sub>1</sub>	$\mu_{ijm} = \lambda + \lambda_i^{SE} + \lambda_j^{SL} + \lambda_m^{HS} + \lambda_m^{SA}$	161.494	177.768	11	139.494	95.58789	< .001	< .001
M <sub>2</sub>	$M_1 + \lambda_{ij}^{SE,SL} + \lambda_{iz}^{SE,HS} + \lambda_{im}^{SE,SA} + \lambda_{jz}^{SL,HS} + \lambda_{jm}^{SL,SA} + \lambda_{zm}^{HS,SA}$	33.812	34.145	5	23.812	3.854677	< .001	< .001
M <sub>3</sub>	$M_2 + \lambda_{ijm}^{SE,SL,SA}$	28.821	28.996	4	20.821	4.855142	< .001	< .001
M <sub>4</sub>	$M_3 + \lambda_{izm}^{SE,HS,SA}$	22.601	21.634	3	16.601	4.626606	< .001	< .001
M <sub>5</sub>	$M_4 + \lambda_{jzm}^{SL,HS,SA}$	13.812	17.297	2	9.812	1.829071	< .05	< .001

Table 4.33 consisted of the log linear model selection criteria. The model selection criteria consisted of the likelihood ratio ( $G^2$ ), Chi-Square ( $\chi^2$ ), Akaike Information Criteria (AIC) and Bayesian Information Criteria (BIC). The AIC does not include sample size in its equation:

$$\text{AIC} = G^2 + 2d$$

However, the Bayesian information criteria (BIC) incorporates sample size in its equation:

$$\text{BIC} = G^2 + 2d \ln(N)$$

Therefore, BIC is not negligible while selecting a log linear model. These two information criteria comprised likelihood ratio, degree of freedom, and natural log of the number of observations. A saturated model has BIC of zero.

The  $M_1$  in the table 4.33 is main effect model. This model is not much important while higher order interaction terms are included in model.  $M_2$  is the two-way interaction of the selected model. The model can also be called “Homogenous model of association” ( $G^2 = 33.812$ ,  $\chi^2(5) = 34.145$ ,  $\text{AIC} = 23.812$ ,  $\text{BIC} = 3.854677$ ). The  $M_3$  to  $M_5$  consisted of three-way interaction of the selected variables. The  $M_5$  is best fitted with data ( $G^2 = 13.812$ ,  $\chi^2(2) = 17.297$ ,  $\text{AIC} = 9.812$ ,  $\text{BIC} = 1.829$ ). Although, the statisticians suggested to select the most parsimonious log linear model but considering the proposed model of the study, the researcher included three-way interaction terms in the model. The proposed model of the study suggested that successful ageing cannot be comprehended without considering the healthy status, social engagement and satisfaction with life, simultaneously, in relation with the successful ageing. In other words, successful ageing is not an independent concept but a relational one.

It cannot substantiate itself until unless, the other vital factors are not producing joint effect. Therefore, the researcher included the other important variables i.e. social engagement,

life satisfaction and health. The model proposed that the successful ageing does not exist without the existence of the high social engagement, high health status and high life satisfaction. The satisfaction is subjective concept, therefore, the model claimed that it is independent to the physical condition of elderly aged person. For example, a disable is, by default, unsuccessfully aged according to Row and Kahn model of ageing.

However, according to the model of the study, it is not the physical condition that determines the life satisfaction of an elderly person but it is the life satisfaction that determines that successful ageing of an elderly person, in relation with the social engagement and health status, because being an elderly disable, if the person are satisfied with his life, his mental health would be mentally stable and disorder-free, which showed the high health status of elderly person. On the contrary, if an elderly person seems physically healthy but mentally retarded, he, definitely, has unsuccessful ageing and has no idea about life satisfaction.

Thus, high health and life satisfaction interact with each other, simultaneously. If an elderly person has high social engagement e.g. high frequency of interaction, and high health status, and he is not satisfied with life, his ageing is not successful because one of the most important requirements of elderly is peace of mind, which cannot be achieved without life satisfaction. Thus, the model of the study proposed another interaction between social engagement and life satisfaction. Further, the model also evaluated successful ageing independent to life satisfaction. This section of the model deals with the interaction of health, social engagement and successful ageing.

Overall, the model introduced life satisfaction in successful ageing which can be called a preliminary extension in Rowe and Kahn's model of successful ageing because they distributed health into two dimensions, which is actually one , neglected satisfaction of aged persons that this study introduced and evaluated. The model proposed was evaluated through

log linear model because it provides an opportunity of simultaneous interaction of different variables without considering dependent and independent variables. However, a researcher can interpret the acquired results with reference to the interaction among variables, not effects and causes, while assuming any of the variables in an interaction term, a dependent variable. Table 4.33 comprised the results of the log linear model.

Table 4. 32

*Log linear Model of Successful ageing*

Parameter	Estimate	S.E.	Z	p	95% C.I.	
					LB	UB
Constant	3.703	.155	23.885	.000	3.399	4.007
High Social Engagement	.721	.188	3.839	.000	.353	1.089
High Satisfaction with Life	-.288	.233	-1.235	.217	-.744	.169
High Health Status	.399	.199	2.005	.045	.009	.788
High Successful ageing	-.978	.295	-3.318	.001	-1.555	-.400
High Social Engagement X High Satisfaction with Life	-1.988	.389	-5.114	.000	-2.750	-1.226
High Social Engagement X High Health Status	-2.077	.322	-6.457	.000	-2.708	-1.447
High Social Engagement X High Successful ageing	-.984	.414	-2.376	.017	-1.795	-.172
High Satisfaction with Life X High Health Status	-.111	.298	-.372	.710	-.695	.473
High Satisfaction with Life X High Successful ageing	-1.431	.604	-2.368	.018	-2.615	-.246
High Health Status X High Successful ageing	.365	.360	1.013	.311	-.341	1.070
High Social Engagement X High Satisfaction with Life X High Successful ageing	1.477	.596	2.476	.013	.308	2.646
High Social Engagement X High Health Status X High Successful ageing	1.577	.558	2.827	.005	.484	2.670
High Satisfaction with Life X High Health Status X High Successful ageing	1.783	.652	2.735	.006	.505	3.061

*Note:* the redundant parameters are suppres

The table 4.34 showed that high social engagement, high satisfaction with life and high successful ageing positively significantly interacted with each ( $\beta = 1.477, p < .05$ ). This significant interaction revealed that successful ageing is not possible without high life satisfaction and engagement, which is missing element in Rowe and Kahn's model of successful ageing. Similarly, another significant positive interaction showed that high health is also important with high social engagement. In other words, the second three-way interaction revealed that high social engagement, high health status and high successful ageing significantly positively interacted with each other ( $\beta = 1.577, p < .05$ ).

Lastly, the table also showed that high successful ageing, high health status and high satisfaction with life also significantly interacted with each other ( $\beta = 1.783, p < .05$ ). It is also important to note that the regression coefficient of this interaction term is higher than other interaction terms. Therefore, this interaction term is the most important to be considered in ageing issues. Thus, it reveals that the high health status and high satisfaction with life are the most important indicators of successful ageing. However, it does not mean that social engagement is negligible. The model also showed that the life satisfaction and health status have significant interaction with social engagement.

#### **4.6 Discussion on proposed model in the study: Application and critical analysis**

Although the history of exploring successful ageing is not relatively new as Cumming and Henry (1961), Havighurst (1963), and Palmore (1979) debated whether it was beneficial for older people to engage or disengage with society. What remains unclear, however, is who should define successful ageing and what constitutes it (Bowling & Dieppe, 2005). In fact, measurement of successful ageing is diverse, including some that are single item and others that are multi-item and some that use objective indicators and others that rely on subjective assessments. None have been subjected to rigorous measurement analysis. As a result, there is



no universally accepted standard for measuring successful ageing (Depp & Jeste, 2006; Strawbridge, Cohen, Shema, & Kaplan, 1996; Tate, Lah, & Cuddy, 2003).

The work of Rowe and Khan (1987, 1998) purposed a model which was a paradigm shift positing that in old age, there were alternatives to deterioration. They proposed that many of the effects of ageing were, in fact, effects of disease, suggesting that people ageing successfully would show little or no age-related decrements in physiologic function, whereas those ageing usually would show disease associated decrements. Rowe and Kahn's model stimulated significant research, yet they neither provided a precise definition of successful ageing nor proposed specific ways of measuring it (Kahn, 2003). Moreover, their purposed model was not culturally fitted that can be generalized to other cultures and superficial in nature as avoidance of disease and disability; high cognitive and physical functioning and dynamic engagement with life is not possible to attain for the elderly people living in the culture of Asia and Pakistan.

It was needed to revise this model for the application of the model by purposing a new model that culturally fitted and supported by the data. In this study a new model is purposed with the elements like high social engagement, high health status and satisfaction with life that result in successful ageing (see results of Table 4.20). The satisfaction with life is the core element which is missing in the model of successful ageing by Rowe and Kahn (1998) and has been incorporated in the purposed model of successful ageing. As per application of this model it can be implemented in the country by socially engaging people by considering physical and mental health to enhance their health status and devise the policies for the attainment of satisfaction with life to make successful ageing of the aged persons of the country.

The study was conducted with the following hypothetical relations of social engagement, religious tendency, life satisfaction and health with successful ageing. The hypotheses of the study are given below;

- I. Social engagement is associated with successful ageing.
- II. Religious tendency is likely to be associated with Successful ageing
- III. Life satisfaction is likely to be associated with Successful ageing
- IV. Health is associated with Successful ageing

The acceptance/rejection of the above-mentioned hypothesis is discussed in the following

Table 4. 33

*Acceptance/ Rejection of the hypothesis of the study*

Sr. No.	Hypotheses	Accepted/ Rejected
1	Social engagement is associated with successful ageing.	Accepted
2	Religious tendency is likely to be associated with Successful ageing	Accepted
3	Life satisfaction is likely to be associated with Successful ageing	Accepted
4	Health is associated with Successful ageing	Accepted

The acceptance of these hypotheses has been validated from the results of Log Linear Model of Homogeneous Association (see results of Table 4.34). Thus, it shows that valid process has been opted in the study and the proposed model by using LLMHA is fit to the data and can be generalized to study successful ageing

**FINDINGS, CONCLUSION AND RECOMMENDATIONS****5.1 Introduction of chapter**

As the issue of ageing has been underexplored in Pakistan and specifically the successful ageing has not been addressed at all. Same is the situation with the issues of retired employees. So, in this chapter novelty of research has been discussed briefly along with novel assessment of the study by incorporating new elements in successful ageing by evaluating the models of successful ageing. For legislation and policies in the province and in the country, it has been proposed under the light of the study how to ensure the successful ageing by engaging the retired pensioners with the suggestion for academic research as well.

**5.2 Novelty of the research**

The present Study “Social Engagement and Successful ageing: A Study of Retired Government Employees from South Punjab” has thrown light on the issue of successful ageing and proposed a model based on health, satisfaction with life, and social engagement by using primary data collected from retired pensioners, from Government of Punjab belonging to Southern Punjab districts i.e Multan, Khanewal, Bahawalpur, Rahim Yar Khan, Dera Ghazi Khan and Muzaffargarh. As the model revealed that socially engaging the retired pensioner’s would raise satisfaction in life, health and result in successful ageing and it has also been established in recent theories on social capital (Coleman 1988, Putnam 1993) which stress the importance of social relationships, social organization, norms of reciprocity, and civic participation in promoting social good in society. The current study addressed the issue of those who have invested their best potential for their families, society and structure. This chapter summarizes the conclusions arrived at by the researcher. A few suggestions and recommendations are also proposed.

### **5.3 Major findings of the study**

#### **5.3.1 Univariate Analysis findings**

Majority of the respondents (63%) were just living the retired life and they were not contributing anything for the society and for their well-being as well. Majority of the respondents (76.3%) having no other source of income except their pension and it was the result of that structure and society which had not provided any opportunity to earn even after their retirement. Majority of the respondents (94%) did not possess the commercial property as they were not able to purchase such property because of lack of resources. As the salary they had earned during their service and pension they were drawing was not sufficient enough to purchase any property.

Significant percentage of the respondents (55.5%) were living with their family as the family structure of the region South Punjab privileged the elderly people to be the part of the family as a whole. The family as a whole means that elderly people were enjoying their grandchildren as well while (23.5%) were living with their spouses because their son were not with them because of their jobs. Majority of the respondents had not adopted healthy life style habits as (43.0 %) of the respondents had never gone for exercise after their retirement and even a significant percentage of the respondents were not taking care of their diet to remain physically fit.

Involvement in welfare activities was not found by majority of the respondents. As (43.3%) respondents were involved in community welfare sometimes. There were (23.0%) respondents who were never involved in the community welfare after retirement. It was because they were provided any opportunity to be the part of any community welfare and most importantly they were not encouraged to be the part of any community welfare. Their role after retirement is expected as passive and they were supposed to do accordingly.

Majority of respondents who were working in any sector after their retirement were not privileged by their organization due to their enriched experience of their service in a particular department. Among them (41.0%) respondents were those who were given value to their services by the organization sometimes while (25.3%) were those who had never been given privileged due to their experience. Working for community welfare provides enjoyment but majority of the respondents were not enjoying this often. The (42.0%) respondents were enjoying sometimes. Unfortunately (23.3%) never enjoyed while being the part of such noble cause.

Satisfaction level was not found satisfactory as (39.0%) of the respondents were satisfied with the services by the organization sometimes while (27.3%) were never satisfied with the services extended by the organizations in which they were engaged after their retirement. Majority of the respondents were not encouraged by their family to be the part of the welfare activities as (38.3%) respondents were encouraged to take part in welfare activities sometimes. In the cultural context of South Punjab, majority of the respondents were not engaged in resolving the conflict of their area.

Contrary to cultural context (35.0%) respondents being involved in resolving the conflict of their area just sometimes. Credibility of the respondents was not acknowledged by not even engaging in “Sadqat” committee as (59.5%) respondents found that they were not encouraged in committees directly rendering the services for community welfare. However, the respondents having political background were engaged in such committees.

### **5.3.2 Bivariate Analysis findings.**

The male had healthier life style habits than female respondents as the mean value of male (13.03) greater than females (11.45). The male had more opportunities to have better and healthier life style. For example, parks available are male friendly to come and exercise than females. Females had higher local community connection than male respondents. As females

were more engaged in welfare activities than males after their retirement. During their service they had to perform more than one duty as they have to arrange all domestic affairs. The role of working women in our society especially from the south Punjab is expected to be efficient in domestic affairs along with coping the issues of their job. After retirement they had relaxed schedule that's why they were able to be engaged in welfare activities.

Male had higher religious connections than females. It is once again due to opportunity to be the part of religious activities like praying in the mosque. Female are supposed to pray in the houses as per the religious obligations and cultural obligations as well. Females had higher neighborhood connections than male. Maintaining the neighborhood connections once again depend upon frequent visits. Culturally, females had been not restricted to visit the neighborhood but there is not encouragement for males to visit the neighborhood again and again.

Family connections of female respondent were found higher than male respondents. It is because females are considered as nucleus of the families by their culture and religion as well. Females remain well in contact with their children than male. Friend's connections were found higher in females than male. As once again friends connections dependent on different factors to be maintained; females succeeded well to maintain those connections.

Work connections were found higher in males than females. The male respondents had more opportunities and encouragement to be engaged in other professions than female respondents. Satisfaction in life was found higher in male respondents than female respondents. As male had different approach to attain goals. It was because male had better carrier during their service than female. Successful ageing was found higher in females than male respondents. Mental health status of male respondents was higher than females.

Female respondents were higher engaged in productive activities than male. Life style habits of the respondents found higher whose spouse were alive. Local community connections

were found higher in those whose spouse was alive than whose spouse was dead. Religious connections were found higher in those respondents whose spouse was dead than those whose spouse was alive. Neighborhood connections were found higher in those respondents whose spouse was dead than those whose spouse was alive. Family connections were found higher in those respondents whose spouse was alive than those whose spouse was dead.

Friend's connections were found higher in those respondents whose spouse were dead than those whose spouse were alive. Work connections of those respondents were found higher whose spouse was dead than those whose spouse was alive. Satisfaction with life was found higher in those respondents whose spouse was dead than those whose spouse was alive. Successful ageing was found higher in those respondents whose spouse was dead than those whose spouse was alive.

Productive ageing was found higher in those respondents whose spouse was dead than those whose spouse was alive. Health status was found higher in those respondents whose spouse was alive than those whose spouse was dead. Life style habits of those respondents were found healthier who had the children in comparison to those who had no the children.

Local community connections were found higher in those respondents who had no children than those who had children. Religious connection was found higher in those respondents who had children Neighborhood connections were found higher in those respondents who had no children than those who had children. Friend's connections were found higher in those respondents who had children than those who had no children. Work connections were found higher in those respondents who had children than those who had no children. Successful ageing was found higher in those respondents who had children than those who had no children. Mental health status was found higher in those respondents who had children than those who had no children

Satisfaction with life was found higher in those who had no children than those respondents who had children. Productive ageing was found higher in those respondents who had no children. Life style habits were found healthier in those respondents who were living in the urban areas than those who were living in rural areas. Local community connections were found higher in those respondents who were living in rural areas. Religious connections were found higher in those respondents who were living in rural areas

Neighborhood connections were found higher in those respondents who were living in rural areas. Family connections were found higher in those respondents who were living in rural areas than those who were living in urban areas. Friend's connections were found higher in those respondents who were living in rural areas. Work connections were found higher in those respondents who were living in urban areas than those who were living in rural areas.

Satisfaction with life was found higher in those respondents who were living in rural areas. Successful ageing was found higher in those respondents who were living in rural areas. Mental health status found higher in those respondents who were living in rural areas. Productive ageing was found higher in those who were living in urban settings. Social engagement collectively was found higher in those respondents who were living in the rural areas.

### **5.3.3 Findings from Multivariate Analysis**

Among all current professions namely house wife, just retired, volunteerism, land lord and private/ business included in the research, it was found that those pensioners/ respondents who were doing their business or doing any private job were enjoying healthier life style among all professions. Local community connections were found higher in those respondents who had opted volunteerism as profession after their retirement than other professions. Religious connections were found higher in those respondents who were doing some private job or doing their own business as profession after their retirement than other professions.



Neighborhood connections were found higher in those respondents who had opted volunteerism as profession after their retirement than rest of other professions. Family connections were found higher in those respondents who had opted volunteerism as profession after their retirement than rest of other professions. Friend's connections were found higher in those respondents who had opted volunteerism as profession after their retirement than rest of other professions. Work connections were found higher in those respondents who were doing some private job or doing their own business as profession after their retirement than rest of other professions.

Satisfaction with life found higher in those respondents who were doing some private job or doing their own business as profession after their retirement than rest of other professions. Mental health status was found higher in those respondents who had opted volunteerism as profession after their retirement than rest of other professions. Social engagement as a whole was found higher in those respondents who had opted volunteerism as profession after their retirement than rest of other professions.

Living status have been found different significantly while living alone, living with family, with spouse, son and relatives. It was found that respondents who were living with their son had healthier life style habits than those who were living alone, with family, relative and spouse as well. Local community connections were found higher in those respondents who were living with their relatives than other living status. Religious connections were found higher in those respondents who were living with their spouse than others. Neighborhood connections were found higher in those respondents who were living with their spouse than others. Friend's connections were found higher in those respondents who were living with their spouse than others.

Work connections were found higher in those respondents who were living with their spouse than others. Successful ageing was found higher among those respondents who had

opted to live with their sons. Productive engagement was found higher in those respondents who were living alone than another respondent's living statuses. Social engagement as whole was found higher among those respondents who were living with their spouses. Life style habits, local community connections, religious connections, neighborhood connection, family connections, friends' connections, work connections, satisfaction with life, successful ageing, health status, productive ageing was found significantly different in the respondents having different educational attainment.

Life style habits were found higher among the respondents who had qualification above bachelor degrees. However, it was found lowest in illiterate respondents. Local community connections were found higher among the respondents who had qualification of primary level. However, it was found lowest among respondents who had qualification above bachelor level. Religious connections were found higher among the respondents who had qualification of primary level. However, it was found lowest in those respondents who had qualification equivalent to middle level or who had attained eight years of formal education.

Neighborhood connections were found higher among the respondents who had qualification of middle level. However, it was found lowest in those respondents who were illiterate. Family connections were found higher among the respondents who had qualification of primary level. However, it was found lowest in those who had qualification above bachelor level. Friend's connections were found higher among the respondents who had qualification of middle level. However, it was found lowest in those respondents who were illiterate. Work connections were found higher among the respondents who had qualification of primary level. However, it was found lowest in those respondents who had qualification at middle level.

Satisfaction with life was found higher among the respondents who had qualification of matric level. However, it was found lowest in those respondents who had qualification at middle level. Successful ageing was found higher among the respondents who had qualification

of middle level. However, it was found lowest in those respondents who had qualification above bachelor level. Mental health status was found higher among the respondents who had qualification of middle level. However, it was found lowest in those respondents who had qualification above bachelor level.

Productive engagement was found higher among the respondents who had qualification of middle level. However, it was found lowest in those respondents who had qualification above bachelor level. Social engagement as a whole was found higher among the respondents who had qualification of primary level. However, it was found lowest in those respondents who had qualification above bachelor level. Life style habits, local community connections, religious connections, family connections, friends' connections, work connections, successful ageing, health status, productive ageing was found significantly different in the respondents having spouses belonging to different professional back ground. However, neighborhood connections and satisfaction with life had not been found significantly different.

Life style habits were found higher among those respondents who were engaged in any private job or in business. However, it was found lowest in those retired pensioners female who were just living housewives. Family connections were found higher among those respondents who were engaged in any private job or in business. However, it was found lowest in those retired pensioners females who were just living with the profession of house wife. Friend's connections were found higher among the respondents who were engaged in any private job or in business. However, it was found lowest in those retired pensioners who had no spouse. Either he/she was dead or they have not been married.

Work connections were found higher among the respondents who were engaged in landlord profession. However, it was found lowest in those retired pensioners female who were just living with the profession of house wife. Local community connections were found higher among those respondents who were engaged in any private job or in business. However, it was

found lowest in those retired pensioner females who were just housewives. Successful ageing was found higher among the respondents who were housewives by after the retirement. However, it was found lowest in those retired pensioners who had no spouse. Health status was found higher among the respondents who were engaged in any private job or in business. However, it was found lowest in those retired pensioners female who were just housewives.

#### **5.3.4 Three Models of Successful ageing by LLM (Log Linear Models)**

High social engagement, high satisfaction with life and high successful ageing positively significantly interacted positive with each other ( $\beta = 1.477, p < .05$ ). It means if one factor increases it positively affects other two as well.

The second three-way interaction revealed that high social engagement, high health status and high successful ageing significantly positively interacted with each other ( $\beta = 1.577, p < .05$ ).

High successful ageing, high health status and high satisfaction with life also significantly interacted with each other ( $\beta = 1.783, p < .05$ ).

Regression coefficient of third way interaction is higher than other two interaction terms. So, this model has more significance in this research as compared to other first two models.

#### **5.4 Limitations of the study**

- Due to limitations in resources and time the research project could not be extended to include the older persons other than retired government employees from south Punjab. But extension of other categories of aged person in future researches can make more comprehensive understanding to the issue of successful.
- As the study is cross-sectional, so young old from 60-70, s were included in the study to get response with more accuracy. It is believed that with the advancing age especially

in our culture the aged persons face numerous issues of health like loss of memory etc.

So, this age group was targeted in the study. However, the longitudinal researches may include for the holistic understanding the issue of successful aging among the aged persons in the Pakistan.

- The study proposed a model of successful aging by using the data of just retired government employees from south Punjab. However it is needed to include the aged persons not only from south Punjab to extend the scope of the research addressing the issue of successful aging in Pakistan.

## **5.5 Conclusion of the study**

Social engagement and successful ageing are related to each other. Rowe and Khan in 1998 introduced the model of successful ageing which is based on avoidance of disease and disability; high cognitive and physical functioning and dynamic engagement with life. This model shifted the trend of gerontological discipline towards applied research. The researcher investigated successful ageing of retired pensioners by using this theoretical model. The purpose of using this model was to evaluate the model in the culture of South Punjab by taking the data from retired government employees from South Punjab. The relationship of this social engagement i.e. local community connections, religious connections, family connections, neighborhood connections, friends' connections and work connections along with life style habits, health status, life satisfaction, productive engagement was analyzed as independent variables with the single dependent variable of successful ageing.

The study revealed that majority of the respondents after retirement were not engaged in any other profession resultantly they had no other source of income except their pension. The life style habits of these retired pensioners were not healthy. Local community connections, friends' connections, neighborhood connections, work connections with parent

department and involvement in any formal/ informal organization were below satisfactory level except their family and religious connections. Comparatively male had high life style habits than female pensioners depending upon the environment that is favorable for male in South Punjab. Females had high successful ageing as compared to male because they had high family connections, local community connections and neighborhood connections than male retired pensioners. Further the retired pensioners living in rural areas had higher social engagement as a whole, life satisfaction and mental health status than urban retired pensioners.

The study concludes that socially engaged pensioners have high successful ageing than non-engaged pensioners. Other factors associated with successful ageing are health and life satisfaction. These are also connected with social engagement. Thus, social engagement, health status, life satisfaction and successful ageing are interrelated. Further, Rowe and Khan Model (1998) of successful ageing based on the components of health and engagement; and has missed a very important variable i.e. satisfaction with life connected with variety of variables like attachment with religion, positive spirituality etc. (see discussion of revised model in chapter # 4). The current study has included this variable by not considering disease and disability as separate variable from health as in the end disease and disability comes under the umbrella of health. Disease and disability is the part of health variable. The purposed model of successful ageing resulted that successful ageing based on;

- I. High Social Engagement X High Satisfaction with Life X High Successful ageing
- II. High Social Engagement X High Health Status X High Successful ageing
- III. High Satisfaction with Life X High Health Status X High Successful ageing

The variables of the study, social engagement, health status, satisfaction with life and successful ageing were interacting with each other. So, the purposed model of successful ageing was based on the components High Social Engagement; High Satisfaction with Life and High Health Status. Thus, the goal of successful ageing in the lives of aged persons can be

ensured by the inclusion of Social Engagement-like ensuring their local community connections, family connections, friends' connections, neighborhood connections and work connections with the previous department and the current one in which they are working-satisfaction with life, encouraging for better life style habits and health status.

## **5.6 Recommendations of the study**

This research has several implications for research, policy, and practice. As these recommendations will provide a source for better investigation of successful ageing and social engagement of retired pensioners in different activities by encouraging them from the family, society and by the state by legislating laws promoting their chances of participation beneficial not only for the retired pensioners but for the society and state by utilizing this trained potential; few of these given below which are practicable in all senses;

### **5.6.1 Theoretical Recommendations**

- As the Rowe and Kahn model of successful ageing missing a very important variable that is nucleus in the proposed model and is satisfaction with life. While studying successful ageing it may be incorporated as a key variable.
- The phenomenon of successful ageing is the result of interacting variables i.e. social engagement, health and satisfaction with life and may be studied as whole for measuring successful ageing.
- The successful ageing was found high in female retired government employees than male retired pensioners. So, studies should be conducted on the resulting factors that enable high successful ageing in female retired pensioners than male.

### **5.6.2 Policy Recommendations**

As it has been concluded in the study that life satisfaction is key to successful ageing related to social engagement and health status of the retired pensioners. It needed proactive

response from the families, society and state intervention to make their ageing successful. The short term, medium term and long-term recommendations are given below in the table 5.1



Table 5.1

*Nature of recommendations, agency, roles and suggestions*

NATURE OF RECOMMENDATIONS	AGENCY	ROLES	SUGGESTIONS
Shorts Term Recommendation	Family	Involvement in house hold decision making be ensured by the families to the retired government employees	Sensitization by the involvement of electronic, print and social media and non-government organization
		Quantity and quality of interaction be enhanced to the senior citizens (i.e. retired government employees) by the families	
		Families may acknowledge the services provided by retired government employees to the family.	
		Encouragement for participation in family gatherings and welfare activities as well by the families	
		Frequent visits to friends and quality and quantity of interaction by using social media as a tool of connection	
	Friends	Exchange of gifts among friends	
		Moral and financial help by the friends when it needed by the friends	
		Arrangements of cultural and social events along with encouragement to participate in such events	

Medium Term Recommendation		Sensitization by the involvement of electronic, print and social media and non-government organization	
	Neighbors	Neighbors may share sorrows and griefs with neighboring retired government employees.	
		Neighbors may help retired government when they needed it.	
		Participation in social gatherings be encouraged by the neighbors to the retired government employees.	
		Building trustworthy relationship with retiree neighbors	
		Exchange of gifts among neighboring retired employees	
	Religious Peer	Encouragement to participate in religious activities by religious peers.	
	Ex-Colleagues/Department	Ex- colleagues may encourage the retired employees for more work and the department as well by devising policies.	
		Invite retired government employees by ex-colleagues and utilize their experience and feel them privileged	
		Arrangement of honorary work for retired government employees	
		Arrangement of paid work by the ex-colleagues and department, if needed for retired pensioners.	
		Provision of work friendly environment by the colleagues and the department to those retired employees working after retirement and work load be shared by considering their physical and mental health.	

		Acknowledgement of their services by ex-colleagues and the department.	
Long Term Recommendation	Government	Special help line for senior citizens be established like it has been established for women and children to help them	Legislation & involvement of concerned department for monitoring.
		Special forums may be established by the government that will promote their dignity	
		Acknowledgment of the services of the retired government employees and dignify them	
		Social protection in terms of health, security and housing be provided to those retired government employees who cannot afford such facilities.	

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## **Annexure 1**

### **THE KHYBER PAKHTUNKHWA SENIOR CITIZENS ACT, 2014.**

**(KHYBER PAKHTUNKHWA ACT NO. XXXV OF 2014)**

#### **CONTENTS**

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**THE KHYBER PAKHTUNKHWA SENIOR CITIZENS ACT, 2014.**

**(KHYBER PAKHTUNKHWA ACT NO. XXXV OF 2014)**

*[First published after having received the assent of the Governor of the Khyber Pakhtunkhwa in the Gazette of Khyber Pakhtunkhwa (Extraordinary), dated the 2<sup>nd</sup> December, 2014].*

**AN  
ACT**

*to provide for the well-being, comfort and dignity of the senior citizens of the Province of the Khyber Pakhtunkhwa.*

**WHEREAS** it is expedient to provide for the well-being, comfort and dignity of the senior citizens of the Province of the Khyber Pakhtunkhwa;

**AND WHEREAS** the Constitution of Islamic Republic of Pakistan, enjoins on the State to alleviate the sufferings of all the citizens, irrespective of sex, caste, creed or race;

It is hereby enacted as follows:

**PART-I  
PRELIMINARY**

**1. Short title, extent and commencement.**---(1) This Act may be called the Khyber Pakhtunkhwa Senior Citizens Act, 2014.

(2) It shall extend to the whole of the Province of the Khyber Pakhtunkhwa.

(3) It shall come into force at once.

**2. Definitions.**---In this Act, unless the context otherwise requires, the following expressions shall have the meanings hereby respectively assigned to them, that is to say,-

- (a) "Chairperson" means the Chairperson of the Council;
- (b) "Council" means the Khyber Pakhtunkhwa Senior Citizens Welfare Council established under section 3;
- (c) "Fund" means the Khyber Pakhtunkhwa Senior Citizens Welfare Fund established under section 10;
- (d) "Government" means the Government of the Khyber Pakhtunkhwa;
- (e) "prescribed" means prescribed by rules or regulations;

- (f) "Province" means the Province of the Khyber Pakhtunkhwa;
- (g) "regulations" mean regulations made under this Act;
- (h) "rules" mean rules made under this Act;
- (i) "senior citizen" means a citizen of the Province of the age of 60 years and above;
- (j) "welfare" includes all such services relating to social, economic, boarding, lodging and legal protection of senior citizens; and
- (k) "welfare packages or grants" mean welfare and social security packages or grants announced for welfare of the senior citizens by Government on the recommendations of the Council.

## **PART-II**

### **SENIOR CITIZEN WELFARE COUNCIL**

**3. Establishment of the Council.**---(1) As soon as after commencement of this Act, Government shall establish a Council to be known as the Khyber Pakhtunkhwa Senior Citizens Welfare Council.

(2) The Council shall be a body corporate having perpetual succession and a common seal with power, subject to the provisions of this Act, to enter into contracts, acquire, purchase, hold and dispose of both movable and immovable property and shall by its name, sue or be sued.

**4. Composition of the Council.**---(1) The Council shall consist of-

- (a) Minister for Social Welfare, Special Chairperson  
Education and Women Empowerment  
Department;
- (b) Secretary to Government, Social Vice-Chairperson  
Welfare, Special Education and  
Women Empowerment Department;
- (c) two members of the Provincial Members  
Assembly Khyber Pakhtunkhwa, one  
from the Treasury Branches and the  
other from the Opposition;
- (d) Secretary to Government, Health Ex-officio  
Department; Member

(e)	Secretary to Government, Planning and Development Department;	Ex-officio Member
(f)	Secretary to Government, Finance Department;	Ex-officio Member
(g)	Secretary to Government, Local Government, Elections and Rural Development Department;	Ex-officio Member
(h)	Commissioner, Peshawar Division;	Ex-officio Member
(i)	four representatives, two from senior citizen organizations and two from other Non-Government Organizations preferably working for senior citizen nominated by Government through a proper selection by a committee chaired by the Chief Secretary or his nominee; and	Members
(j)	Director, Social Welfare, Special Education and Women Empowerment Department.	Ex-officio Member-cum-Secretary.

(2) The Council shall have powers to co-opt members from amongst persons who are experts in their respective fields, for advice on particular matters under consideration.

(3) The members of the Council, other than ex-officio members, shall be nominated for a term of three years which may be extended for another term of three years if approved by the Council.

(4) If a member of the Council, other than ex-officio member, is unable to perform as member of the Council, he shall inform the Council and the Council after receiving such information, may cancel his membership.

(5) Any casual vacancy of a member, other than an ex-officio member, shall be filled in by a person nominated by Government and the person so nominated shall hold office for the unexpired period of the term of his predecessor.

**5. Powers and functions of the Council.**---(1) Subject to the provisions of this Act and rules, the Council shall exercise such powers and perform such functions, as may be necessary for carrying out the purposes of this Act.

(2) Without prejudice to the generality of the fore-going sub-section, the Council shall-

- (a) formulate policy proposals on aging in the light of national commitments on the welfare of senior citizens and submit it to Government for the approval from time to time;
- (b) conduct research and compile data on various aspects of aging for the wellbeing of senior citizens for policy or plan formulation;
- (c) take steps towards introduction of geriatrics as part of the syllabus of medical universities or colleges;
- (d) propose arrangements in hospitals for better medical attention to senior citizens;
- (e) create facilities including clubs, for better social inter-action among senior citizens;
- (f) arrange workshops to educate senior citizens about life changes required for a healthy and stratifying old age;
- (g) formulate proposals to accommodate the requirements of senior citizens in urban and rural planning and development;
- (h) undertake social, economic and other welfare activities in collaboration with public and private sectors for the welfare of senior citizens;
- (i) mobilize of financial resources for welfare of the senior citizens;
- (j) constitute committees to assess and carry out welfare activities for senior citizens;
- (k) co-ordination with Government, non-governmental and international social and welfare organizations at national and international level to take steps for the welfare of senior citizens;
- (l) make regulations for proper functioning of the Council including regulations for appointment of different categories of employees under the administrative control of the Council;
- (m) publish reports and other material for guidance and welfare of senior citizens;
- (n) grant of senior citizens awards in the fields of their expertise;

- (o) create awareness in the public through organizing seminars, workshops, conferences and use of mass media;
- (p) establish senior citizens homes to accommodate homeless, deserted and indigent senior citizens; and
- (q) encourage to setup organization of senior citizen corps for utilization of their potential for service activities and national development.

**6. Meetings of the Council.**---(1) The meetings of the Council shall be held quarterly, and shall be presided over by the Chairperson or, in absence, by the Vice Chairperson and in the absence of both of them by a member nominated by the Chairperson for the purpose. One third of the total members shall constitute the quorum and no quorum shall be necessary for the adjourning the meeting.

(2) All decisions of the Council shall be taken with simple majority of the members of the Council present in the meeting. The Chairperson shall have a casting vote in case of a tie.

(3) Decision of the Council shall be recorded by the Secretary of the Council, who shall circulate such decisions for confirmation to Chairperson and the members within fifteen days of each meeting.

**7. Head office of the Council.**---The Head office of the Council shall be at Peshawar.

**8. Officers, employees, etc.**---To carry out the purposes of this Act, the Council may, with the approval of Government, appoint advisors, Consultants and Experts, having specialization and expertise in the related field and other officers and employees on such terms and conditions as may be prescribed.

**9. Privileges to senior citizens.**---(1) A senior citizen may, on completion of his sixty (60) year of age, apply for the senior citizen card.

(2) The procedure and criteria for obtaining the senior citizen card shall be such, as may be prescribed by rules.

(3) The senior citizens shall be allowed the following privileges on the basis of senior citizen card:

- (a) free of charge entry to public museums, libraries, parks and recreation facilities;
- (b) financial supports to deserving senior citizens;
- (c) separate counters for senior citizens in hospitals;

- (d) concession in medical and medicine charges;
- (e) separate medical wards; and
- (f) membership of organization of senior citizens corps.

**10. Fund.**---(1) There shall be established a Fund to be known as the Khyber Pakhtunkhwa Senior Citizens Welfare Fund, consist of-

- (a) all grants, allocations made by the Federal Government or Government;
- (b) donations, endowments, contributions made by the private individual organizations within country and abroad; and
- (c) all sums received by the Council from any other source including Pakistan Bait-ul-Mal, Profits on Investment from funds, funds generated by different motivated campaigns and received from any lawful sources. Funds shall be invested only in scheduled banks, the National Saving Centre or other "Blue Chip" secure schemes. No investment will be made in stock market shares or used for speculation in any manner.

(2) The Fund shall be administered by the Council, which shall make such allocations for specific activities, enumerated in sections 8 and 9 of this Act and may deem appropriate in line with the performance of functions of the Council.

(3) Government shall make annual budgetary allocations for the establishment and other charges of the Council.

(4) The Fund shall be utilized for-

- (a) the establishment charges; and
- (b) welfare of the senior citizens.

(5) The Fund shall be maintained in a scheduled bank and shall be operated in accordance with directions of the Council.

(6) The Fund shall be regularly monitored by the Council and audited in the same manner as in the case of the funds of other Government Departments.

(7) The annual audit report of the Fund shall be made available to the general public and submitted to the Provincial Assembly.



**11. Public servants.**---All employees of the Council shall be deemed to be public servants within the meaning of section 21 of the Pakistan Penal Code, 1860 (Act No. XLV of 1860).

**12. Power to make rules.**---Government may, by notification in the Official Gazette, make rules for carrying out the purposes of this Act.

**13. Power to make regulations.**---Subject to the Provisions of this Act and rules, the Council may by notification in the official Gazette make regulations for carrying out the purposes of this Act.

**14. Repeal.**---The Khyber Pakhtunkhwa Senior Citizens Ordinance, 2014 (Khyber Pakhtunkhwa Ord: No. X of 2014) is hereby repealed.

## **Annexure 2**

### **SINDH ACT NO.XXI OF 2016**

### **THE SINDH SENIOR CITIZENS WELFARE ACT, 2014**

#### **CONTENTS**

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1. Short title, extent and commencement.
2. Definitions.

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5. Functions of the Council.
6. Meetings of the council.
7. Delegation of Powers by Government.

#### **CHAPTER-III ESTABLISHMENT OF OLDAGE HOMES**

8. Establishment of old age homes.

#### **CHAPTER-IV PROVISION OF MEDICAL CARE OF SENIOR CITIZENS**

9. Powers and functions of Government.
10. Implementation of the provisions of this Act.
11. Transfer of property to be void in certain circumstances.
12. Senior Citizens Welfare Fund.
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14. Contravention.
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19. Powers to make rules.
20. Removal of difficulties.

**SINDH ACT NO.XXI OF 2016**

**THE SINDH SENIOR CITIZENS WELFARE ACT, 2014**

[28<sup>th</sup> June, 2016]

to make provisions for the welfare of senior citizens of the Province of Sindh.

WHEREAS it is expedient to make provisions for welfare of the senior citizens of the Province of Sindh by providing them support for improvement of their entire well-being of the elderly, their participation in the society and to provide for matters ancillary thereto;

**Preamble**

**CHAPTER-I  
PRELIMINARY**

It is hereby enacted as follows:-

1. (1) This Act may be called the Sindh Senior Citizens Welfare Act, 2014. **Short title, extent and commencement.**
- (2) It shall extend to the whole of the Province of Sindh.
- (3) It shall come into force at once.

2. In this Act, unless there is anything repugnant to the subject or context – **Definitions.**

- (a) "Council" means the Council established under section 3;
- (b) "dental services" means the dental services provide d by the hospital, clinic, dispensary and health care centre controlled by Government;
- (c) "geriatric" means the branch of medical science devoted to the study of the biological and physical changes and the diseases of old age;
- (d) "Fund" means the Senior Citizens Welfare Fund established under section 12.
- (e) "Government" means the Government of Sindh;
- (f) "lodging establishment" means a building, edifice, structure, apartment or house including tourist inn, apartelle, motorist hotel, and pension house engaged in catering lasing or providing facilities to transients, tourists or travellers;
- (g) "medical and health services" means a hospital serv ices, professional services of physicians and other health care professionals and diagnostics and laboratory tests necessary for diagnosis or treatment of an illness or injury provided in Government hospitals, clinics, dispensaries and health care centres;

**SINDH ACT NO.XXI OF 2014**

**THE SINDH SENIOR CITIZENS WELFARE ACT, 2014**

- (h) "prescribed" means prescribed by rules made under this Act.
- (i) "senior citizen" means a senior citizen permanently resident of the Province of Sindh who is the age of sixty years or above,
- (j) "senior citizen card" means the identification card issued by the Council to avail benefits and privileges as provided under this Act.

**CHAPTER-II  
SENIOR CITIZENS COUNCIL.**

3. (1) Government shall, by notification in the official Gazette, establish a Council for the welfare of the senior citizens which shall consist of	<b>Establishment of council.</b>
(i) Minister for Social Welfare Department	<b>Chairperson</b>
(ii) Two Members of Provincial Assembly of Sindh to be nominated by the Speaker of Sindh Assembly	<b>Member</b>
(iii) Secretary, Finance Department	<b>Member</b>
(iv) Secretary, Health Department	<b>Member</b>
(v) Secretary, Local Government Department	<b>Member</b>
(vi) Secretary, Zakat and Usher Department	<b>Member</b>
(vii) Secretary, Transport Department	<b>Member</b>
(viii) Secretary, Food and Agriculture Department	<b>Member</b>
(ix) Two members from amongst a well known NGO's, one engaged in the welfare of the Senior Citizens and one from human rights	<b>Member</b>
(x) Two senior citizens from civil society, one of whom shall be a retired Government officer and one businessman	<b>Member</b>
(xi) One Retired Sessions Judge or Additional Sessions Judge	<b>Member</b>
(xii) Secretary, Social Welfare Department	<b>Member/ Secretary</b>

**SINDH ACT NO.XXI OF 2016**

**THE SINDHI SENIOR CITIZENS WELFARE ACT, 2014**

(2) The Council shall be a body corporate, having perpetual succession and a common seal with the power to acquire, hold and dispose of property both movable and immovable, and shall by the said name sue and be sued.

(3) The headquarters of the Council shall be at Karachi and it shall establish its offices at district level in Sindh.

(4) The Council may co-opt any person as a member for any particular purpose, but such person shall not have right of vote.

(5) An official member appointed by virtue of his office shall cease to be the member on vacating such office

(6) A non-official member shall hold office for a period of three years from the date of his appointment, and shall be eligible for re-appointment for such duration as the Government may determine.

(7) A non-official member may at any time, before the expiry of his term, resign from his office, or be removed from office by the Government without assigning any reason.

(8) Any person appointed on a casual vacancy in the office of non-official member shall hold office for the unexpired portion of the term of such vacancy.

4. No person shall be or shall continue to be a member who -

**Disqualification of member.**

- (I) is not a citizen of Pakistan;
- (II) is found a lunatic or becomes of un-sound mind;
- (III) is or at any time has been convicted of an offence involving moral turpitude;
- (IV) is or has at any time been adjudicated insolvent;
- (V) is or has at any time been disqualified for employment in or dismissed from Government service;
- (VI) is acting in contravention of the provisions of this Act;
- (VII) has financial interest in any aspect of the Authority, or has a conflict of interest, directly or indirectly, with the Authority.

5. (1) Subject to other provisions of this Act, the Council shall take such measures and perform such functions as may be necessary for welfare of the senior citizens and improving their well-being of the elderly and participation in the society.

**Functions of the Council.**

**SINDH ACT NO.XXI OF 2016**

**THE SINDH SENIOR CITIZENS WELFARE ACT, 2014**

(2) Without prejudice to the generality of the foregoing functions, the Council shall –

- (a) formulate policies for welfare and improving the well-being of senior citizens;
- (b) issue the Senior Citizens Card (**AZADI CARD**) by providing essential services and benefits to the senior citizens;
- (c) establish senior citizens lodging establishment, homes for physical, mental, emotional, social and economic well-being of senior citizens.
- (d) promote participation of senior citizens in the national life and use their knowledge, skills and experience in various fields of life;
- (e) liaise with National and International Agencies and Non-Governmental Organization for providing financial assistance periodically in improving of the well-being of senior citizens.
- (f) provide free geriatric, medical and health services with free medicines as prescribed by the respective Medical Officer from Government dispensaries, hospitals, medical centres and **25% concession on all private hospitals, medical centers and clinics;**
- (g) provide assistance to the retired senior citizen to get his pensionary benefits and other dues from the concerned departments and organizations;
- (h) provide **fifty percent** concession in fares in road transport and twenty five percent discount on purchase of goods, drugs, medicines and essential commodities for his personal use and services provided to him by the manufacturers, retailers, service providers and professionals;
- (i) provide **twenty five percent** discount at recreation centres, cinemas, theatres, visiting places including hotels, motels, resorts, restaurants, food points and lodging establishments;
- (j) provide free services for funeral and burial on the death of senior citizen by the local council;
- (k) provide exemption to the senior citizen from training fees for socio-economic programmes;

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THE SINDH SENIOR CITIZENS WELFARE ACT, 2014

- (l) perform such other functions and exercise such other powers for achieving the objectives of this Act.

Explanation:

*Wherever there is a mention of concession in this Act it means the concession in the net profit of the seller.*

6. (1) The meetings of the Council shall be held as and when required by the Chairperson or in his absence, the Vice-Chairperson at the time and place as the Chairperson or Vice Chairperson, as the case may be; provided that the meeting shall be held at least once in two months

Meetings of the council.

- (2) Half of the total membership of the Council shall constitute a quorum for a meeting of the Council.

- (3) The members shall have reasonable notice of the time and place of the meeting and matters on which a decision by the Council shall be taken in such meeting.

- (4) The decision of the Council shall be taken by the majority of its members present and, in case of a tie, the member presiding a meeting shall have a casting vote.

- (5) All orders, determination and decision of the Board shall be taken in writing and shall be signed by the Secretary.

7. Government may assign any other function to the Council or for carrying out any activity being essential and beneficial for development and improvement of well-being of a senior citizen.

Delegation of Powers by Government.

CHAPTER-III  
ESTABLISHMENT OF OLDAGE HOMES

8. (1) Government shall establish and maintain such number of old age homes at accessible places, as it may deem necessary, in a phased manner, beginning with at least one in each district to accommodate indigent senior citizens in such homes.

Establishment of old age homes.

- (2) Government shall prescribe scheme for management of old age homes including the standards and various types of services to be provided by them which are necessary for medical care and means of entertainment to inhabitants of such homes.

**Explanation:-** For the purpose of this section, "indigent" means any senior citizen who has not having sufficient means of income as may be determined by the Council, from time to time.

- (3) The District Social Welfare Officer shall be the Incharge of the Old age homes for financial matters and a trained Health/ Geriatric Care Worker for day to day administrative affairs.

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**THE SINDH SENIOR CITIZENS WELFARE ACT, 2014**

**CHAPTER-IV  
PROVISION OF MEDICAL CARE OF SENIOR CITIZENS**

9. Government shall ensure that – **Powers and functions  
of Government.**
- (i) Government hospitals or hospitals funded fully or partially by the Government shall provide beds for all senior citizens as far as possible;
  - (ii) separate queues be arranged for senior citizens;
  - (iii) facility for treatment of chronic, terminal, geriatric and degenerative diseases;
  - (iv) research activities for chronic elderly diseases and aging;
  - (v) earmark facility for geriatric patient in every district Government hospital duly headed by a medical officer with experience in geriatric care;
  - (vi) establishment of senior citizens day care centres to promote their physicals, mental and recreational needs,
  - (vii) availability of special facilities in banks and saving centres and special facilities in ticket counters;
  - (viii) exemption of senior citizen is exempted from payment of any tax by any department, bank or institution on their incomes and profits earned by the Senior Citizens;
  - (ix) fifty percent concession in fare of both public and private within and inter-city transport and recommendation of concession in fair / ticket of Railways and PIA on prescribed forms of said Organizations;
  - (x) arrange programme for retraining and job oriented skill training for senior citizens;
  - (xi) make provision of Zakat funds and Baitul Mael for maintenance, medical and other financial problems of senior citizens;
  - (xii) concession of twenty five percent on drugs and medicines for treatment of age related illness senior citizen;
  - (xiii) to make provisions of Benevolent Funds for special needs of Senior citizen;
  - (xiv) to observe of International Senior Citizens Days.



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- (xv) to provide opportunity to the senior citizen in sharing his expertise in delivering lecture, writing book and nominating for award of prize, medal, shield and certificate in recognition of services
- (xvi) to collect data of senior citizens at Union Council level;
- (xvii) to support the Non-governmental Organizations working for the welfare of senior citizens,
- (xviii) to make provisions for wide publicity through public media including the television, radio and print at regular intervals regarding facilities provided to senior citizens under this Act;
- (xix) to impart training to the officers of Government, including police officers and members of the judicial service, sensitization and awareness on the issues relating to this Act;
- (xx) for effective coordination between the services provided by the concerned ministries or departments dealing with law, home affairs, health and welfare, to address the issues relating to the welfare of the senior citizens and periodical review of the same is conducted.

10. (1) Government may confer such powers and impose such duties on a Deputy Commissioner as may be necessary, to ensure that the provisions of this Act are properly carried out and the Deputy Commissioner may specify the officer subordinate to him who shall exercise all or any of the powers, and perform all or any of the duties so conferred or imposed and the local limits within which such powers and duties shall be carried out by the officers as may be prescribed.

**Implementation of the provisions of this Act.**

(2) Government shall prescribe comprehensive action plan for providing protection of life and property of senior citizens.

11. Where any senior citizen who, after the commencement of this Act, has transferred by way of gift or otherwise, his property, subject to the condition that the transferee shall provide the basic amenities and basic physical needs to the transferor and such transferee refuses or fails to provide such amenities and physical needs, the said transfer of property shall be deemed to have been made by fraud or coercion or under undue influence and shall at the option of the transferor be declared void by Government Revenue Department by Notification restricts all Registrar Offices to make sure that an additional clause be inserting to this effect in all future transfer agreements.

**Transfer of property to be void in certain circumstances.**

12. (1) There shall be established a Fund to be known as the Senior Citizens Welfare Fund.

**Senior Citizens Welfare Fund.**

**SINDH ACT NO.XXI OF 2016**

**THE SINDH SENIOR CITIZENS WELFARE ACT, 2014**

(2) The Fund shall be utilized for all activities relating to welfare of senior citizens and improving their well-being in the society

(3) The sources of the Fund shall include the sum of money allocated by the Government, grants-in-aid from multi-lateral and bilateral donors, national or international organizations, local councils, civil society or from any other source

(4) The Council shall, with the approval of Government, invest the Fund in any scheme including Government securities for raising funds.

(5) The Fund shall be managed and operated in the manner as may be prescribed

13. The Fund shall be maintained in accordance with the rules and shall be auditable annually through Auditor General of Pakistan and the report of the audited accounts shall be presented to Government

**Audit and accounts.**

**CHAPTER- V  
OFFENCE AND PROCEDURE FOR TRIAL.**

14. Any person who refuses to honor the senior citizen card issued by the Council or violates any provision of this Act, shall be punished with rigorous imprisonment not less than one year but not more than three years or fine which may extend to thirty thousand rupees or with both.

**Contravention.**

15. Whoever, having the care and protection of senior citizen including family member and spouse, leaves such senior citizen in any place with the intention of wholly abandoning such senior citizen, shall be punishable with imprisonment of either description for three months or fine

**Exposure and abandonment of senior citizens.**

16. (1) Notwithstanding anything contained in the Code of Criminal Procedure, 1898, every offence under this Act shall be cognizable and bailable.

**Cognizance of offences.**

(2) An offence under this Act shall be tried summarily by a Judicial Magistrate of First Class.

**CHAPTER-VI  
MISCELLANEOUS**

17. The officers authorized to do certain thing or act in certain manner shall be deemed to be public servants within the meaning of section 21 of the Pakistan Penal Code, 1860 (Act XLV of 1860).

**Public servant.**

18. No suit, prosecution and other legal proceedings shall lie against Government, Council or any local authority in respect of anything which is done in good faith or intended to be done in pursuance of this Act and any rules or orders made thereunder.

**Protection of action taken in good faith.**

**SINDH ACT NO.XXI OF 2016**

**THE SINDH SENIOR CITIZENS WELFARE ACT, 2014**

19. Government may, by notification in the official Gazette, make rules for carrying out the purposes of this Act. **Powers to make rules,**

20. If any difficulty arises in giving effect to any of the provisions of this Act, Government may make such order not inconsistent with the provisions of this Act for removing the difficulty **Removal of difficulties.**

Annexure 3



INTERNATIONAL ISLAMIC UNIVERSITY ISLAMABAD  
Faculty of Social Sciences  
(Department of Sociology)

PROFESSOR

Mr. Shahjauddin Zaka  
Accountant General (Punjab)  
A-1 Office Building, Turner Road, Lahore.

August 2, 2018

**SUB: DOCTORAL RESEARCH ON "SOCIAL ENGAGEMENT AND SUCCESSFUL AGING: A STUDY OF RETIRED GOVT. EMPLOYEES OF SOUTH PUNJAB, PAKISTAN"**

Dear Mr. Zaka,

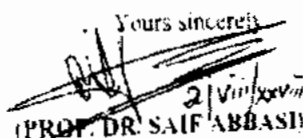
I hope this letter will find you in best of your health and spirit. International Islamic University Islamabad (IIUI) is a seat of higher learning where students from more than forty countries are satisfying their thirst for knowledge. In this way IIUI is working for the betterment of Pakistan as well as for the Muslim Ummah.

The Department of Sociology is one of IIUI departments and is unique in the sense that it trains students through extensive involvement in academics activities as well as research on various social issues. Few to mention here, include crimes and criminality, gender terrorism, learning, education, changing family patterns, migration, drug addiction, refugees, natural disaster, loss from production as livelihood strategies, social networking, modern communication technology and women empowerment. Moreover, the department also organizes knowledge sharing events and welfare activities for the benefit of students in particular and society in general.

Considering the importance of life after retirement, a Ph.D. level research on successful aging has been allowed to my Ph.D. Research Scholar, Mr. Sajjad Hussain bearing registration No. 18-FSSPHDSOC/F13 and CNIC No. 32303-3038468-3. The Scholar has successfully completed his Ph.D. coursework and now started working on his doctoral research work. The researcher will collect data on various aspects of life after retirement from those retired government employees who belong to 11 districts of South Punjab. These 11 Districts include, Multan, Lodhran, Khanawal, Vehar, DG Khan, Rajanpur, Layyah, Muzaffar Garh, Bahawalpur, Bahawalnagar and Rahim Yar Khan. Using research techniques, the scholar will randomly draw sample from retired government employees. The researcher will collect data through interview schedule.

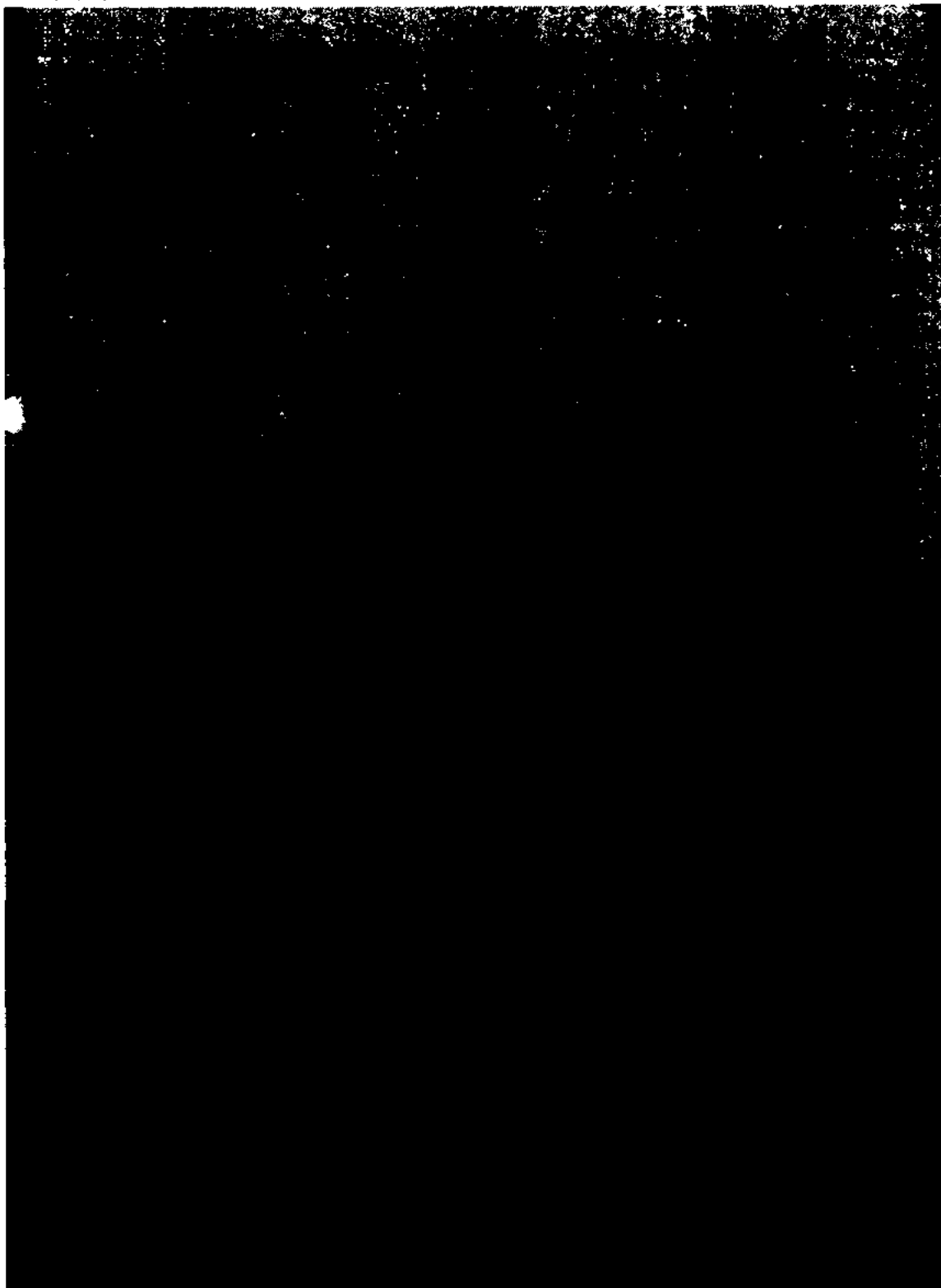
You are requested to please advise the concerned quarters to provide list of retired government employees of above mentioned districts (hard or soft copy). The project is being supervised by me, and hopefully the results of research will provide insights to academia, researchers and policy makers. The All ethical requirements will be taken care and researcher will ensure that the collected data will purely be used for academic purposes. For this purpose, your cooperation will be highly appreciated. Please feel free to contact with the undersigned if required.

Yours sincerely,

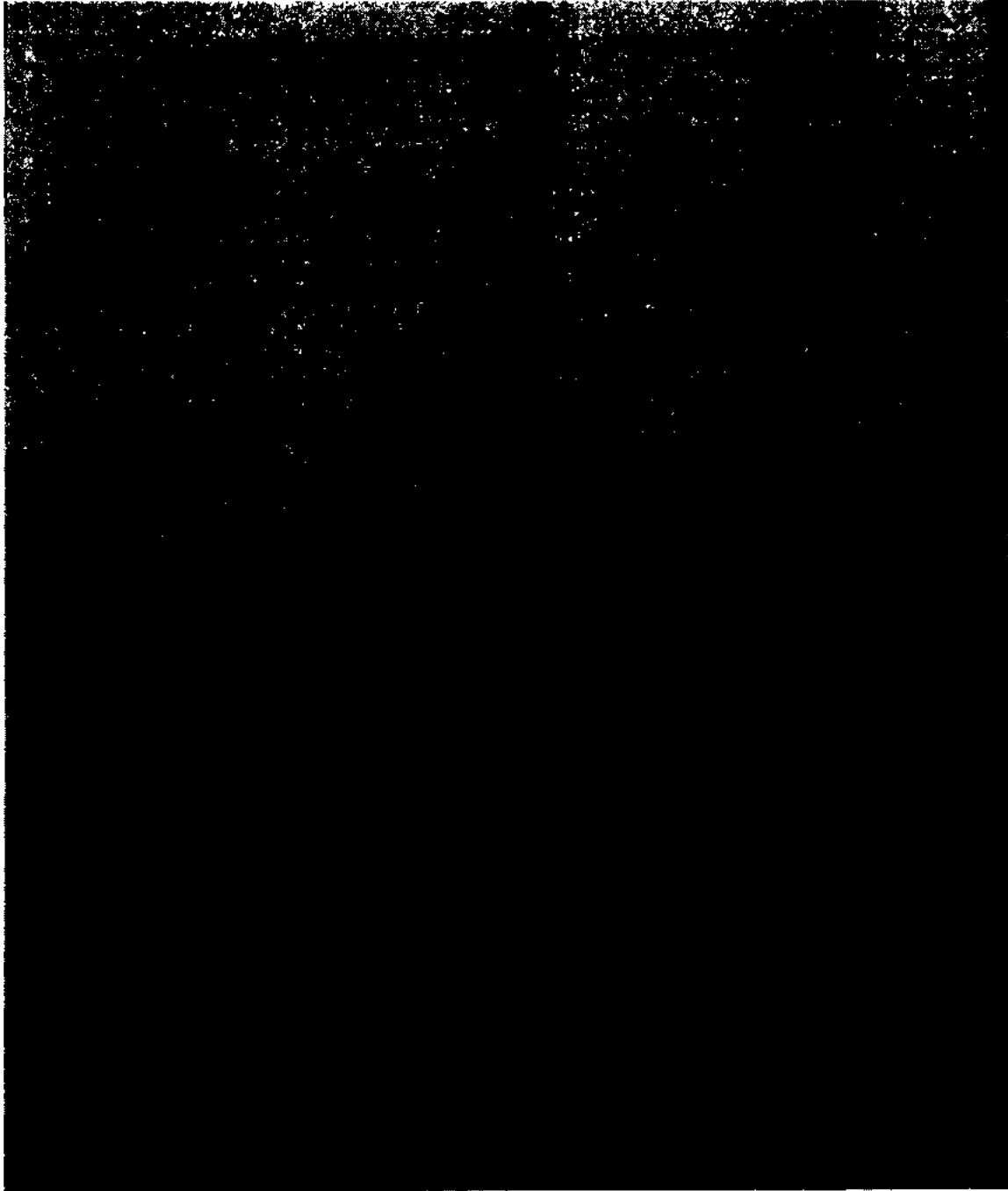
  
(PROF. DR. SAIF ABBAS)

Department of Sociology, International Islamic University, Room No. A-020, Block-7, Sector H-10, Islamabad  
Phone: 051- 9019518, Fax: 051925008, Email: saif\_abbas2002@yahoo.com

#### Annexure 4



## Annexure 5



## Annexure 6

### TO WHOME IT MAY CONCERN

It is certified that *M. Zahid Ul-Muhammad* ..... having qualification *M.Sc. Sociology*, and working as a *Social Welfare Officer* in the department of *Social Welfare* ..... collected data of Ph.D. research for Mr. Sajjad Hussain Ph.D. Scholar, Department of Sociology, International Islamic University, Islamabad) having title "SOCIAL ENGAGEMENT AND SUCCESSFUL AGING: A STUDY OF RETIRED GOVERNMENT EMPLOYEES FROM SOUTH PUNJAB" on volunteer basis.

Name &  
Signature... *M. Ul-Muhammad* .....

## Annexure 7

### TO WHOME IT MAY CONCERN

It is certified that Dr. Sajid Hussain (دکٹر ساجد حسین) having qualification Ph.D. in Sociology (ایس. سی. سوسال سائنس) and working as a Senior Lecturer (سینیئر لیکچرار) in the department of Sociology (سوسال سائنس) collected data of Ph.D. research for Mr. Sajid Hussain (Ph.D. Scholar, Department of Sociology, International Islamic University, Islamabad) having title "SOCIAL ENGAGEMENT AND SUCCESSFUL AGING: A STUDY OF RETIRED GOVERNMENT EMPLOYEES FROM SOUTH PUNJAB" on volunteer basis.

Name &  
Signature.....





## Annexure 8

### TO WHOME IT MAY CONCERN

It is certified that Mr. Raja Shehry, having qualification, M. Phil. Sociology and working as a Social Welfare officer in the department of Social Welfare, collected data of Ph.D. research for Mr. Sajad Hussain (Ph.D. Scholar, Department of Sociology, International Islamic University, Islamabad) having title "SOCIAL ENGAGEMENT AND SUCCESSFUL AGING: A STUDY OF RETIRED GOVERNMENT EMPLOYEES FROM SOUTH PUNJAB" on volunteer basis.

Name &  
Signature.....

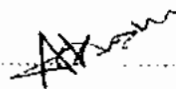
*Raja Shehry*

## Annexure 9

### TO WHOME IT MAY CONCERN

It is certified that I, Muhammad Ali Khan, having qualification M.Phil Sociology and working as a Social welfare officer in the department of Social welfare, collected data of Ph.D. research for Mr. Sajjad Hussain( Ph.D. Scholar, Department of Sociology, International Islamic University, Islamabad.) having title "SOCIAL ENGAGEMENT AND SUCCESSFUL AGING: A STUDY OF RETIRED GOVERNMENT EMPLOYEES FROM SOUTH PUNJAB" on volunteer basis

Name &  
Signature.....



## TO WHOME IT MAY CONCERN

It is certified that 1. Sajjad Hussain  
qualification M.Phil. Sociology and working as a Senior Lecturer  
in the department of Sociology collected data of Mr. Sajjad Hussain  
for Mr. Sajjad Hussain Ph.D. Scholar, Department of Sociology, Islamic University, Islamabad having title "SOCIAL ENGAGEMENT AND  
SUCCESSFUL AGING: A STUDY OF EMPLOYEES FROM SOUTH PUNJAB" on 15/11/2015

## Annexure 11

### TO WHOME IT MAY CONCERN

It is certified that M. Zona Khan having  
qualification M. Phil and working as a Student  
Sociology  
in the department of Sociology collected data of Ph.D. research  
for Mr. Sajjad Hussain( Ph.D. Scholar, Department of Sociology, International  
Islamic University, Islamabad.) having title "SOCIAL ENGAGEMENT AND  
SUCCESSFUL AGING: A STUDY OF RETIRED GOVERNMENT  
EMPLOYEES FROM SOUTH PUNJAB" on volunteer basis

Name &  
Signature. ZONA KHAN

## TO WHOME IT MAY CONCERN

It is certified that M. ASGHAR SHAHEEN having  
qualification MPhil and working as a Superintendent  
in the department of Social welfare collected data of Ph.D. research  
for Mr. Sajjad Hussain Ph.D. Scholar, Department of Sociology, International  
Islamic University, Islamabad having title "SOCIAL ENGAGEMENT AND  
SUCCESSFUL AGING: A STUDY OF RETIRED GOVERNMENT  
EMPLOYEES FROM SOUTH PUNJAB" on volunteer basis.

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

  
SUPERINTENDENT  
Muz. Dard Azhar Malik  
Gujranwala

## Annexure 13

### TO WHOME IT MAY CONCERN

It is certified that 1. *Muhammad Ujaif*, . . . . . having qualification *MA Sociology* . . . . . and working as a *Social Welfare Officer* in the department of *Social Welfare* . . . . . collected data of Ph.D. research for Mr. Sajjad Hussain (Ph.D. Scholar, Department of Sociology, International Islamic University, Islamabad) having title "SOCIAL ENGAGEMENT AND SUCCESSFUL AGING: A STUDY OF RETIRED GOVERNMENT EMPLOYEES FROM SOUTH PUNJAB" on volunteer basis.

Name &  
Signature

*Ujaif*

## Annexure 14

### TO WHOME IT MAY CONCERN

It is certified that I ..... مظہر عباسی ..... having  
qualification..... ایم اے سوشل سائنسز and working as a ..... پروفیسر  
in the department of..... سوشل سائنسز collected data of Ph.D. research  
for Mr. Sajjad Hussain( Ph.D. Scholar, Department of Sociology, International  
Islamic University, Islamabad ) having title "SOCIAL ENGAGEMENT AND  
SUCCESSFUL AGING: A STUDY OF RETIRED GOVERNMENT  
EMPLOYEES FROM SOUTH PUNJAB" on volunteer basis

Name&

Signature... مظہر عباسی  
Mazhar Abbas.....

## Annexure 15

### TO WHOME IT MAY CONCERN

It is certified that I Mahammad Afzal having qualification M.A. Social work and working as a Social Welfare officer in the department of Social Welfare..... collected data of Ph.D. research for Mr. Sajjad Hussain Ph.D. Scholar, Department of Sociology, International Islamic University, Islamabad) having title "SOCIAL ENGAGEMENT AND SUCCESSFUL AGING: A STUDY OF RETIRED GOVERNMENT EMPLOYEES FROM SOUTH PUNJAB" on volunteer basis.

Name &

Signature...

M. Afzal



Annexure 16



INTERNATIONAL ISLAMIC UNIVERSITY ISLAMABAD  
Faculty of Social Science  
(Department of Sociology)

PROFESSOR

TO WHOM IT MAY CONCERN

SUB-DOCTORAL RESEARCH ON "SOCIAL ENGAGEMENT AND SUCCESSFUL AGING: A STUDY OF RETIRED GOVT. EMPLOYEES FROM SOUTH PUNJAB, PAKISTAN"

Dear Sir/Madam

I hope this letter will find you in best of your health and spirit. International Islamic University Islamabad (IIUI) is a seat of higher learning where students learn more than forty academic disciplines and pursue their knowledge. In this way IIUI is working for the betterment of Pakistan and the Islamic world in general.

The Department of Sociology is one of IP-I departments and in Pakistan it is one of the departments where students through extensive involvement in academics achieve a lot of knowledge and understanding of social issues. Few to mention here include crimes and criminality, gender action, family issues, social change, changing family patterns, migration, drug addiction, retirement, rural-urban migration, health issues, livelihood strategies, social networking, modern capitalism, political sociology and social movements, etc. Moreover, the department also organizes knowledge sharing events and seminars for the benefit of students in particular and society in general.

3. Considering the importance of life after retirement, a Ph.D. based research on this topic has been allowed to my Ph.D. Research Scholar, Mr. Saif Ali Abbasi, under the supervision of Prof. Dr. FSSPHDSOC/E14 and CNIC No. 337453135486. The Scholar has successfully completed his coursework and now started working on his doctoral dissertation. The researcher is interested in various aspects of life after retirement from those retired government employees who belong to the districts of South Punjab. These 6 districts include Multan, Khanewal, Dera Ghaat Kot, Bahawalpur, Rajshahi and Rahim Yar Khan. Using research techniques the scholar has randomly drawn a sample of retired government employees. The researcher will collect data through interview schedule, etc.

Your are requested to please extend your support to the researcher for the collection of data from retired government employees who belong to above 6 districts of South Punjab. The project is being supervised by me, and hopefully the outcome of research will provide insights to academic researchers and policy makers for better policy planning. All ethical requirements will be taken care and researcher will ensure that the collected data will purely be used for research/academic purposes. For this purpose your cooperation will be highly appreciated. Please feel free to contact with the undersigned if needed.

Yours sincerely,

(PROF. DR. SAIF ABBASI)

International Islamic University, Room No. A-023, Block-I, Sector H-8, Islamabad  
Phone: 051-9019510, Fax: 0519259008, Email: saif\_abbasi@iiui.edu.pk

Annexure 17

QUESTIONNAIRE

**Social Engagement and Successful AGEING: A Study of Retired Government**

**Employees from South Punjab**

**Researcher: Sajjad Hussain**

**Supervisor: Dr Saif Abbassi, Professor of Sociology**

**Department of Sociology, IIUI Islamabad.**

This study is aimed to probe the following variables; social engagement, successful ageing, life satisfaction and health as whole i.e. social, physical and psychological.

**Consent of Respondent: I am willing to participate in the above mentioned research.**

**Signature of the Respondent:** \_\_\_\_\_

**Thank You.**

**1. What is your age (in completed years)?**

61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	80+
----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

**2. What is your gender?**

(i) Male

(ii) Female

**3. Marital status?**

(i) Married

(ii) Unmarried

(iii)

Widow

**4. What is your educational attainment?**

1	2	3	4	6	7	8	9	10	12	14	16	18	18+
---	---	---	---	---	---	---	---	----	----	----	----	----	-----

**5. When you started your career in public sector (e.g. 1977)** \_\_\_\_\_

**6. What was your designation at the time of retirement?** \_\_\_\_\_

**7. From which department you were retired (e.g. Education)** \_\_\_\_\_

**8. When you retired from government service (e.g. 2010)** \_\_\_\_\_

9. From which pay scale you were retired?

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----

10. What was your last pay during your service \_\_\_\_\_ Rs/ Month

11. What was your pension at the time of retirement \_\_\_\_\_ Rs/ Month

12. What is your current profession?

(i). Government (ii) Private (iii) Business (iv) Voluntarism (v) House Wife (vi) Land Lord (vi) Other (Please Specify) \_\_\_\_\_


13. What is the area of your current permanent residence?


(i) Urban (ii) Rural (iii) Other (Please Specify)

14. What is your religion? (i) Muslim (ii) Hindu (iii) Christian (iii) Sikh (iv) Jew (vi)

Other \_\_\_\_\_

15. What is your current pension \_\_\_\_\_ Rs/ Month

16. Do you have any other source of income? (I) Yes ii. No (If No then  Q. No.24


17. Do you own agriculture land? (i) Yes (ii) No If No then  Q. No.21

18. What is the size of your land holding? ( please specify in Acres) \_\_\_\_\_


19. What is your land tenure system?

(I) Owner cultivated (ii) Rent out (iii) Tent cultivated (IV) Share cropper

20. What is your average annual income from agriculture land? Rs./Annum \_\_\_\_\_

21. Do you have commercial Property (i) Yes (ii) No If No then  Q.No.24

22. Do you have any income from commercial property?

(I) Yes (ii) No If No then  Q. No.24

23. If yes then please mention your approximate income Rs/ Annam. \_\_\_\_\_

24. Please mention your income from above all mentioned resources in Rs/

Annam. \_\_\_\_\_

25. Currently where are you living? i) Owned House ii) Rented House iii) Sharing iv)

Shelter Home ( v) Other \_\_\_\_\_

26. Currently with whom you are living?(i) With Spouse (ii) Son (iii) Daughter (iv)

Family (v) Relative (iv) Alone (v) Other \_\_\_\_\_

27. Do your Spouse alive? (i) Yes (ii) No

28. If No , Did you married again (i) Yes (ii) No

29. If yes then how many times you got married (i) One (ii) Two (iii) More

30. Please mention qualification of yours spouse with whom you are living

1	2	3	4	6	7	8	9	10	12	14	16	18	18+
---	---	---	---	---	---	---	---	----	----	----	----	----	-----


31. What is the professional background of your Spouse? (i) Government (ii) Private (iii)

Business (iv) House Wife (v) Land Lord (vi) Other ( Please

Specify) \_\_\_\_\_

32. In case of Government Employee/ Retiree , Please mention the basic pay scale from which she is retired/serving

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----

33. Do you have children? (i) Yes (ii) No If No then  Q.38

34. Number of Sons \_\_\_\_\_ and Number of Daughters \_\_\_\_\_

35. In the following table, please mark the qualification of your son(s) in the birth order

<b>Son's education</b>	<b>1<sup>st</sup> son</b>	<b>2<sup>nd</sup> son</b>	<b>3<sup>rd</sup> son</b>	<b>4<sup>th</sup> son</b>	<b>5<sup>th</sup> son</b>
Illiterate					
Primary or Equivalent					
Middle or Equivalent					
Matric or Equivalent					
F.A or Equivalent					
B.A or Equivalent					
M.A or Equivalent					
M.Phil. or Equivalent					
PhD or Equivalent					
Above PhD					

36. In the following table, please mark the qualification of your daughter in the birth order

<b>Daughter's education</b>	<b>1<sup>st</sup> Daughter</b>	<b>2<sup>nd</sup> Daughter</b>	<b>3<sup>rd</sup> Daughter</b>	<b>4<sup>th</sup> Daughter</b>	<b>5<sup>th</sup> Daughter</b>
Illiterate					
Primary or Equivalent					
Middle or Equivalent					
Matric or Equivalent					
F.A or Equivalent					
B.A or Equivalent					
M.A or Equivalent					
M.Phil. or Equivalent					

PhD or Equivalent					
Above PhD					

37. In the following table, please mark the sector of employment of your children.

i. Son's sector of employment

Son	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
Government					
Private					
Business					
Student					
Unemployed					
Other					

ii. Daughter's sector of employment

Daughter	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
Government					
Private					
Business					
Housewife					
Student					
Unemployed					
Other					

38. Life Style Habits:

**Coding:      1. Never      2. Sometimes      3. Frequently      4. Always**

I would like to know your life style Habits in terms of the following statements. Please tick (✓) in the relevant box.

Item	1	2	3	4
I go for exercise				
In food selection, I remain conscious				
I read books				
I read magazines				
I spent time on watching television				
I use mobile phone				

### 39. Social Engagement

I would like to know your frequency of social engagement through the following statements. Please mark (✓) in the relevant column of your response category.

1. Never      2. Sometimes      3. Frequently      4. Always

Item	1	2	3	4
<b>Local community connections</b>				
I involve in welfare activities of local community				
The organization which I am engaged value my services				
I really enjoy while working for the community welfare				
I am satisfied with services extended by that organization(s) during the engagement				

I ask my friend(s) to take part in welfare activities planned by the organization/ committee				
My family encourages my participation in welfare activities				
My family is happy with my social engagement after retirement				
I am involve in any charity related activities				
I remain involve in resolving the conflicts of my area				
I participate in politics after retirement				
<b>Religious Connections</b>				
I go to mosque/church etc.				
Take part in resolving mosque/church related issues				
Involve in Zakat/ Sadqat committees if requested				
<b>Neighborhood Connection</b>				
Share sorrows and griefs happened in my neighborhood				
The neighbors also pay visit to my family				
I help my neighbors whenever they call me				
My neighbors help me whenever I need them				
I spend time on social gatherings with my neighborhood				
I trust my neighborhood relations				
I send gifts to my neighbors				
My neighbors send me gifts				
I invite my neighbors on social gatherings				
My neighbors invite me on social gathering				
<b>Family Connections</b>				



My family involves me in household decision making after retirement				
My children interact with me daily				
I use mobile phone to interact with my children when they are away from home				
My family discuss current issues with me				
I advise my children whenever I feel they needed				
My children take my advice seriously				
My children complimented me on my advices				
I spend time in gossip with my children				
<b>Friends Connections</b>				
I visit my friends				
My friends visit me				
I send gifts to my friends				
My friend send me gifts				
I remain in contact with my friends by using social media				
My friends play games with me				
I help my friends				
My friends help me when I needed				
I discuss political issues with my friends				
It has been remained my best effort to attend cultural issues with my friends				
In gatherings my friend discusses all type of issues that are being faced by us				

<b>Work Connections</b>				
I visit my ex department				
In difficult situation my ex colleagues invite me for guidance				
I feel that my colleagues privileged me due to my experience				
My ex colleagues arranged paid work for me				
The Honorary work is arranged for me by my ex department				
Government took initiatives to establish good relationships with ex department				
I feel satisfied while working with new colleagues (If Any)				
My new colleagues value my experience				
I feel the difference in terms of prestige after retirement while working with current organization.				
The structure of organization encouraged me to do more work				

#### 40. Satisfaction with Life:

*Instructions:* Below are five statements that you may agree or disagree with. Using the 1 - 5 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

1. Strongly Agree      2. Agree      3. Neither agree nor disagree      4. Disagree  
5. Strongly Disagree

<b>Item</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
In most ways my life is close to my ideal.					
The conditions of my life are excellent.					

I am satisfied with my life.	1	2	3	4	5
So far I have gotten the important things I want in life.					
If I could live my life over, I would change almost nothing.					

**41. Successful AGEING:**

Below are statements that assess how people feel about their individual AGEING. Read each statement carefully and indicate how each applies to you in general, using the 5-point scale. For example, if you **STRONGLY AGREE**, Please (✓) **1. Strongly Agree, 2. Agree, 3.**

**Undecided, 4. Disagree, 5. Strongly Disagree.**

SA	A	U	D	SD
1.	2.	3.	4.	5.

Item	1	2	3	4	5
I am unable to make choices about things that affect how I age, like my diet, exercise and smoking					
When things don't go as well as they used to, I keep trying other until I achieve the same result.					
In difficult times, I develop mental toughness in dealing with the situation					
I strive to remain independent for as long as possible.					
I make attempts to remain relatively free of disease and disability.					
I try to maintain good physical and mental functioning as I age.					
I make every effort to achieve goals that are important to me					

I can deal with whatever comes my way.					
I make attempts to engage in healthy lifestyle habits.					
I am comfortable in accepting both my good and bad qualities.					

#### 42. Health Status (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

(Use "✓" to indicate your answer)

1. Not at all    2. Several days    3. More than half the days    4. Nearly every day

Item	1	2	3	4
Little interest or pleasure in doing things				
Feeling down, depressed, or hopeless				
Trouble falling or staying asleep, or sleeping too much				
Feeling tired or having little energy				
Poor appetite or overeating				
Feeling bad about yourself or that you are a failure or have let yourself or your family down				
Trouble concentrating on things, such as reading the newspaper or watching television				
Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual				
Thoughts that you would be better off dead or of hurting yourself in some way				

#### 43. Productive Engagement:

Please answer the following statements that will attempt to know engagement in productive activities after retirement. Tick (✓) in the relevant box.

Items	YES	NO
I. Engagement in economic generation activities other than pension after retirement		
II. Research contribution after retirement		
III. Literary contribution after retirement		
IV. Political contribution after retirement		
V. Producing trained potential for society		
VI. Arranging cultural events		
VII. Arranging social events		
VIII. Arranging religious events		

In case of Answer "No" Please write down the reason briefly e.g., professionally exhausted, Chances not being provided by Government and Society, discourAGING behavior by Government and Society etc. Please answer in sequence as above-mentioned questions:

I) \_\_\_\_\_

II) \_\_\_\_\_

III) \_\_\_\_\_

IV) \_\_\_\_\_

V) \_\_\_\_\_

VI) \_\_\_\_\_

VII) \_\_\_\_\_

VIII) \_\_\_\_\_

