

Life Satisfaction of Highly Qualified Professionally Achieving Women Post Retirement

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Abstract

In this paper life satisfaction of highly qualified professionally achieving (HQPA) aging women post retirement is investigated. Respondents were 306 HQPA older women who were surveyed in the city of Mumbai. The Satisfaction with Life scale, Silver Lining Questionnaire and Meaning in Life Questionnaire were used. Results showed variations on life satisfaction as a result of certain independent socio-demographic variables and the type of careers that HQPA women retired from. Findings have relevance for designing and promoting different types of activity engagement for HQPA older women. This is a move away from the solely poverty focused approach to addressing issues of aging population in India. Implications for practice with HQPA older women have also been discussed.

Index terms— life satisfaction, highly qualified professionally achieving aging women.

1 I. Introduction

Despite the significant increase in women's participation in the labour force in recent years, little is known concerning the life cycle implications of work for women. Since independence there has been a marked increase in the work force participation of women in mid-life, including those with children at home (Rosenthal, 1978). Furthermore, lifetime career patterns for women show a great deal of variation and may or may not include income producing work. Although a few women pursue continuous work or career involvement throughout their lives, many women remain homemakers. Others enter the labour force when their children leave home, or at the loss of their spouse through widowhood or divorce (Atchley & Corbett, 1977). It has generally been assumed that family roles remain central for women, even when they are involved in career workers employment. Atchley (1976), however, has reported data showing that 60% of a large sample of working women ranked being considered good at their work among the three most important goals in their lives.

Furthermore, although a great deal is known concerning the effects of retirement for men (e.g., loss of the meaning of work and disruption of interpersonal relationships in work (Carp, 1972)), retirement has not been extensively studied in women. It has been assumed that retirement from paid employment has little significance for women, due to their greater involvement in family roles (Blau, 1973). There are indications, however, that women's retirement from the work force produces significant changes in their lives (Atchley, 1976) and requires further investigation. A feminist analysis that recognizes interchanges between family and work roles, between public and private, and between personal and political will illuminate how and why women experience retirement in ways that are often very different from men's experiences. Hooyman and Gonyea (1995) endorse a holistic perspective that considers the interconnections between different spheres, such as the interactions between the larger economic and social context and family caregiving.

Traditional theories of retirement insufficiently explain how many older women experience retirement. Although Atchley (1988) and others have proposed more dynamic theories of continuity, which was the primary theory used to understand retirement for many years, they still fail to adequately consider the experiences of many older women who encounter substantial reductions in their resources, especially economic, after they

retire. An alternative theory of retirement that better explains why some people experience more discontinuity in retirement resources than others is critical gerontology, which is based on critical theory. This school of thought concurs that helping retired women achieve an emancipatory ideal, that is to identify and overcome oppressive forces dominating them and or preventing them from achieving "autonomy, wisdom, and transcendence," is a preeminent goal (Held, 1980; Ooddy, 1988). Ovrebo and Minkler (1993) were one of the first to appreciate critical gerontology's understanding of older women's life transitions, and, specifically, connections between gender and aging. They asserted that "critical gerontology embraces a broad framework of political economy of aging and considers how political, socioeconomic, and related factors interact to shape and determine the experience of growing old" (p. 289). They state it is "deeply concerned with the intersection of gender and aging and views gender (along with race and class) as a pivotal variable influencing the trajectory of growing old by predetermining an individual's location in the social order" (Ovrebo and Minkler, 1993, pp. 289-290). These views concur with Cox and Parsons' (1994) emphasis on empowerment and powerlessness, which they define, "as a lack of access to the resources, knowledge, and skills that are necessary to solve one's own problems, including the ability to participate effectively in social change" (p. 18). The primary goal of empowerment-oriented practice, according to Cox and Parsons, is empowerment, which is "a process through which people become strong enough to participate within, share in the control of, and influence events and institutions which affect their lives" (p. 61).

In contrast to prevailing male models of retirement that have dismissed the contributions of other roles, specifically family responsibilities, this paper endorses a feminist and holistic conceptualization of retirement that focuses on empowering older women. This perspective takes into account the intersection of gender and aging and interconnections among the many roles that women occupy. The first step in empowerment-oriented practice is assessment, which Cox and Parsons (1994) conceptualize as consciousness raising. They state that "this process considers sources of problems from personal to external (or structural) and from historical to contemporary, thus opening up the personal and political dimensions for consideration" (Cox & Parsons, 1994, pp. 46).

2 II. Literature

Several studies have conclusively argued that women's work is influenced by the dynamics of patriarchy. To take this argument further, even women's retirement and work in older ages is influenced by this (e.g., O'Rand, Henretta, and Krecker, 1992). Further a study by Ozawa and Lum (1998) found that when women retired after widowhood they were more likely to experience poverty during retirement in contrast to those women who became widowed after they retired.

In contrast to retired men, many retired women experience marked reductions in income following retirement, and they often lack pension coverage. Poverty among older women is caused by multiple factors. The most salient include: (1) lifelong gender inequities; (2) systematic inequities in retirement policies that discriminate against women; and (3) women's lifelong involvement as homemakers and in caregiving. The lack of pension coverage among working women means that substantial numbers of women depend solely on social security benefits during retirement (Gonyea, 1998; Grad, 1996; Jain, 1996; Hirway, 2002; Mazumdar and Neetha, 2011).

More women than men retire for caregiving reasons and often involuntarily (Matthews & Brown, 1987; Richardson, 1993). Unfortunately, those who retire involuntarily, against their wishes, have more problems adjusting to retirement; they tend to have lower morale, less life satisfaction, and unhappy retirements than do voluntary retirees. They also tend to be more depressed with higher suicide rates than those who retire voluntarily (Richardson, 1993).

Several researchers in the western contexts have documented that when it comes to decisions about retirement women consider their family situations more often than men do (O'Rand, Henretta, and Krecker, 1992; Ruhm, 1996; Szinovacz and Ekerdt, 1995; Weaver, 1994). Hatch and Thompson (1992), who looked at various factors that predicted the decision to retire among women, found that having an ill or disabled household member who required assistance was the greatest predictor of retirement among women. In the Indian context this is a part of unpaid care work of women (Neetha, 2010).

Hooyman and Gonyea (1995) argue that three trends will exacerbate these gender inequities in caregiving. First, the trend toward privatization of long term care services will substantially increase women's caregiving burdens. Second, the medicalization of care and shift to highly technical care at the same time that managed care pressures result in shorter stays in hospitals will complicate caregiving. More and families, specifically women, are being required to carry out this medical technical care that was formally provided by professionals. This greater complexity in home care means that care-givers must spend more time and energy away from work and at unpaid caregiving tasks at home. According to Hooyman and Gonyea (1995, p. 103), "this trend is consistent with the ideology of community care and familism, which has assumed that family care is more cost effective and more attuned to the needs of the care receiver." As women spend more and more of their time at caregiving, which is likely to increase in the next millennium, they spend less and less time at work or become increasingly stressed. They spend fewer years vesting in pension programs, and more women will retire involuntarily.

Research has also indicated that women's and men's adaptation to retirement differs. For example, Szinovacz and Washo (1992) compared the effects of multiple life transitions on retirement adjustment on men and women. They found that as the number of life events experienced increased, women's adaptation to retirement declined. This relationship was not significant, however, for male retirees. Retired women are apparently more vulnerable

to the accumulation of life changes than men are. A more in-depth analysis of the types of life events that retired men and women experience as well as the differences in the contexts in which men and women retire will illuminate other factors that may account for these differences. They bolster recent indications that gender differences presumably exist in psychological and social experiences during retirement. Richardson and Kilty (1995), who examined gender differences in mental health among retired women and men, obtained statistically significant gender effects in the expression of symptoms of mental health across three different time periods: (1) at preretirement; (2) six months after retirement; and (3) one year later. They found that gender was significantly associated with psychological anxiety, immobilization, drinking problems and health. A gender time interaction effect was also observed for physical anxiety as well as psychological anxiety. These data suggest persistent gender differences across time rather than transient or temporary responses.

Recent research in the western context on women's retirement has focused almost exclusively on women's satisfaction and adjustment (Moen, Fields, Quick & Hofmeister, 2000; Dykstra, 2006). Few studies, however, have investigated what women do once they have retired; for example, how they fill their time and what they identify as important. Stereotypical images of retired women babysitting grandchildren and volunteering do exist (Feuerbach & Erdwins, 1994; Price, 2002). Family and caregiving responsibilities influence how women experience retirement and whether they feel retired (Szinovacz & Ekerdt, 1995). Discontinuous work histories, divorce or widowhood, and years of inequitable pay contribute to the financial insecurity of retired women (Moen, 1996) coupled with longer life expectancy which can influence general well-being post retirement (Glass & Kilpatrick, 1998). These factors combine to make retirement a unique and multifaceted transition for women and support the need for additional research.

Good health and adequate finances have been identified as particularly important factors in satisfaction of retired women (Streib & Schneider, 1971; Jaslow, 1976; Chatfield, 1977; Fox, 1977; Riddick, 1982; Szinovacz, 1983). Low income is generally a greater problem for non-married than for married women (Spector, 1979; Warlick, 1985) and may thus negatively affect their retirement. Investigators with a non-rural focus have found number of friends and neighbours and contact with those friends and neighbours to be associated with satisfaction in retired women (Lowenthal & Haven, 1968; Blau 1973; Fox, 1977; Candy et al., 1981; Riddick, 1982). Organisational participation is seen to contribute to satisfaction in retired women (Sheldon et al., 1975; Fox, 1977; Riddick, 1982). The quality of friend and confidant relationships among retired women contributes to greater retirement satisfaction compared to the quantity of interactions (Dorfman & Moffet, 1987). Further retired women who have more frequent and more diverse types of social contacts are more likely to be satisfied with their retirement timing and their leisure activities than those women who have less contact (Reeves & Darville, 1994).

Some studies have also indicated that women have more problems than do men in adjusting to retirement (Atchley, 1976; Szinovacz, 1982). In comparison with men, greater difficulties experienced by women have been reflected in things they miss in retirement -the feeling of doing a good job, social contacts -and in loneliness, less satisfaction with retirement, and financial strain. Levy (1980), found that a significant number of women adapted well to retirement despite chronic life's adversities/challenges. Negative retirement attitudes had more prolonged effects on adjustment for women than for men. Never-married women were more likely to have had more sustained work histories than formerly married women, and their career fatigue (Rapoport & Rapoport, 1975) may parallel that of men and thus contribute to their approval of retirement. Never-married women also enjoyed more favourable economic circumstances at retirement than widowed and divorced/separated women. Despite their higher occupational status, never-married women held more positive attitudes toward retirement compared with formerly married women. Although lifelong singleness may represent a deviant status, studies indicate that in old age at least, these never-married persons were not disadvantaged relative to the formerly married.

Price's (2002) study compares the retirement experiences of professional and nonprofessional women. The analysis is based on 48 interviews with women ranging in age from 63-83 years. Participants provided personal and occupational histories and described their retirement decisions, transitions, and lives in retirement. The women's retirement experiences differed in five areas: (1) attachment to work, (2) professional identity, (3) social contacts, (4) family roles/obligations, and (5) community involvement. Findings indicate investment in the work role does affect how women transition to retirement as well as how they structure their time in retirement.

However the impact of employment history on women's retirement has received limited attention. Employment history consists of occupational background (i.e., professional and nonprofessional) as well as duration of employment (i.e., continuous and discontinuous) (Cook, 1991; Skirboll & Silverman, 1992). Generally, women employed in professional roles have more education and training, more continuous work histories, and higher incomes (Price-Bonham & Johnson, 1982). One aspect of high attainment is also the concept of being 'gifted'. Holahan (1981) investigated the relationship between lifetime achievement patterns and retirement to life satisfaction for 'gifted' aging women. Participants were 352 women in Terman's study of the gifted who were surveyed in 1977 at a mean age of 66. Lifetime achievement pattern was defined by either homemaker, job, or career work history.

Dependent variables included health, happiness, life satisfaction, work attitudes, ambitions and aspirations, and participation in leisure activities. Results showed variations on life satisfaction measures as a function of lifetime career, with job holders generally less satisfied. There was a significant interaction between marital status and work pattern on overall life satisfaction suggesting an additive negative effect on the older woman

of loss of spouse and a work history of working for income alone. Activity involvement varied as a function of retirement status and was differentially related to life satisfaction as a function of retirement status and career pattern. Women employed in nonprofessional jobs, often referred to as 'working class', perform more physically demanding labour in service-oriented occupations, earn less pay, and represent continuous and discontinuous work histories (Perkins, 1993). Price and Dean's (2009) study explores the relationship between retired women's employment history and their social integration and social support networks in retirement. Employment history is defined by former occupation (professional, paraprofessional, nonprofessional) and job continuity (discontinuous and continuous). The sample consisted of 330 retired women ranging in age from 50 to 83 years, with diverse occupational histories, who were retired an average of 3.5 years. Results indicated that occupational status may influence women's social integration, part-time employment, caregiving tasks, and satisfaction with social support. Continuity of employment appears to only marginally influence social integration with no impact on social support or satisfaction with social support.

Very few studies exist in the Indian context on women's retirement and older women and lifelong work. This could primarily be due to the complex and competing discourses on women's work and fewer women in regular employment vis-à-vis other nations. The general trends in literature show that more of such literature on women's retirement in India is wanted. Although economics has paid attention to women's employment ((NSSO, 2011 (various rounds), Neetha (2009aNeetha (, 2009b)), Neetha and Mazumdar, 2006) more studies are wanting on the psychological, social and economic consequences and implications of aging women's post retirement lives, or simply, their lives after formal work life retirement transitions in general -either of themselves or their spouses.

The few studies that exist have generally looked at women's coping, adjustment and adaptability post retirement (Singh et al, 1987;Thane, 1998;John, 1999; ??alia, 1999;Nair, 2000). Denoting retirement as a 'stressful life event' in a study based in Punjab, Popli (2005) focuses on various aspects of health of aged women after retirement, exploring their present health status, change found after retirement, various ailments reported, mode of treatment, taken care by during life's adversities/challenges, change in diet, reasons for change and also various other factors responsible for change in health after their retirement. Girija Devi's (2009) study selected 200 retired women from two districts of Kerala. These women belonged to two different religions, social groups and age ranging from 50 (going to retire) to 65 (retired). It was found that majority of them experienced satisfaction and adjustment differently after the retirement.

In the post independence era (from the late 1970s) and with a certain degree of impetus to women's education in India, several women entered the labour force and into paid regular employments. Most of them are thus highly qualified and would have been achievers in their professional arenas. They could be thus called highly qualified professionally achieving women (henceforth HQPA women) These women would technically have either retired or would be nearing retirement. It is thus crucial to look at this cohort of older women in terms of their life satisfaction after retirement and what it means for feminist gerontology in the Indian context.

III. Methodology

The main objective of this study was to look at the life satisfaction for highly qualified professionally achieving aging women. HQPA women for this study are construed as highly qualified women (having postgraduate and doctoral degrees and above) having continuous work histories and high professional achievement as per regular parameters (institutional position, salary, perks and professional networks). Retirement is defined as relieving from formal employment at superannuation and hence does not include resignation/termination/voluntary retirement. A cross sectional survey of HQPA women in Mumbai city has been undertaken.

a) Sampling

Respondents were 306 older women who were surveyed between December 2013 and April 2014 in the city of Mumbai. A two stage sampling strategy has been adopted. At the first stage institutions/ organisations have been selected from where initial lists on retired/superannuated women employees (during last 20 years) in senior/managerial positions have been obtained. Three educational institutions, three nationalised banks, three public sector undertakings, three corporate houses and three public hospitals in Mumbai city were identified from where it was be possible to get base data on superannuated senior women employees. Probability proportional to size sampling was used to help identify the sample of women from the base data 1 been that the sites i.e. organisations/institutions were predetermined as also the sampling interval ($k=10$). The response rate was 87.32%. The cross-sectional sample comprised of adequate variations in class, education, lifetime occupation and living arrangements. This sample of women provided the opportunity for .the investigation of the satisfaction later in life for HQPA women in later life.

b) Tool and Analysis

An interview schedule was used and administered in English since all respondents had good working knowledge of the language. The tool contained basic questions on socio-demographic profile. The dependent variables was life satisfaction, measured by the Satisfaction with Life scale, Silver Lining Questionnaire and Meaning in Life Questionnaire. Satisfaction with Life Scale developed by Deiner et al (1985) contains a list of five statements for

agreement/ disagreement. It is a Likert type scale with the score range is 0 -35, the higher end score indicating higher levels of satisfaction with life. The cronbach α of the scale for this study was 0.87.

Silver Lining Questionnaire developed by Sodergren and Hyland (2000) contains a list of 38 statements assessing the attitude to illness and similar such life's adversities/challenges with a score range of 38 to 190; higher end scores indicating an ability to view the positive side or the silver lining in the event of life's adversities/challenges. The cronbach α of the scale for this study is 0.79. Meaning in Life Questionnaire developed by Steger et al (2006) contains a list of ten statements examining what makes life and existence significant and important to an individual. The score range on the Likert type rating is 10 -70 with higher end scores indicating higher meanings in life. The cronbach α of the scale for this study is 0.83. Scales were crosschecked in terms of permissibility of utilisation as well as cultural relevance/ adaptability and a pretesting of the entire schedule was done with few members of a senior citizen's association for validity and reliability. Data has been analysed largely using descriptive statistics and total population divided by the number of sites to be visited results in the sampling interval. An integer between one and the sampling interval at random is called a random start. Then a series is calculated in the following manner: random start, random start + 1 * sampling interval, random start + 2 * sampling interval, random start + 3 * sampling interval and so on till random start + 9 * sampling interval {where 9 would be the last one in the series if ten sites had to be visited and similarly 19, 29, 39 if 20, 30 or 40 sites had to be visited}. Each number generated in the series corresponds to a site on the list of population. The sampling units selected then are those for which the cumulative population (of all sites put together) contains the number in the series. For instance, if the random start is 125, then the 125 th unit would be the first site followed by the next in the series as calculated by the formulae. After the sites are selected, predetermined number of interviews are conducted in the sites/villages selected through random sampling method. cross tabulations, combining thereby bivariate and univariate forms of data representation and analysis.

6 c) Respondent Profile

The mean age of the sample was 65.86 years (SD = 3.48). Around 8.5% respondents were single and had always been single, 61% were married, 0.5% separated, 10% divorced, and 20% widowed. Roughly 49% had postgraduate degree and 21% had doctoral level qualifications and 30% had professional qualifications. At the time of the survey all women had retired from any kind of paid employment. Around 25% had retired from corporate houses, 25% from educational institutions, 15% from nationalised banks, 15% from public sector undertakings and 20% from public hospitals and health care sector. Around 56% of the older women belonged to the upper middle class as understood by their place of stay in the city and lifestyles and 44% belonged to the middle-middle class. Around 28.5% of the respondents lived alone, 61% lived with their spouse and children/kin and 10.5% lived with their siblings or distant kin. Around 56% of the women were Hindus, 22% Christians, 12% Zoroastrians and 10% were Buddhists.

7 d) Study Limitations

The study has limitations of a cross sectional survey and sampling as well as the fact that HQPA women were selected from limited settings. Further although organisations/institutions were asked to share data of 20 years, the more recent and easily available records were shared and hence the mean age of the respondents was between 60 and 70 years thereby excluding the old-old and oldest old age groups. Further from within the settings and from the available number of records, due to time and resource constraints, only one-tenth of the total number of respondents could be contacted and interviewed. A larger sample could have revealed more nuances to the data. Further although the scales have been used to understand satisfaction with life and ability to see meaning in life and address adversities, the study could have also been embellished with qualitative data and narratives which has not been included here. However in the absence of any such study in the Indian context, this data can be used as a starting point for further investigations.

8 IV. Scale cores on Life Satisfaction of hqpa Women

Table 1 depicts the satisfaction with life scale score of HQPA aging women. Around 68.63% of the HQPA women expressed satisfaction with life through their score ranges on the scale being 19-25. Around one-fifths (21.57%) were very highly satisfied with life. Hence in general HQPA women expressed satisfaction and very high satisfaction with life post retirement.

Volume XV Issue V Version I Table 2 depicts the differentials in satisfaction with life scale score by select background characteristics. In terms of marital status, the levels of dissatisfaction were higher among widows (16.13%) and never married/single elderly women (13.04%). Religion wise distribution of the levels of satisfaction/ dissatisfaction was almost similar. HQPA women with doctoral and professional level qualifications had higher scores indicating that they were more satisfied in their post retirement lives. This could be due to the fact that their training permitted them to be engaged and hence satisfied. A higher proportion of HQPA women living alone and retired from educational institutions and corporate houses were less satisfied in their post retirement lives. Table 3 depicts the silver lining questionnaire score of HQPA women. Majority (67.32%) had a fair view of life's adversities/challenges -they were able to view the positive side of life in the event of life's adversities/ challenges thereby demonstrating resilience and optimism. Around 2.61% were not positive

about life's adversities/challenges and one-tenth (10.46%) had an average view of life's adversities/challenges. Close to two-fifths (18.95%) had good positive view of life's adversities/challenges demonstrating thereby a good level of optimism and a miniscule number 0.65% had very good scores as they resorted to techniques such as autosuggestion and meditation. Table 4 depicts the differentials in the silver lining questionnaire scores of HQPA women by select background characteristics. A higher proportion of ever single and widowed HQPA women had lower end scores. A higher proportion of currently married women had higher end scores. Further the table also shows that a higher proportion of Hindu women, those living with spouse and children and those retired from educational institutions, public sector undertakings and nationalised banks had higher end scores. Table 5 shows the meaning in life questionnaire score ranges for HQPA women. Majority (43.46%) had scores tending towards a moderate meaning in life and a little more than one-fifth (22.86%) had scores demonstrating a fair meaning in life. Around 1.96% and 7.84% respectively had very high and high scores. Around 14.05% had scores demonstrating a low meaning in life and 5.55% and 3.27% respectively had scores in the poor and very poor range. Hence by and large the scores tended to be in the moderate and fair range, depicting a moderate and fair meaning in life. Table 6 depicts the differentials in meaning in life questionnaire score by select background characteristic. A higher proportion of currently married women had higher scores and half of the widowed respondents had low scores. A higher proportion of Buddhist and Hindu women had higher scores. Close to half the women with postgraduate level qualifications had lower end scores. HQPA women with doctoral and professional level qualifications generally had moderate and fair scores. A higher proportion of HQPA women living with spouse and children had high scores. Close to one-fifth of the HQPA women living alone and those living with extended kin had lower end scores. Twothirds of the HQPA women who had retired from educational institutions had higher scores indicating that post retirement they were able to see good meaning in life and have a sense of equilibrium. HQPA women who retired from nationalised banks (48.38%), from public sector undertakings (35.35%) and from hospitals and health care settings (32.92%) had lower end scores. V. Discussion and Conclusion

The present study has shown variations in life satisfaction HQPA women in their aging years.

Women had retired from a range of organisations including educational institutions, corporate houses, nationalised banks, public sector undertakings and public hospitals and health care settings. In general HQPA women expressed satisfaction and very high satisfaction with life post retirement. On the satisfaction with life scale scores, a higher proportion of HQPA women living alone retired from educational institutions and corporate houses were less satisfied in their post retirement lives. This could be attributed to lack of the same level of activity that they were used to during their active work lives. Further living along is another variable that added to the level of dissatisfaction. Majority of the HQPA women who had retired had a fair view of life's adversities/challenges they were able to view the positive side of life in the event of life's adversities/challenges thereby demonstrating resilience and optimism. HQPA women who had retired from educational institutions, public sector undertakings and nationalised banks had higher end scores on the silver lining questionnaire. This could be attributed to the nature of work that they were engaged in which enabled them to have and maintain an optimistic worldview in the face of adversities. On the meaning with life questionnaire most HQPA women had moderate to fair meaning in life. Majority of the HQPA women who had retired from educational institutions found good meaning in life in the post retirement years. This meant that they were able to understand their life's meaning, were seeking purpose with a clear sense, had an understanding of what makes life meaningful and significant and had a purpose and mission in life in the post retirement years. As per the study data, HQPA women who retired from nationalized banks, public sector undertakings and hospitals/health care settings had lower scores on meaning in life questionnaire. In the post retirement years, these HQPA women were not able to that well discern life's purpose, significance and meaning as their counterparts from the educational sector.

A number of other socio-demographic variables also influenced life satisfaction of HQPA women in later years. This is in consonance with research on aging that suggests that life satisfaction is related to several other variables such as marital status and religious/ethnic background (Pillemer & Glasgow, 2000). In terms of implications of this study's findings for interventions with HQPA women, we can draw from the model of Cox and Parsons (1994) and their four dimensions to intervention for empowerment -personal, interpersonal, micro environmental and macro environmental. On the personal level, practitioners must better inform HQPA women about current retirement policies and encourage all women to carefully examine how their unique life circumstances will affect their retirements. The discrepancies, for example, that exist between HQPA women's expectations about retirement compared to what they actually encountered as hence what then influences their life satisfaction and meaning underscore the importance of preretirement planning for women.

On a micro environmental and organizational level, this calls for better services for HQPA women nearing retirement that are sensitive to the diverse experiences that women encounter in work and family roles. Although many agencies that serve older adults have support groups for destitute elderly women and aging persons below the poverty line, few offer groups specifically for retired women. Fewer still offer groups that take into account the intricate connections between work and family, between the informal and formal, and between the private and public, that are imperative to consider if we expect to successfully assist HQPA aging women to meet their challenges and be better equipped for later life. Both preretirement and postretirement groups that take into account these intersections and connections are needed to help HQPA women decide when and how they will retire and to what extent they will be better adjusted in retirement.

Several changes must occur on the macro environmental or socio-political level in the Indian context if HQPA retired women ever expect to achieve parity with retired men. Some of the suggestions that Hooyman and Gonyea (1995) recommend and which can be applied include: modifying the definition of work to incorporate unpaid labour in the home and community; providing credit for years lost resulting from caregiving; financing paid caregiving over the family life cycle through a social insurance approach; and providing direct financial support for caregiving. This may go a long way in determining their life satisfaction in later years.¹



Figure 1:

1

Satisfaction with Life Scale Score	Frequency	Percentage
5-11 (dissatisfied)	05	01.63
12-18 (moderately satisfied)	25	08.17
19-25 (satisfied)	210	68.63
26 and above (very highly satisfied)	66	21.57
Total	306	100.00

Figure 2: Table 1 :

¹Probability Proportional to Size sampling (PPS) is the probability of selecting a sampling unit proportional to the size of its population which then gives a probability (i.e. random, representative sample). This method facilitates planning in field work because a predetermined number of respondents are interviewed in each unit selected. In the general procedure in large scale surveys, the first step is to determine the number of sites to be visited and the total sample size desired. The . Here the modification has

2

Background Characteristics	Satisfaction with Life Scale Score (In%)		Total number
	Dissatisfied and Moderately Satisfied	Satisfied and Very Highly Satisfied	
Marital status			
Currently married	02.08	97.92	182
Never married/single	13.04	86.96	26
Widowed	16.13	83.87	61
Divorced	04.76	95.24	36
Separated	00.00	100.00	01
Religion			
Hindu	06.10	93.90	171
Christian	06.25	93.75	67
Zoroastrian	06.25	93.75	37
Buddhists	07.32	92.68	31
Education Qualifications Level			
Postgraduate	21.15	78.75	150
Doctoral	07.89	92.11	64
Professional Qualifications	04.76	95.24	92
Type of living arrangement			
Living alone	10.98	89.02	87
With spouse and children	04.54	95.46	187
With children, grandchildren and other relatives/extended family	04.12	95.88	32
Retired from			
Educational Institutions	38.09	61.91	77
Corporate houses	12.42	87.58	76
Nationalised Banks	02.19	97.81	45
Public sector undertakings	00.00	100.00	46
Public hospitals and health care settings	00.00	100.00	62
Total			306

Figure 3: Table 2 :

3

Silver Lining Questionnaire Score Range	Frequency	Percentage
0 -38 (not positive about life's adversities/challenges)	08	02.61
39 -76 (average positive view of life's adversities/challenges)	32	10.46
77 -114 (fair view of life's adversities/challenges)	206	67.32
115 -152 (good positive view of life's adversities/challenges)	58	18.95
153 -190 (very positive view of life's adversities/challenges)	02	00.65
Total	306	100.00

Figure 4: Table 3 :

Background Characteristics	Silver Lining Questionnaire Score Range (in%)				Total Number
	Not and average view	Positive view	Fair View	Good and Very Good View	
Marital status					
Currently married	05.21		58.33	36.46	182
Never married/single	21.73		56.54	21.73	26
Widowed	20.16		75.81	04.03	61
Divorced	00.00		76.19	23.81	36
Separated	00.00		73.69	26.31	01
Religion					
Hindu	11.45		58.02	30.53	171
Christian	21.27		68.09	10.64	67
Zoroastrian	15.63		78.12	06.25	37
Buddhists	15.63		74.99	09.38	31
Education Qualifications Level					
Postgraduate	48.07		42.32	09.61	150
Doctoral	07.37		84.74	07.89	64
Professional Qualifications	00.00		36.51	63.49	92
Type of living arrangement					
Living alone	16.48		72.54	10.98	87
With spouse and children	11.36		54.55	34.09	187
With children, grandchildren and other relatives/extended family	05.15		74.23	20.62	32
Retired from					
Educational Institutions	00.00		50.00	50.00	77
Corporate houses	17.64		72.36	10.00	76
Nationalised Banks	00.00		67.75	32.25	45
Public sector undertakings	10.10		59.60	30.30	46
Public hospitals and health care settings	15.52		78.27	06.21	62
Total					306

Figure 5: Table 4 :

5

Meaning in Life Questionnaire Score	Frequency	Percentage
70-61(Very high meaning in Life)	06	01.96
60 -51 (High meaning in life)	24	07.84
50 -41 (Moderate meaning in life)	133	43.46
40 -31 (Fair meaning in life)	73	22.86
30 -21 (Low meaning in life)	43	14.05
20 -11 (poor meaning in life)	17	05.55
10and below(diminished meaning)	10	03.27
Total	306	100.00

Figure 6: Table 5 :

6

Background Characteristics	Meaning in Life Questionnaire Score Range (in%)			Total Number
	Very High and High	Moderate and Fair	Low, Poor and Diminished	
Marital status				
Currently married	15.62	79.17	05.21	182
Never married/single	10.87	82.61	06.52	26
Widowed	04.03	45.97	50.00	61
Divorced	14.28	85.72	00.00	36
Separated	10.52	89.48	00.00	01
Religion				
Hindu	11.45	58.02	30.53	171
Christian	04.25	74.47	21.28	67
Zoroastrian	09.38	74.99	15.63	37
Buddhists	15.63	68.74	15.63	31
Education Qualifications Level				
Postgraduate	15.87	36.51	47.62	150
Doctoral	07.89	76.32	15.79	64
Professional Qualifications	09.61	71.16	19.23	92
Type of living arrangement				
Living alone	06.59	71.43	21.98	87
With spouse and children	11.36	77.28	11.36	187
With children, grandchildren and other relatives/extended family	05.15	77.33	17.52	32
Retired from				
Educational Institutions	66.67	33.33	00.00	77
Corporate houses	09.41	78.83	11.76	76
Nationalised Banks	06.45	45.17	48.38	45
Public sector undertakings	08.08	56.57	35.35	46
Public hospitals and health care settings	06.21	60.87	32.92	62
Total				306

Figure 7: Table 6 :

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