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# The gender of retirement in a double-ageing country: A sociological exploration of post-retirement experiences among men and women in Harvana

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#### Abstract

The phenomenon of retirement holds different meanings and consequences for men and women, especially in countries undergoing demographic shifts marked by a double-ageing process where both the percentage of elderly and the ageing of the elderly are increasing. This sociological study examines the post-retirement experiences of men and women in the Indian state of Haryana. It critically explores how gender roles, social expectations, health, financial stability, and emotional well-being intersect to shape the retirement narrative differently for men and women.

Through a mixed-methods approach involving surveys and in-depth interviews of 200 retirees (100 men and 100 women), the study investigates various dimensions of retirement, including economic dependency, health outcomes, social participation, and psychological adjustment. A chi-square test is applied to analyze gender-based differences in post-retirement satisfaction and economic security, while a ttest compares mean stress levels between men and women.

The findings reveal significant gender disparities: men generally associate retirement with status loss and reduced purpose, while women particularly homemakers often report retirement as a continuation of unpaid labor. Women face greater financial insecurity due to fewer years in the workforce, lower pensions, and dependency on family members. Social support networks and community engagement emerged as critical coping mechanisms for both genders but were more frequently accessed by women.

The paper concludes by recommending gender-sensitive policy interventions, including pension reforms, community-based support programs, and mental health services tailored for the elderly. This study contributes to the growing body of literature on ageing, gender, and retirement in developing nations.

**Keywords:** Retirement, double-ageing, sociological, exploration, experiences

## 1. Introduction

The concept of retirement has long been associated with the cessation of professional or formal work. However, in sociological terms, retirement represents a major life transition that affects individuals' roles, identities, social relationships, and access to resources. In a "double-ageing" country like India, where both the elderly population and life expectancy are increasing, understanding retirement through a gendered lens becomes critical.

Haryana, a socio-culturally diverse state in northern India, provides a unique case for studying the gendered nature of retirement. The state shows stark gender contrasts in education, employment, and socio-cultural expectations, which are carried forward into the retirement phase. While

men often retire from formal employment, many women have spent their lives in informal, unpaid, or domestic laborrendering their retirement experience structurally invisible yet socially significant. This paper aims to address:

- How do men and women in Haryana perceive retirement?
- What are the gender-specific economic, social, and psychological consequences of retirement?
- How do familial and institutional systems support or neglect retired individuals differently based on gender?

Through a mixed-methods approach grounded in gender theory and gerontology, this study provides a nuanced understanding of retirement in a double-ageing context.

## 2. Literature Review

Chatterjee & Kapoor (2024) <sup>[6]</sup> emphasized the psychological struggles of older adults, noting that women retirees are more likely to suffer from depression due to isolation, financial dependency, and lack of institutional recognition of their work. Men, on the other hand, reported anxiety linked to identity loss post-retirement.

Mukherjee & Sharma (2023) [7] explored retirement transitions in North Indian states, including Haryana, noting gender disparities in access to pensions, savings, and post-retirement identity. Men expressed loss of power and social relevance post-retirement, while women, especially homemakers, experienced continued domestic responsibilities without recognition or relief.

HelpAge India Report (2023) [4] underlines that only 16% of older women in India receive pensions compared to over 50% of men. The gender pension gap leaves retired women highly dependent on family or informal labor. In Haryana, this disparity is more severe due to lower female labor force participation.

Singh & Joshi (2023) [14] proposed that community-based interventions, such as women's self-help groups and elderly clubs, can improve post-retirement satisfaction. Their study from Rohtak, Haryana, shows that women engaged in collective activities report better social well-being than isolated retirees.

Rajan & Mishra (2022) [8] in their analysis of India's ageing population observe that India is rapidly transitioning to a double-ageing society. They highlight that not only is the elderly population growing (expected to reach 300 million by 2050), but people are living longer with chronic health conditions, thus straining familial and public care systems. This has deep implications for retirement systems, especially for women who traditionally lack pension coverage.

Yadav & Singh (2022) [9] highlighted how Haryana's strong patriarchal norms influence retirement and ageing experiences. While retired men experience diminished control in family matters, older women face social invisibility and increased burden of household caregiving. The study calls for community-based support structures.

Ministry of Social Justice and Empowerment (2022) [13] acknowledges gender gaps in retirement preparedness. Their proposed "National Elderly Financial Security Scheme" aims to provide informal-sector women with a postretirement safety net. However, the implementation in states like Haryana is still at a nascent stage.

Kumari (2021) [10] examined elderly care and gender roles in Haryana. The study found that older women are more likely to depend on sons for survival, while also providing unpaid care to grandchildren or ill family members. The traditional patriarchal setup in Haryana exacerbates gender inequalities during old age.

Verma & Lal (2021) [12] reported that retired women in northern India have poorer access to geriatric health care and suffer more from untreated chronic illnesses than men. Their health issues are often ignored due to their perceived lesser value post-retirement.

D'Souza & Chattopadhyay (2020) [11] conducted a pan-India survey and found that retirement satisfaction among men is significantly tied to occupational identity, while women's satisfaction is influenced more by social networks and

familial bonds. They emphasize the need for gender-specific retirement planning.

## 2.1 Gaps in Literature

There is a significant gap in gender-based retirement studies at the state level in India. Haryana's patriarchal norms and evolving social structures offer fertile ground for such exploration. Despite growing interest in ageing and retirement studies, significant gaps remain in understanding the gendered nuances of post-retirement experiences, particularly in regional contexts like Haryana. Most existing literature focuses on economic aspects of retirement or general ageing trends, often overlooking the sociocultural realities faced by women, especially those outside the formal workforce. There is limited research that examines how gender roles, familial expectations, and social networks shape retirement differently for men and women. Moreover, the intersection of gender with rural-urban divides, caste, and access to healthcare in a double-ageing society remains critically underexplored and requires deeper sociological investigation.

#### 3. Materials and Methods

This study adopted a mixed-methods research design to explore the gendered dimensions of post-retirement experiences among elderly men and women in Haryana, India. The integration of both quantitative and qualitative approaches enabled a comprehensive understanding of both measurable variables and nuanced social realities.

### 3.1 Research Design

A mixed-methods approach was employed, combining quantitative and qualitative data collection and analysis techniques. The rationale behind this approach was to quantify retirement satisfaction and psychological stress while simultaneously capturing personal narratives and sociocultural insights that statistical tools alone could not reveal.

- Quantitative Component: Structured questionnaires were administered to measure levels of retirement satisfaction and psychological stress among retired individuals. This enabled systematic comparison between male and female retirees.
- Qualitative Component: In-depth interviews were conducted with a subset of participants to delve deeper into subjective post-retirement experiences, perceptions of ageing, familial roles, emotional well-being, and social expectations, especially within the socio-cultural setting of Haryana.

## 3.2 Sample

The study utilized a purposive sampling technique to select participants who could provide relevant and diverse perspectives on retirement in Haryana.

- Sample Size: A total of 200 retirees were selected, comprising 100 men and 100 women, all aged 60 years or older.
- Sampling Criteria: Participants were chosen based on the following criteria:
  - Aged 60 years and above
  - Retired from formal or informal work
  - Resident of Haryana

- Willing to provide informed consent
- Geographical Scope: Both rural and urban areas of Haryana were included to capture diverse postretirement experiences shaped by locality, access to services, and cultural norms.
- Diversity Considerations: Efforts were made to ensure variation in terms of socio-economic status, educational background, occupational history, and marital status to enhance the richness and generalizability of findings.

### 3.3 Tools for Data Collection

Multiple tools were used to collect both quantitative and qualitative data:

- Demographic Data Sheet: This included details such as age, gender, education level, income source, number of dependents, type of residence (urban/rural), and marital status.
- Retirement Satisfaction Scale: A standardized tool was used to measure satisfaction with life post-retirement, covering areas such as financial security, health, leisure, autonomy, and social involvement.
- Psychological Stress Scale (PSS): The Perceived Stress Scale was employed to assess the psychological stress levels of participants. This tool is well-established for evaluating subjective stress experiences over the past month.
- In-depth Interview Schedule: A semi-structured interview schedule was designed for the qualitative portion, covering themes like retirement transition, changing family dynamics, sense of identity, health concerns, coping mechanisms, and gendered social roles.

Each tool was either translated into the local language (Hindi/Haryanvi) or explained verbally to ensure comprehension among less-educated participants.

## 3.4 Data Analysis

Data analysis was conducted in a stepwise manner, with quantitative and qualitative data treated through appropriate methods:

- Descriptive Statistics: Basic statistics such as means, frequencies, and percentages were used to provide a demographic and psychological profile of the sample.
- Chi-square Test: The Chi-square test was used to examine associations between gender and retirement satisfaction levels. This helped determine whether gender plays a statistically significant role in postretirement well-being.
- Independent Sample t-Test: To compare the mean scores of psychological stress between male and female retirees, an independent sample t-test was conducted. This allowed the researcher to observe if gender differences in stress levels were statistically significant.
- Thematic Analysis: The qualitative data from in-depth interviews were analyzed using thematic analysis.
  - Interviews were transcribed and coded manually.
  - Recurrent patterns and themes were identified.
  - Themes were organized under broader sociological categories, such as "Gendered Retirement Expectations," "Social Value of Women's Work," "Family Dependency," "Health and Emotional Adjustment," and "Coping and Resilience."

The mixed-methods triangulation allowed for both statistical validation and in-depth contextual understanding of the participants' experiences.

## 3.5 Ethical Considerations

Ethical considerations included obtaining informed consent, ensuring voluntary participation, and maintaining anonymity and confidentiality of all participants. Interviews were conducted respectfully, with cultural sensitivity, especially when addressing personal or emotional issues. Participants were informed of their right to withdraw at any time without consequences, ensuring ethical integrity throughout the study.

The results of the study in two integrated parts-quantitative and qualitative-allowing a multidimensional analysis of gendered experiences of retirement among elderly men and women in Haryana. Quantitative data were analyzed using descriptive statistics, chi-square test, and t-test, while qualitative data were thematically analyzed from in-depth interviews to understand personal, familial, and societal dynamics post-retirement.

## 4. Demographic Profile of Participants

The study comprised a purposive sample of 200 retired individuals from Haryana, equally divided between men and women (100 each). The average age of participants was 67 years, with the range spanning from 60 to 80 years. The sample was drawn from both rural and urban areas, with 54% of participants belonging to urban localities and 46% from rural regions.

Among the female participants, a substantial 68% identified themselves as lifelong homemakers who were not formally employed. In contrast, a large proportion of male participants had retired from formal jobs, including roles in teaching, government services, and industrial labor.

A significant disparity was noted in pension access: 92% of male retirees received some form of pension (government or employer-sponsored), while only 22% of female participants-mostly widows of government employees or retired nurses/teachers-reported receiving pensions. This finding sets the stage for understanding gendered financial insecurity in post-retirement life.

## 4.1 Financial Security and Gender

One of the primary objectives of this study was to examine the gendered dimensions of financial satisfaction in retirement. The following hypothesis was tested:

• Null Hypothesis (H<sub>0</sub>): Gender has no association with financial satisfaction post-retirement.

Using a Chi-square test of independence, the association between gender and self-reported financial satisfaction was analyzed. The results were as follows:

$$\chi^2$$
 (1, N = 200) = 26.3,  $p$ <0.01

The chi-square test indicates a statistically significant association between gender and financial satisfaction. Thus, the null hypothesis is rejected. Men reported significantly higher levels of financial satisfaction post-retirement compared to women. This aligns with earlier demographic data where men had more access to pensions and savings,

while most women remained financially dependent on family members.

The disparity in financial autonomy among retired women was evident in their narratives. Many expressed feelings of guilt or burden when requesting money for personal needs. In contrast, male participants described using their pension to maintain personal freedom, household contribution, or leisure spending.

These findings underscore the deeply gendered nature of financial independence in retirement and reflect broader societal structures that limit women's access to paid work and pension benefits, especially in states like Haryana with strong patriarchal norms.

## 4.2 Psychological Stress and Gender

Another key area of investigation was the psychological impact of retirement on men and women. The Perceived Stress Scale (PSS) was used to assess subjective stress levels. An independent samples t-test was conducted to compare mean stress scores between male and female participants.

- Mean stress score (Men): 21.2
- Mean stress score (Women): 27.5
- t(198) = 4.56, p < 0.001

The t-test results reveal a significant difference between the stress levels of male and female retirees, with women showing notably higher levels of psychological stress postretirement. The result is statistically significant at p < 0.001. Several factors contribute to elevated stress in women, including financial dependence, caregiving burden, lack of social recognition, and poor access to healthcare. Women expressed concerns over physical fatigue, emotional exhaustion from continuous unpaid caregiving, and invisibility household decision-making, in exacerbated their stress levels. Men, while also reporting emotional dependency, had better coping resources such as pensions or hobbies and were more likely to be involved in community groups.

This gender disparity in psychological well-being highlights the need for mental health interventions and social support networks targeted specifically at elderly women in semiurban and rural contexts.

## 4.3 Themes from Qualitative Interviews

In-depth interviews were conducted with 40 participants (20 men and 20 women) to provide qualitative depth to the survey findings. Four major themes emerged from the thematic analysis:

## 4.3.1 Identity and Purpose

Men frequently reported a loss of identity following retirement. Their self-worth was often intertwined with their job roles. Many described feelings of redundancy and lack of purpose after retiring from positions of respect and responsibility.

"I feel irrelevant now. No one asks for my opinion anymore." - Retired School Teacher, 70

The withdrawal from formal work life created an identity vacuum, leading to a crisis of self-perception for several male retirees.

In contrast, women, particularly homemakers, did not

perceive retirement as a meaningful transition. Their work never had a formal "start" or "end," so the idea of retirement was alien to their lived reality.

"My work hasn't stopped. Retirement is not for women like me." - Homemaker, 65 For these women, the continuity of household

For these women, the continuity of household responsibilities meant that life remained much the same, only with increased physical limitations and less acknowledgment from family members.

## 4.3.2 Family Dynamics

Gendered expectations within the household created differing post-retirement family roles. Men often felt emotionally dependent on spouses or children. Many described themselves as "useless" at home, unsure of how to spend time or contribute meaningfully. Some felt left out of decision-making or alienated from their children.

"I wait for someone to talk to me. My son is always busy with work." - Retired Postmaster, 72

Women, on the other hand, found themselves burdened with caregiving responsibilities. They were expected to care for grandchildren, ill spouses, or in-laws without any acknowledgment or respite. This unending cycle of care was a source of physical and emotional stress.

"I have no rest. I cook, clean, take care of my sick husband, and now my daughter's children too." - Homemaker, 69
The burden of unpaid care was disproportionately borne by women, further aggravating their stress and fatigue in later life.

## 4.3.3 Health and Access to Care

Both men and women reported deteriorating physical health, including diabetes, arthritis, high blood pressure, and vision problems. However, the experience and management of health differed by gender.

Men, with financial independence and pension access, were more likely to visit private doctors or afford regular medications. Their decisions regarding healthcare were also autonomously made.

Women, particularly those without pensions, faced multiple layers of barriers. Dependency on sons or husbands for healthcare expenses meant that medical decisions were often delayed or denied.

"If my son gives money, I will go to the doctor. Otherwise, I just rest and wait." - Widow, 66

The lack of agency in managing their health made elderly women more vulnerable to untreated or prolonged illnesses.

## 4.3.4 Social Participation

Men generally experienced isolation unless they engaged in structured community or religious activities. Those involved in pensioners' clubs, religious gatherings, or village councils reported better emotional health and lower stress.

"I go to the park and talk with other retired men. It helps me feel alive." - Retired Banker, 68

Women, especially in rural areas, found social connections through religious gatherings, neighborhood visits, and family functions. However, their social participation was often limited by mobility issues, family expectations, or the need to stay home and provide care.

"I like going to the temple, but my knees hurt, and someone has to look after the house." - Homemaker. 70

The gendered difference in modes of social engagement reflects the broader social constraints placed on women's mobility and leisure, even in retirement.

#### 5. Discussion

The findings underscore a gendered experience of retirement deeply embedded in social structures. Men's identity and financial well-being are tied to their work life, hence the abrupt loss of status post-retirement. In contrast, women-especially those in unpaid labor-continue to bear domestic responsibilities, rendering their retirement invisible yet burdensome.

The higher stress among women aligns with global findings that women in patriarchal societies tend to internalize post-retirement pressures due to limited financial independence and emotional labor expectations (Calasanti & Slevin, 2006) [2].

Family support is a double-edged sword. While it provides emotional sustenance, it often perpetuates gendered expectations. The lack of formal pensions for homemakers further widens the gender gap in retirement well-being.

This research supports a shift toward gender-responsive policies in retirement planning, including state pensions for homemakers and increased access to community health services.

### 6. Policy Recommendations

The findings from this study point to urgent and multidimensional interventions required to bridge the gender gap in retirement experiences. A comprehensive policy response must acknowledge the socio-economic and emotional disparities faced by elderly women, particularly those excluded from formal employment systems, and aim to create an inclusive and equitable retirement landscape in Harvana.

To begin with, the implementation of gender-sensitive pension schemes is paramount. Given that the majority of elderly women, especially homemakers, lack access to formal pensions, introducing Universal Basic Pensions specifically targeted at elderly women would be a significant step in addressing financial insecurity. This must include special provisions for women who contributed through unpaid domestic and caregiving labor throughout their lives. Furthermore, the equitable distribution of family pensions after the death of a spouse should be made more accessible to widows. Procedural barriers and institutional biases must be addressed to ensure timely and hassle-free transfer of benefits to surviving women.

Healthcare access remains a major concern, particularly for rural elderly women who face mobility and financial constraints. There is a need for regular free mobile health camps in rural areas with a focus on geriatric care, reproductive health in older age, and chronic disease management. Additionally, establishing gender-sensitive mental health helplines tailored for retirees can provide much-needed psychosocial support to both men and women, with an emphasis on addressing stress, loneliness, and emotional burden among elderly women.

A significant barrier to accessing benefits is the lack of information, especially in rural and semi-literate populations. Therefore, awareness campaigns on old-age social security schemes must be regularly conducted at the

village and panchayat levels. These drives should not only inform but also help individuals, especially women, in navigating bureaucratic processes. Alongside this, femalecentric retirement counseling programs can help women prepare for later life transitions and encourage them to assert their financial and emotional needs in family and community settings.

To reduce social isolation and promote emotional wellbeing, community engagement programs should be strengthened. Local retiree clubs must be formed and supported by local government bodies to create inclusive spaces where elderly men and women can interact, share experiences, and participate in recreational and developmental activities. Equally important is the promotion of elderly self-help groups (SHGs) with specific funding and capacity-building programs. These SHGs can empower elderly women through micro-enterprises, health awareness, and peer support networks.

Finally, legal and institutional reforms are essential to ensure accessibility. Many elderly women lack formal identity documents or employment records, creating barriers to claiming entitlements. Therefore, simplification of documentation procedures for pensions, healthcare, and insurance-particularly for women without formal credentials-must be prioritized. Community facilitators, digital kiosks, and panchayat-level grievance redressal mechanisms can be deployed to streamline access and uphold the dignity and rights of the elderly.

#### 7. Conclusion

This study has provided a nuanced sociological exploration of the gendered dimensions of retirement in Haryana, situating the discussion within the broader framework of a double-ageing society. The findings reveal that retirement is not a homogenous experience but one that is deeply shaped by gendered life trajectories, social roles, and structural inequalities. While men tend to struggle with the psychological impact of losing professional identity and social recognition post-retirement, women-particularly those who were homemakers-grapple with continued domestic burdens, financial dependency, and social invisibility.

For many men, retirement marks a distinct rupture from an identity built around formal employment and public engagement, often leading to emotional disengagement and a perceived decline in self-worth. In contrast, women's retirement is often informal, unrecognized, and marked by continuity rather than change. Their unpaid caregiving roles persist, and in the absence of independent financial resources, they remain heavily reliant on family support systems that are not always dependable or equitable.

The analysis further highlights critical disparities in access to pensions, healthcare, psychological well-being, and social participation, with women disproportionately disadvantaged. These gaps are magnified by intersecting factors such as age, education, and rural-urban location, reinforcing the need for targeted policy responses.

To ensure retirement is a phase of dignity, inclusion, and well-being for all, a multi-pronged, gender-responsive approach is essential. This includes implementing universal pensions for women, improving healthcare accessibility, simplifying bureaucratic procedures, and fostering community-based support networks. Only by addressing the

structural roots of gender inequality in retirement can India's ageing population move toward a more equitable and just future, where both men and women can age with autonomy, respect, and security.

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