QUALITY OF LIFE OF FEMALE PUBLIC SERVICE RETIREES IN A NIGERIAN SETTING

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Abstract
The study was undertaken to ascertain the status of the quality of life (QoL) of female public service retirees and the associated factors in a Nigerian setting given the complaints of irregular or non-payment of pension income. Structured questionnaire containing validated scales for QoL domains (physical health, life satisfaction, subjective happiness, psychological wellbeing, cognitive wellbeing) was used to obtain information from 560 retirees. By overall assessment, prevalence of unsatisfactory QoL was 51.1% while it varied from 42.5 to 68.7% by background socio-demographic variables. Prevalence of arthritis and hypertension was high and markedly greater than other diseases (51.8-64.6 vs. 10.5-32.0%). Further analysis by QoL domains revealed a high prevalence of unsatisfactory physical health (60.2%), but the divide between "unsatisfactory" and "satisfactory" in other domains was marginal (49.3-55.4 vs. 44.6-50.7). Logistic regression indicated that the odds of satisfactory QoL was significantly associated (P<0.05) with respondents having secondary and post-secondary education, living with spouse, economic satisfaction and former employment in health care institutions, but declined with increasing age and years in retirement. Prevalence of regular pension income, financial support from children, extended family members and friends was 26.4-66.3, 45.8-49.2, 6.0-11.1, 2.6-7.2%, respectively while it was 29.8% for income from private businesses and contract employment. It is concluded that poor QoL and a weak family support that suggested a weakening African family tradition was highly prevalent among the female retirees.

Key words: Female retirees; Quality of life; Nigeria.

1.0 Introduction

Primarily, retirement is an exit or disengagement from one's primary career/job before physical and cognitive disabilities set in. Although still debatable, a mandatory age, usually 60 years, for retirement has been set in many parts of the world particularly for public servants. The effect of retirement includes financial loss, psychological problems, social alienation and health concerns. These have been the subjects of extensive research particularly in high income developed world (e.g. Streib & Schneider, 1971; Walker 1982; Moen, Erickson, Agerwal, Fields & Todd,. 2000; Mein, Martikainen, Hemingway, Stansfeld & Marmot, 2003; Ekerdt, 2004; Mein & Ellison 2006; Eibich 2014).

The retirement process is a colonial heritage, which was not practiced in the pre-colonial sub-Saharan African tradition. Hitherto, men and women continue to work in farms, fish, hunt, shepherd cattle, trade or undertake small-scale business until disabilities set in. Thereafter, their children or other members of the extended family take care of them. Today the scenario is changing in sub-Sahara Africa

because men and women now engage in paid jobs that terminates with pensionable retirement in early old age. A consequence of this is the diminishing traditional "home-maker" role of women in Nigeria due to their involvement in paid jobs. Their engagement in paid jobs is often propelled by life styles that necessitated the acquisition of consumer goods culminating in financial pressure at home (Phizacklea & Wolkowitz 1995). Today Nigerian women dominate the teaching profession especially at the primary and secondary schools levels and have substantial presence in the civil service. By this development, the population of Nigerian women likely to face the challenges of life in retirement is increasing.

The major challenge facing retirees from public service in Nigeria is that of delayed or non-payment of gratuities and pension, which has brought untold hardship to retirees (Ogunbameru 1987: 1996; Ekpeyong 1995). The management of pension fund in Nigeria has been bedeviled by embezzlement, scandals and corrupt practices (Fapohunda 2013; Garba & Mamman 2014). Until 2004 when the contributory pension scheme was introduced, Government operated, the defined benefit scheme, which in addition to the associated corrupt practices, was an economic burden to Government. In the defined pension scheme, retirees are paid specific amounts for gratuity and pension based on length of service and the rank attained before retirement. The cost was solely borne by Government. The contributory pension scheme which was passed into law in 2004 stipulates that each employee contributes 7.5% of monthly salary to a retirement savings account while the employer contributes the same 7.5% of the employee's salary making it a total of 15% (FGN 2004). The savings are expected to be managed by licensed Pension Fund Administrators. Although the contributory scheme has been hailed as better than the earlier schemes, its acceptance and implementation has been very slow (Ugwuoke & Onyeanu 2013). The contributory scheme was derived from the pension scheme of the Republic of Chille and the Government of Chille amended it in 2014 to correct some lapses such as poor compliance, inequitable returns of pension fund investment and high administrative cost (Ugwuoke & Onyeanu, 2013; Oyedele 2014). Although it is early to ascertain the extent of compliance, Oyedele (2014) noted that "only about 2.4 million out of over 60 million Nigerians of working age contribute to the pension scheme. Effectively, this means less than 5% of Nigerians are covered leaving over 95% exposed to social insecurity in their old age". The implication of this statement is that many retirees are likely to continue to face hard times arising from the poor implementation of earlier pension schemes and the uncertainties of the new scheme. This concern needs to be substantiated with empirical studies particularly for women who are generally regarded as a vulnerable group.

Many of the studies on retirement have been based on men's experiences and women were considered only for comparison (e.g. Szinovacz & Washo 1992; Quick & Moen 1998; Zimmerman, Mitchel, Wister & Gutman, 2000; Amaike & Olurode 2014). The studies lacked consideration for women's social and cultural roles in the family and the tendency for women to live longer than men (Price 2003). Indeed Price (2003) stated that "Because women display more divergent work histories, have greater family responsibilities across life span, and spend more years in retirement than men; their transitional experiences do differ from men and warrant individual attention." On average women earn less than men implying that their capacity to save is lower than men; they also receive less money in retirement and face more challenges because they live longer (Apps 2009). Given this peculiarity, it should be of concern that the future social and financial security of women that are presently in the workforce be secured. To do this, the wellbeing of women presently in retirement needs to be known in order to plan for future female retirees.

There is paucity of information on the wellbeing of female retirees in sub-Sahara Africa hence Nigeria with a huge population of over 150 million will be a good setting for the study. The public service female retirees are a good testing ground, because the public service in Nigeria is the largest sector of workforce with a long history of

pension schemes (Fapohunda 2013). It is against this background that the study was designed to test the hypotheses that public service female retirees in a Nigerian setting: (1) have poor quality of life; (2) are financially insecure; (3) are afflicted with some chronic diseases; and that (4) there is no association between their background socio-demographic characteristics and their quality of life. The information elicited may be useful for the re-examination of the pension scheme to provide better social and financial security for women retirees.

2.0 Method

2.1 Data sources

The respondents for the study were female retirees from the public service (civil servants, teachers and health care workers) of Delta State, Nigeria. The civil servants include employees in the Ministries and extra-ministerial departments and Government-owned corporations. Medical doctors, nurses and diagnostic laboratory staff were classified as health care workers while the teaching category covered primary, secondary and post-secondary education. Post secondary education is defined as any training after secondary education for the award of diploma, certificates or degrees. Information on their quality of life (QoL) was obtained by using a structured questionnaire containing sections on socio-demographic background and standard validated scales for measuring quality of life domains. Although it was a self-administered questionnaire, the distribution was by research assistants in order to obtain their consent and assist those who needed help to complete the questionnaires. These include those having poor vision or needed clarification, because of their level of education. Out of the 600 questionnaires sent out 560 were returned with all the questions answered as requested. The State Pension Board provided information on the location of retirees across the State, but the addresses were often incorrect hence the snowball technique was used.

2.2 Measures

Quality of life (QoL) was determined using five domains-physical health, psychological well-being, life satisfaction, subjective happiness and cognitive wellbeing. Physical health was assessed by asking respondents to indicate whether they needed assistance (score=0) or without assistance (score=1) to perform the 12 listed activities of daily living (ADL) as commonly used in gerontological studies (Menec 2003). Respondents were also asked to rate their present health on a scale of 5 (1, poor; 2, fair; 3, good; 4, very good; and 5, excellent). Scores from both measures (ADL=12; self-rated health=5) were combined to give a maximum score of 17 for physical health. Psychological wellbeing was measured with the scale developed by Ryff (1995). The scale consists of 18 statements rated on a 6-point Likert scale: from strongly disagree, 1 to strongly agree, 6; with 108 as maximum available points. Life satisfaction was assessed with the measure developed by Diener, Emmons, & Griffin (1985). Respondents rated 5 statements on a 7-point Likert scale: from strongly disagree, 1 to strongly agree, 7 (maximum points=35). The measure developed by Lyubomirsky & Lepper (1999) was used to assess subjective happiness. Respondents were requested to indicate the point on a 7-point scale that fits their position on each of 4 statements that reflects their state of happiness. The maximum available points stood at 28. For cognitive wellbeing, respondents were asked to rate their present memory on a scale of 5: 1, poor; 2, fair; 3, good; 4, very good; and 5, excellent. The QoL score was taken as the sum of the points from each of these five domains of QoL with a maximum available point of 193.

The financial security of the retirees was assessed by requesting respondents to indicate "Yes" of "No" to questions on: the regularity of pension money; receiving financial support from children, extended family members, friends, neighbours, and charity organisations; and

receiving income from private business or contract employment. Those receiving income from private business or contract employment were asked to indicate the types by selecting from a list (contract teaching in public schools, contract teaching in private schools, employment in private hospitals/clinics, personal clinics/maternity homes, private pharmacy stores, farming-fish/poultry, other personal/family business). The list was drawn up following interactions with retirees before the study began. The respondents also stated the number of years in retirement. Respondents were also requested to indicate if they were undergoing treatment for any of the listed common chronic diseases such as arthritis, high blood pressure/hypertension, diabetes, asthma and poor vision.

2.3 Data analyses

The QoL score for each of the respondents was the sum of scores from each of the five QoL domains (physical health, psychological well-being, life satisfaction, subjective happiness and cognitive wellbeing). This procedure was adopted for the purpose of determining the prevalence of satisfactory or unsatisfactory QoL. Respondents scoring less than 50% of the maximum available QoL points (193) were classified as having unsatisfactory QoL while above was regarded as satisfactory. The QoL trend was further analysed on the basis of the socio-demographic characteristics. The score for each of the QoL domains was similarly dichotomized and computed for prevalence rates. Logistic regression (SPSS version 21) was used to analyse the relationship between QoL and the socio-demographic variables. The prevalence of the chronic diseases, sources of financial security outside pension income, and QoL ratings by domains, were illustrated by graphs. Differences within each of the socio-demographic variables on the basis of QoL domains were analysed by Mann-Whitney U test for variables with two sub-variables (marital status, self-rated economic status and residence) and Kruskal-Walis H test for more than two sub-variables (age, education and previous employment) using SPSS version 21. Spearman's correlation test was used to analyse the relationship between QoL scores and years in retirement.

3.0 Results

Table 1 presents the distribution of the respondents on the basis of background socio-demographic characteristics. There were more respondents aged 60-69 while those with spouse were almost twice the population of those living without spouse. Respondents having secondary education, previously employed as teachers or living in urban areas were also dominant. There was no marked difference in the population between respondents with satisfactory and unsatisfactory economic status.

Table 1 Socio- demographic characteristics of female retirees

Variables	Respondents	
	N=560	%
Age	220	39.3
60-69	190	33.9
70-79	150	26.8
80+		
Marital status	395	70.5
Living with spouse	165	29.5
Living without spouse		
Education	115	20.5
Primary	264	47.2
Secondary	181	32.3
Post-secondary		
Previous employment	190	33.9
Civil service	250	44.6
Teaching	120	21.4
Health care		
Self-rated economic status	295	52.7
Not satisfactory	265	47.3
Satisfactory		
Residence	182	32.5
Rural	378	67.5
Urban		

By overall assessment, slightly more than half the sample of retirees had unsatisfactory QoL (Table 2) which is consistent with the first hypothesis that female public service retirees have poor QoL. This trend tended to be repeated in all the background variables considered except age, those having only primary education, previously employed as teachers or unsatisfactory economic status where unsatisfactory QoL prevalence was over 60% (Table 2). An examination of the prevalence rate of QoL by domains showed that almost two-thirds of the respondents had unsatisfactory physical health

while there was an almost even divide between "unsatisfactory" and "satisfactory" in the other QoL domains (Figure 1).

Table 2 Prevalence of poor quality of life (QoL) of the retiree respondents by socio-demographic variables

Variable	Prevalence [n(%)]	
QoL:	Unsatisfactory	Satisfactory
Overall	286(51.1)	274(48.9)
Age		
60-69	124 (56.4)	96(43.6)
70-79	118(62.1)	72(37.9)
80+	101(67.3	49(32.7)
Marital status		
Living with spouse	227(57.4)	168(42.6)
Living without spouse	96(58.2)	69(41.8)
Education		
Primary	79(68.7)	36(31.3)
Secondary	149(56.4)	115(43.6)
Post-secondary	86(47.5)	95(52.5)
Previous employment		
Civil service	101(53.2)	89(46.8)
Teaching	154(61.6)	96(38.4)
Health care	51(42.5)	69(57.5)
Self-rated economic status		
Not satisfactory	188(63.7)	107(36.3
Satisfactory	111(41.9)	154(58.1)
Residence		
Rural	102(56.0)	80(44.0)
Urban	202(53.4)	176(46.6)

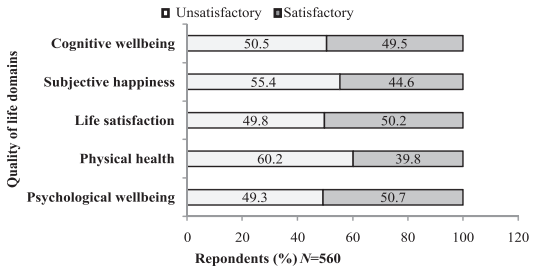

Figure1 Analyses of the quality of life ratings by domain

Analyses of QoL domains' scores by socio-demographic characteristics revealed variations with median scores ranging from 40 to 76% of maximum points (Tables 3 & 4). Comparison of the scores by Mann-Whitney U test showed that retirees living with spouse scored significantly better than those without spouse in the domains of psychological well-being, life satisfaction and subjective happiness. No significant difference was observed in the other two domains (Table 3). Retirees satisfied with their economic status had significantly higher scores than unsatisfied respondents in all but cognitive well-being domain (Table 3). The rural-dwelling retirees scored significantly better in physical health and cognitive well-being, but had significantly lesser scores than urban-dwellers in the other domains (Table 3).

Further analysis by Kruskal Walis H test revealed significant differences in QoL domains within the age, educational level and previous employment groups (Table 4). With regards to age, scores declined significantly as age increased in all but subjective happiness domain while it significantly increased with educational level in all QoL domains (Table 4). Within the previous employment group, significant differences occurred in all but physical health and cognitive well-being domains, but post hoc analyses indicated that retirees from Health services scored significantly higher than retired civil servants or teachers in the domains of psychological well-being, life satisfaction and subjective happiness (Table 4). Retired civil servants fared significantly better than retired teachers only in the domain of subjective happiness while there was no significant difference with regards to other domains (Table 4).

The result of the test of the second hypothesis is presented in Table 5. Retired civil servants tended to receive pension money more regularly than retired teachers or health care workers. Prevalence of financial support from children was generally <50% and support from extended family members was markedly lower (Table 5). Prevalence of financial support from friends was also low and no retiree reported receiving any support from charity organizations (Table 5). Respondents receiving income from private business or contract employment were 29.8% of the sample population. The retired health care workers had markedly higher prevalence rate of income from private business/contract employment, than retired teachers or civil servants (Table 5). The major sources of income arising from private business/contract employment were contract teaching, operation of personal clinic/maternity home and farming (Figure 2).

Table 3 Comparative analysis of the differences in QoL domains within each of socio-demographic factors by Mann-Whitney U test

QoL domains	Score (median)								
	Marital Status			Self-rated economic status			Residence		
	Without spouse	With spouse	*P*	Not satisfactory	Satisfactory	*P*	Rural	Urban	*P*
[a]**Physical health**	8.0	9.0	0.180	6.0	9.0	0.035	12.5	9.5	0.025
[b]**Psychological wellbeing**	45.0	51.0	0.042	39.0	68.0	0.012	58.5	61.0	0.074
[c]**Life satisfaction**	15.0	20.0	0.025	17.0	24.0	0.022	19.5	21.0	0.084
[d]**Subjective happiness**	14.0	15.0	0.082	11.0	17.0	0.018	15.5	17.5	0.056
[e]**Cognitive well being**	2.0	2.0	1.00	2.0	3.0	0.142	4.0	2.0	0.045

Maximum points: a, 17; b, 108; c, 35; d, 28, e, 5.

Table 4 Comparative analysis of the differences in QoL domains on the basis of socio-demographic factors by Kruskal-Walis H test

QoL domains	Score (median)										
	Age				Education				Previous employment			
	60-69	70-79	80+	*P*	Primary	Secondary	Post secondary	*P*	Civil Service	Teaching	Health Care	*P*
[a]**Physical Health**	12.5	7.5	4.5	0.012	5.0	8.5	11.0	0.025	8.0	8.5	9.5	0.082
[b]**Psychological wellbeing**	64.5	48.5	32.0	0.001	38.5	51.0	65.0	0.001	52.5	48.5	55.0	0.047
[c]**Life satisfaction**	19.0	18.0	13.5	0.035	10.5	14.0	25.5	0.001	18.0	16.5	22.0	0.024
[d]**Subjective happiness**	15.5	14.0	13.5	0.220	11.0	4.5	19.0	0.010	14.0	10.5	19.0	0.010
[e]**Cognitive wellbeing**	3.5	2.0	1.0	0.044	2.0	2.5	3.5	0.047	2.5	3.0	3.0	0.058

Maximum points: a, 17; b, 108; c, 35; d, 28, e, 5.

Table 5 Source and regularity of financial securit n retirement

Questions on source of financial security	Previous employment	*Response [n(%)]	
		Yes	No
Are you receiving pension money regularly?	Civil service	126(66.3)	64(33.7)
	Teaching	66(26.4)	184(26.4)
	Health care	56(46.7)	64(53.3)
Do you receive regular financial support from your children?	Civil service	87(45.8)	103(54.2)
	Teaching	123(49.2)	127(50.8)
	Health care	57(47.5)	63(52.5)
Do you receive regular financial support from extended family members?	Civil service	21(11.1)	169(88.9)
	Teaching	15(6.0)	235(94.0)
	Health care	13(10.8)	107(89.2)
Do you receive financial support from friends?	Civil care	5(2.6)	185(97.4)
	Teaching	18(7.2)	232(92.8)
	Health care	7(5.8)	113(94.2)
Do you receive income from private business or contract employment?	Civil service	36(18.9)	154(81.1)
	Teaching	63(25.2)	187(74.8)
	Health care	68(56.7)	52(43.3)
Do you receive financial support from any charity organization?	Civil service	0(0.00)	190(100)
	Teaching	0(0.00)	250(100)
	Health service	0(0.00)	120(100)

**N*: 190, Civil service; 250, Teaching; 120, Health care

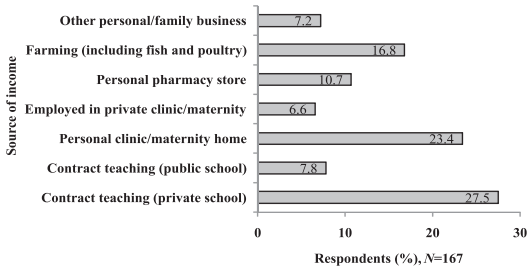

Figure 2 Prevalence of sources of financial security for respondents receiving income (N=167) from private business and contract employment.

With respect to the third hypothesis on chronic diseases, the results presented in Figure 3 showed that nearly two-thirds and half of the respondents reported arthritis and hypertension, respectively. The prevalence rates of other diseases were markedly lower (Figure 3)

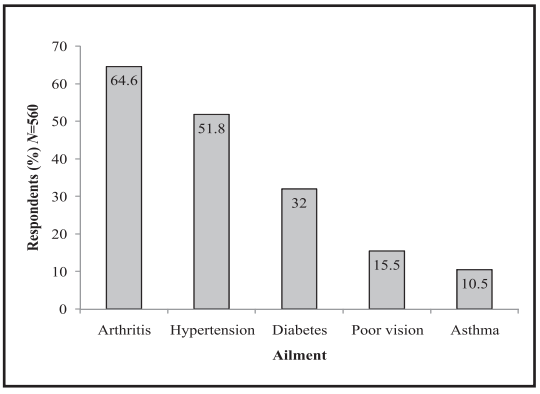

Figure 3 Prevalence of some chronic diseases among female retirees

On the basis of the fourth hypothesis the association between the socio-demographic background of the respondents and their QoL was tested with logistic regression. The results presented in Table 6 showed that increasing education, living with spouse or being satisfied with economic status significantly increased the odds of having satisfactory QoL (Table 6). With respect to previous employment, the odds of health care retirees having satisfactory QoL were significant whereas it was not for retired civil servants and teachers (Table 6). Increasing age was significantly associated with reduced odds of having satisfactory QoL (Table 6) and was corroborated with significant negative correlation (r_s= -0.54, P=0.000) between QoL scores and years in retirement. A significant negative correlation (r_s, -0.29; P<0.05) was observed between QoL and longevity in retirement.

Table 6: Logistic regression analyses of the relationship between quality of life and socio-demographic variables

Variable	OR	95% CL
Age		
60-69	1	
70-79	0.52*	0.28-0.98
80+	0.350**	0.19-0.62
Marital status		
Living without spouse	1	
Living with spouse	3.14**	1.89-5.21
Education		
Primary	1	
Secondary	2.21*	1.10-4.22
Post-secondary	4.25**	2.48-6.87
Previous employment		
Teaching	1	
Civil service	1.86	0.63-2.96
Health care	12.50**	6.36-24.50
Self-rated economic status		
Not satisfactory	1	
Satisfactory	2.00**	1.22-3.28
Residence		
Rural	1	
Urban	1.00	0.61-1.63

*P<0.05; **P<0.01

3.0 Discussion

It is widely known that public service retirees in Nigeria suffer untold hardship due to improper implementation of the pension scheme, delayed or non-payment of pension, corruption and outright embezzlement of pension fund (Ogunbameru 1987: 1996; Ekpeyong 1995; Fapohunda 2013; Garba & Mamman 2014). The observation that the prevalence of unsatisfactory QoL was over 50% among the female retirees suggests that the situation has not improved. It also suggests that the new contributory pension scheme and its recently amended form (FGN 2004; Ugwuoke & Onyeanu 2013) are yet to make the desired impact. The

welfare of retirees is of major concern worldwide as the population of older adults continues to grow. The Global Retirement Index (GRI) assesses the welfare of people in retirement around the world and the 2015 assessment placed Nigeria and other sub-Sahara African countries at the bottom of the rankings (Natixis Global Asset Management, 2015). Although only female retirees were considered, the findings in this study tend to be consistent with the GRI report.

With respect to differences based on the QoL domains, the lower scores of respondents living without spouse in QoL domains of psychological wellbeing, subjective happiness and life satisfaction vis-à-vis those with spouse, may be attributed to loneliness. Loneliness or social isolation has psychological impact on older adults (Stephens, Alpass, Towers & Stavenson, 2011; Coyle & Dugan 2012). The attractions and facilities usually associated with urban life may account for urban-dwelling respondents scoring better than their rural counterparts in domains of psychological wellbeing, life satisfaction and subjective happiness. However, the higher score of rural-dwelling retirees in physical health and cognitive wellbeing may be attributed to the high level of physical activities associated with rural dwellers as reported by Ejechi (2013).

The differences in QoL domains within age groups, previous employment and educational levels were confirmed by the logistic regression analyses. With respect to previous employment, the differences can be attributed to post retirement income source opportunities. The health care workers had the advantage of income from private clinics, maternity homes, private pharmacy stores and diagnostic laboratories. On the other hand retired teachers are more in number and may not be able to set up their own schools. They can only be employed on a contract that has limited tenure. Although the retired civil servants had the least opportunity of obtaining income outside pension, their QoL domains' scores did not differ significantly from that of retired teachers except in subjective happiness where they even scored higher. It is logical therefore, to infer that their fairly regular pension money reduced their worries and mitigated the negative impact of limited extra income opportunities. With regards to differences within education levels, higher education was of advantage because it gives higher positions in the public service with concomitant higher salary and subsequent higher pension money. The positive influence of higher education and income opportunities outside pension money on QoL, is buttressed by the significant higher odds of satisfactory QoL for retirees with satisfactory economic status.

That unsatisfactory quality of life was associated with increasing age and longevity in retirement in this report, indicates a diminishing care that is attributable to financial burden of increased illness, which is likely to be associated with reduced physical activity and social interactions (Dave, Rashad & Spasojevic, 2006). The inference concerning reduced activity is buttressed by the finding that poor physical health contributed substantially to the unsatisfactory QoL of the retirees. Further evidence of inactivity comes from the finding that the retirees suffered more from arthritis and hypertension than other diseases. The financial burden arising from the ailments is not unexpected given the fact that pension money is not guaranteed and only about 30% of the respondents receive income from private businesses or contract employment to supplement their pension income. In addition, the traditional extended family system that took care of elderly people tended to be weakening as indicated by the limited financial support from children and extended family members. The effect of severe economic difficulties and the high poverty level in

Nigeria may be responsible for the abandonment of this age old tradition (Yusuf 2005; Togonu-Bickersteth & Akinyemi 2014; Bakare 2014). No activity of any charity organization that can support older adults was found in this study nor was there any organized care for the aged as practiced in some countries where Continue Care Retirement Communities facilities exist (Zarem 2010).

The major outcome of this study is that the QoL of female public service retirees tended to be unsatisfactory. The implication is that the expected positive impact of the contributive pension scheme introduced eleven years ago is not being felt and that the operation of the old defined benefit scheme for those who retired before the new scheme remains problematic. This deduction is consistent with the GRI report that placed Nigeria at the bottom of the global ranking of welfare scheme for retirees.

A limitation of this study is the small sample size which makes it difficult to draw general conclusions about female retirees' QoL and the associated factors across Nigeria. Also the likelihood of a skewed data cannot be ruled out due to the snowball sampling method that was used because of the poor knowledge of the location of the retirees. Despite these limitations, the direction of the QoL of female retirees in a Nigerian setting was indicated.

5.0 Conclusion

The QoL of female public retirees in this Nigerian setting tended to be unsatisfactory with arthritis and hypertension as the dominant ailments. Financial insecurity was indicated for many retirees due to irregular payment of pension money, and poor or limited financial support from children and extended family members. A weakened African extended family system that took care of older adults was therefore indicated. The effect of irregular pension money tended to be mitigated in some retirees by engagement in private business or contract employment. Poor income, low education, previous employment as teachers or civil servants, living without spouse and increasing age significantly lowered the odds of having satisfactory QoL. These findings are important, because women tend to live longer than men and will correspondingly remain longer in retirement. Thus the implementation of the contributory pension scheme need to be re-examined and an implementation strategy thoroughly worked out to take cognizance of women's longer stay in retirement in order to avoid the pitfalls of the defined-benefit pension scheme.

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