Morbidity and Perceived Social Support among the Retired Pensioners During COVID-19 Pandemic in Madurai District, Tamilnadu, India

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ABSTRACT:

The elderly Morbidity and Perceived social support are interconnected with each other and reflected in the remaining part of life. The mortality rate in COVID-19 has affected the elderly population and the fear of pandemics retains them as living inside the home. A descriptive study was conducted among 136 retired pensioners by adopting a simple random sampling method. The structure of the questionnaire consists of socio-demographic details of the respondents, to measure the morbidity of the pensioner's list of personal self-evaluation questions regarding common morbidities such as health practices, common health problems, physical disabilities and chronic diseases were incorporated. To measure the perceived social support of the respondents Zimet, Dahlem, Zimet & Farley scale was used, which consist of three dimensions Family, Friends and Special person. Statistical tests such as independent sample 't-test, One-Way-ANOVA, Person correlation was applied. The sociodemographic variables such as age, marital status, education, nature of employment, years of service revered by the retired pensioners had significant results in morbidity and the perceived social support of the respondents. The morbidity patterns and perceived social support was observed negative correlation, which means the relationship between morbidity and social support was negatively correlated as the r= -0.256 and significant at a 0.003 level, thus higher the morbidity lowers shall be the perceived social support.

KEY WORDS: Elders, Pensioners, Morbidity pattern, Perceived Social Support.

INTRODUCTION:

Growth and development occur as natural phenomena in an individual's life cycle from prenatal to old age. In the course of life, an individual plays his or her role as a direct contributor to improving their life, depending on age, gender, physical and psychosocial well-being. At various stages of life, ageing is seen as an irreversible process and universality (Hurlock 1980). Old age is seen as an era of dependence, lack of self-care, and expectations for social support. Retirement from a government service happens when the attainment of superannuation, which is calculated according to the ageing. Retirement from service is not synonymous which differs from service to service, but in general, the celling age for retirement and old age are synonymous. Retirement from employment is considered as emotional preparedness to confront the remaining part of life with the help of social support such as family members, friends and special people (Arun Kumar 2013).

The COVID19 pandemic exasperate social life to a homely lifestyle aimed at ensuring a safe life. However, the mitigation aspect of covid19 has disrupted the support from the social community, and elderly pensioners have been stigmatized. The movement of pensioners was restricted and disrupted the daily functions in the society. The safety aspects of physical distance and morbidity are perceived by retirees as a lack of social support and a sense of exclusion (UN 2020).

Perceived social support from family, friends, and special people in life is significantly lower than depressive symptoms and is also associated with social support and self-esteem (Myria Loannou 2019). In general, perceived social support is measured by social support received from family and friends, which minimizes depression in older retirees (Tengku Amatullah Madeehah Tengku Mohd, 2019).

People with high morbidity patterns affect perceived social support unless they can be controlled by themselves. The higher the prevalence of morbidity of an individual, the more jeopardized care, protection, and social support. The illness and health of older retirees are considered social costs and burdens, and accomplices in morbidity patterns are reflected in social impact. Social support has indirect predictive values of perceived health through its subjective effects on well-being. Age and life satisfaction are the most important direct predictors of perceived health and social support (Valeria Farriol- Baroni 2021). Therefore, this study focuses on prevalence morbidity patterns and perceived social support of retirees and their correlation with each other.

REVIEW OF LITERATURE:

Various review of literature has been contributed to the research like perceived social support, the morbidity of elders and pensioners. Nishi Misra and Archana Singh, (2009) studied the relationship between sociability, loneliness, depression among 55 elders in Delhi, India. The study found that there was no significant difference between men and women in terms of loneliness and depression, and that men were more sociable than women. An important link between depression and loneliness is reflected in the elderly's desire to maintain social relationships and interactions. Kumar and Chandrasekar, (2013) studied social aspects of the retired pensioners in Shimoga district of Karnataka state that heart-related problems and skeletomuscular problems affect social functioning. Lindert J, et al, (2013) studied the association between social support, socio-economic status, health variables and elderly mistreatment among a sample size of 4467 aged individuals between 60 to 84 years amidst seven European countries. The study revealed that women and people living in large households and living with partners were more likely to experience higher social support and frequent use of health care services indicated high social support. Etodike, C.E, et al, (2017) conducted a study on perceived social support and life satisfaction as predictors of retirement stress among 401 (213 Male and 188 Female) state civil service retired pensioners in Enugu, south-eastern Nigeria. Life satisfaction and social support had significantly and negatively predicted stress and perceived social support positively correlated with life satisfaction of the retired pensioners. Valeria Farriol-Baroni (2021) conducted a study on positive aspects of ageing among 137 respondents who stated that social support has an indirect effect on subjective wellbeing and overall health. Preeti Tarkar (2020) surveyed an empirical study among 310 retired government officials and used snowball sampling techniques to recognize perceived social support, quality of life, and post-retirement satisfaction. The study emphasizes that social support has a significant role in enhancing the quality of life of retired elders. The study further emphasises the importance of the role of family and friend support in improving quality of life and is reflected in post-retirement satisfaction. Bhusan Patil (2014) stated that a negative correlation was observed between depression and perceived social support and that the significance of the received social support was not observed in depression. The study concluded that depression affects the perception of social support in the elderly. Caetano et al. (2013) Gender differences in self-reported health, social networks, and perceived social support among older people in Brazil were assessed. The study found that older men who did not participate in group activities were more likely to report poor health and conflicting results for those who participated in group activities. Poor self-reported health is also associated with low incomes, lack of employment,

and poor social functioning. The study found that less participation in social media was associated with men's health problems, and lower perceived social support for older women was associated with or affected health.

METHODOLOGY:

The aim of the study is to find morbidity and perceived social support among the retired pensioners during Covid-19 pandemic in Madurai District, Pensioners who had retired from Tamilnadu government service and members in a pensioner's association, Madurai. The researcher selected descriptive research design to find the possible relation among morbidity pattern and perceived social support of the retired pensioners. The respondents for the study were picked using the simple random sampling approach from a pensioner's association in Madurai District. The universe of the study was 207 respondents among the researcher confined with 136 respondents as sample size of the retired pensioners. The data were collected between the months of September to October 2021. The structure of the questionnaire consists of socio-demographic details of the respondents, to measure the morbidity of the pensioners list of personal self-evaluation questions regarding common morbidities such as health practices, common health problems, physical disabilities and chronic diseases were incorporated. To measure the perceived social support of the respondents Zimet, Dahlem, Zimet & Farley scale was used, which consist of three dimensions such as Family, Friends and Special person. Statistical test such as independent sample t test, One-Way ANOVA, Person correlation were applied by using SPSS.

RESULTS

TABLE:1

MEAN DIFFERENCE BETWEEN THE SCORES OF MORBIDITY PATTERN AND THE SOCIAL AND OCCUPATIONAL CHARACTERISTICS RELATING TO THE RESPONDENTS

Personal Variables	Categories	N	Mean Rank	S. D	Statistical Test & Significant	Post-Hoc Test
Age	60-69	95	2.8316	1.30182	F-Ratio= 24.210 (df=2) ***(p=0.000)*** **Sig**	*G1 vs G2 (p=0.000)*
	70-79	33	4.2121	1.47389		*G1 vs G3 (p=0.000)*
	80 and above	8	5.5000	1.19523		
Gender	Male	113	3.2478	1.58976	t- Value= -1.263 (df=134) ***(p=0.209)*** **Not Sig**	*NA*
	Female	23	3.6957	1.32921		
	Joint Family	49	3.6122	1.65600	F-Ratio= 2.859	*Nil*

Type of Family	Nuclear Family	84	3.1071	1.47279	(df=2) ***(p=0.061)*** **Not Sig**	
	Extended Family	3	4.6667	0.57735		
Marital Status	Married	113	3.0796	1.42767	F-Ratio=10.608 (df=2) ***(p=0.000)*** **Sig**	*G3 Vs G1 (p=0.000)*
	Divorced/ Separated	2	3.0000	2.82843		
	Widow/ Widower	21	4.6667	1.49443		
Educational Qualification	SSLC	21	4.1429	1.85164	F-Ratio= 3.463 (df=3) ***(p=0.018)*** **Sig**	*G1 Vs G3 (p=0.023)*
	PUC	28	3.2857	1.67458		
	UG	55	2.9273	1.38584		
	PG & above	32	3.5000	1.31982		
Post-Retirement Employment Status	Engaged in employment and income generation activities	61	2.8197	1.37245	t- Value= -3.555 (df=134) ***(p=0.001)*** **Sig**	NA
	Not Engaged in Employment and income generation activities	75	3.7333	1.57971		
Number of Children	One Child	9	2.7778	0.97183	F-Ratio= 7.895 (df=3) ***(p=0.000)*** **Sig**	*G4 Vs G1* (p=0.015)
	Two Children	62	2.9032	1.41084		G4 Vs G2 *(p=0.000)*
	Three Children	47	3.4468	1.52954		G4 Vs G3 *(p=0.020)*
	Above three children	18	4.7222	1.52646		
Nature of Employment	Education	27	3.6296	1.21365	F-Ratio= 0.924 (df=4) ***(p=0.452)*** **Not Sig**	Nil
	Administration	49	3.3061	1.48890		
	Police	30	3.5000	2.02995		
	Health Services	6	3.0000	1.41421		
	Rural Development	24	2.8750	1.36135		
Years of Service	Below 20 years	10	2.8000	1.03280	F-Ratio= 1.290 (df=2) ***(p=0.279)*** **Not Sig**	Nil
	20 to 30 years	60	3.5333	1.47828		
	Above 30 Years	66	3.2121	1.66886		
Monthly Pension	20000 to 30000 Rupees	64	3.1875	1.69851	F-Ratio= 0.463 (df=3) ***(p=0.709)*** **Not Sig**	Nil
	30001 to 40000 Rupees	48	3.5000	1.39909		
	40001 to 50000 Rupees	9	3.5556	1.94365		
	Above 50000 Rupees	15	3.2000	1.14642		
Other Source of Income other than pension	Salary	22	2.8636	1.39029	F-Ratio= 1.323 (df=6) ***(p=0.251)*** **Not Sig**	Nil
	Salary and Rental income	27	3.6296	1.36292		
	Income of Spouse	15	3.4000	1.63881		
	Business Activities	12	3.1667	1.64225		
	Support from son or daughter	5	4.8000	1.78885		
	No other source of income other than pension	47	3.2340	1.69671		
	Rental income	8	3.2500	0.88641		

As far as analysing the scores of morbidity pattern and the socio-demographic factors by administrating one-way ANOVA it was observed that the morbidity increases in accordance with the increase of the age. A statistically significant difference was observed between the scores of morbidity pattern and the age group of the respondents (F=24.210, df=2, p=0.000). The Scheffe post hoc test indicates significant differences between the three-age group (p=0.000). The respondents in the age group of above 80 had more morbidity than the respondents in between the age group of 60-69 (0.000), the respondents in between the age group of 70-79 had higher morbidity than the respondents in the age group of 60-69 (0.000). The study further states that the higher the age higher the morbidity issues. The WHO (2011) states according to some researchers believe in the concept called "Compression of morbidity", which means that as life expectancy increases, the prevalence of disability will decrease. Some believe in "Expansion of Morbidity" which states that as life expectancy increases the prevalence of disability increases. Though some state that medical advancement slows the progression from chronic disease to a disability, lessen severe disability milder chronic diseases will increase. The advancement in medical field improves the diagnosis of diseases, early treatment, prevention and curative treatment. Thus, the medical treatments increase the longevity of life with manageable chronic diseases and disability, as the age increases (i.e., Life expectancy) morbidity too increases.

There is no significance with the morbidity pattern of the male respondent and the female respondents (t= -1.263, df = 134, p=0.209). Though the mean value of the female respondents (3.6957 ± 1.32921) was higher than the male respondents. The scores of morbidity pattern and the type of family inferred no statical significance (F=2.859, df=2, p=0.061). Though the mean score of the respondents in dwelling in an extended type of family were greater (4.6667 ±0.57735) than the respondents in the joint type of family or nuclear type of family, The type of family is not an influencing factor with regard to the morbidity of the respondent. The scores of morbidity pattern and marital status shows statistical significance (F= 10.608, df=2, p=0.000). The scheffe post hoc test infers significant differences between married and widow/widower respondents (p=0.000). The mean differences of the respondent's marital status as widow or widower shows higher (4.666±1.4944) than the married respondents. The result was similar to the studies of Perkins (2016) among older adult's the result states that compared with married women with most recent widows and long-term widows have poorer health issues. The study future added that women with widowhood either recently or long term had one or more chronic diseases. By administering one-way ANOVA, a statistical significance (F=3.463, df=3, P=0.018) was found among the educational qualification and the morbidity scores of the respondents. The pairwise comparison of administering scheffe post hoc test further infers significant (0.023) with the respondents who had a lower educational status that is SSLC and respondents with graduation. The mean score of the respondent's educational qualification with SSLC had more morbidity (4.1429±1.85164) than the respondents who possess under graduation. The finding was substantiated with the study of Vyom Agarwal (2015) stated that the well-educated participants were significantly less morbidity than the less educated participant. This may be due to that the well-educated participants have better self-care and medication adherence practices.

Further, the t-test reveals a statistical significance (t= -3.555, df=134, p=0.001) among the post-retirement employment status of the respondents and the morbidity scores. Amidst the level of morbidity (3.7333 ± 1.57971) was greater among the respondents who were not engaged in any kind of employment after their retirement. It shows that active participation in employment after retirement keeps the pensioners more active in terms of physical and

cognitive aspects and social connectedness. The study of Fugate et al. (2004), stated that employability after post-retirement is a multidimensional construct and due to the psycho-social setup that personifies the characteristics of individual such as cognitive, behaviour and individual-work interface. In post-retirement activities, research clearly shows that compared to retirees who choose to fully retire, retirees who do transitional work and volunteer work experience fewer serious illnesses and functional limitations, Zhan et al (2009). A statistical significance (F=7.895, df=3, p=0.000) was found among the number of children possessed by the respondents and the morbidity scores. The pairwise comparison by applying Scheffe post hoc test infers statistically significant with the respondents with above three children and respondents with one child (p=0.015). At the same time, the respondents with more than three children had statistically significant with two children (p=0.000) and significant with respondents possessing three children (p=0.020). The mean value of the respondents who possess more than three children had more morbidity (4.7222 ± 1.52646) than the other type of respondents, the higher the number of children higher the morbidity. Statistical insignificance was observed among the nature of employment and the morbidity of the respondent. Though, the mean value of the respondents who rendered service in the educational sector had greater morbidity (3.6296 ± 1.21365) than the respondents served in other sector of employment rendered by the respondents. The respondents who retired from a more demanding or more social responsibility-oriented job may more likely to experience higher in rate of morbidity. With regard to the accumulated work experience of the respondents, statistical insignificance (F=1.290, df=2, p=0.279) was found among scores of morbidities, yet the mean value of the respondents work experience was above 20 to 30 years had greater morbidity than the other type of respondents.

The monthly pension received by the respondents had no significance (F= 0.463, df=3, p=0.709) with the scores of morbidities, anyhow the respondents with higher pension i.e., above 50,000 rupees (3.2000± 1.14642) had more morbidities than the other type of respondents. The study conducted among the retirees by Zhan et al. (2009), stated that various personal attributes and health status before retirement were the most influencing factor of physical well-being. But in contrast to the result, the men and women with higher education and level of wealth were more likely to achieve better health-related outcomes and less likely to develop chronic diseases, Jessica Perkins (2016). Apart from the monthly pension, the other source of income of the respondents had insignificance (F=1.323, df=6, p=0.251) with scores of the morbidities, though the respondents who receives economical support from either from son or daughter had more morbidities (4.8000±1.78885) than the other type of respondents. Normally prior to the retirement from service in the final phase, during their employment every individual plan to have safety net provisions and plan for secondary level of income than depending on pension. Which will in turn support their physical and psychosocial factors. Retirees with more and additional financial resources are also more likely to have better health after retirement because the resources of income ensure better quality physical well-being Singh (2006).

TABLE:2
MEAN DIFFERENCE BETWEEN THE SCORES OF PERCEIVED SOCIAL SUPPORTS AND THE SOCIAL CHARACTERISTICS AND OCCUPATIONAL CHARACTERISTICS RELATING TO THE RESPONDENTS

Personal Variables	Categories	N	Mean Rank	S. D	Statistical Test & Significant	Post-Hoc Test

Age	60-69	95	58.5789	11.23594	F-Ratio= 0.796 (df= 2,) ***(p= 0.453)*** **Not Sig**	Nil
	70-79	33	58.6061	11.07627		
	80 and above	8	53.5000	8.34951		
Gender	Male	113	57.3628	11.51246	t- Value= -2.192 (df=134) ***(p= 0.030)*** **Sig**	NA
	Female	23	62.8261	6.94558		
Type of Family	Joint Family	49	55.0000	11.78452	F-Ratio= 3.605 (df= 2) ***(p= 0.030)*** **Sig**	G2 Vs G1 *(p=0.038)*
	Nuclear Family	84	60.0476	10.38176		
	Extended Family	3	62.6667	2.88675		
Marital Status	Married	113	58.9735	11.36996	F-Ratio=1.585 (df=2) ***(p=0.209)*** **Not Sig**	Nil
	Divorced/ Separated	2	60.500	20.50610		
	Widow/ Widower	21	54.3810	7.72319		
Educational Qualification	SSLC	21	51.9048	8.17254	F-Ratio= 11.497 (df= 3) ***(p= 0.000)*** **Sig**	G4 Vs G1 *(p=0.000)*
	PUC	28	53.6429	11.32423		G4 Vs G2 *(p=0.000)*
	UG	55	58.5455	9.73504		G4 Vs G3 *(p=0.011)*
	PG & above	32	66.0938	10.07507		
Post-Retirement Employment Status	Engaged in employment and income generation activities	61	59.4262	12.87434	t- Value= 1.086 (df= 134) ***(p= 0.280)*** **Not Sig**	NA
	Not Engaged in Employment and income generation activities	75	57.3600	9.29056		
Number of Children	One Child	9	65.3333	7.85812	F-Ratio= 2.014 (df= 3) ***(p= 0.115)*** **Not Sig**	Nil
	Two Children	62	58.7258	12.34101		
	Three Children	47	57.7872	8.58446		
	Above three Children	18	54.5556	12.32034		
Nature of Employment	Education	27	67.0741	8.68653	F-Ratio=11.054 (df= 4) ***(p= 0.000)*** **Sig**	G1 Vs G2 *(p=0.000)*
	Administration	49	56.1429	10.35415		
	Police	30	51.0333	9.79614		G1 Vs G5 *(p=0.000)*
	Health Services	6	63.0000	8.17313		
	Rural Development	24	60.6667	9.54015		G5 Vs G3 (p=0.013)
Years of Service	Below 20 years	10	64.5000	2.71825	F-Ratio= 4.426 (df= 2) ***(p= 0.014)*** **Sig**	G1 Vs G2 *(p=0.049)*
	20 to 30 years	60	55.4833	11.38761		
	Above 30 Years	66	59.8939	10.90537		
Monthly Pension	20000 to 30000 Rupees	64	55.6563	11.49357	F-Ratio= 7.536 (df= 3) ***(p= 0.000)*** **Sig**	G4 Vs G1 *(p=0.000)*
	30001 to 40000 Rupees	48	57.7500	9.34561		
	40001 to 50000 Rupees	9	61.2222	8.98301		G4 Vs G2 *(p=0.003)*

	Above 50000 Rupees	15	69.4667	8.42502		
Other Source of Income	Salary	22	58.6364	11.91855	F-Ratio= 0.696 (df= 6) ***(p= 0.653)*** **Not Sig**	Nil
	Salary and Rental income	27	58.8889	14.40975		
	Income of Spouse	15	61.3333	8.86942		
	Business Activities	12	55.1667	7.44475		
	Support from son or daughter	5	56.0000	7.96869		
	No other source of income other than pension	47	58.7234	9.91859		
	Rental income	8	53.1250	12.46065		

By analysing one-way ANOVA with the social and occupational characteristics and the scores of perceived social supports of the respondents, statistical insignificance (F=0.796, df=2, p=0.453) was observed between the age of the respondents and scores of the perceived social support of the respondents. The respondents in the age group of 70-79 had greater perceived social support (58.6061±11.07627) than the other group of respondents. The perceived social support of people above the age of 60 indirectly influences the overall perceived health status through the impact on their subjective well-being, Valeria Farriol- Baroni (2021)

A statistical significance was observed with the scores of perceived social supports of the male and female respondents (t= -2.192, df= 134, p= 0.030). The female respondents (62.8261± 6.94558) had greater perceived social support than the male respondent. The research study of Silvana C Caetano (2013) revealed compared to elderly men and women, men prefer to maintain intimate relationships with few people whereas else elderly females prefer to have more diverse social networks, friends and perceived social support. A statistical significance (F= 3.605, df=2, p=0.030) was observed between the type of family and the perceived social support of the respondents, the Scheffe post hoc test infers that among the respondents in the nuclear type of family possess greater perceived social support than the respondents in the joint family system. The studies of Myria Ioannou et al. (2019) stated that the perceived social support from family and friends were the contributing factor of lower depressive symptoms, among the dimensions of perceived social support self-esteem plays a mediating role between perceived family support and depressive symptomize symptoms.

The marital status and the scores of perceived social supports of the respondents shows insignificance (F=3.605, df=2, p=0.209) among the mean value of the respondents who were divorced or separated (60.500±20.50610) were greater than the respondents in other types of marital status. Controversially the studies of Valeria Farriol- Baroni (2021) stated that there were relations and contributions between the life partner and perceived social support. The educational qualification and the perceived social support of the respondents observed statistically significant (F=11.497, df=3, p=0.000), the scheffe post hoc test indicates that the respondents with educational qualification as post-graduation and above had greater perceived social support than the other respondents. The studies of Vyom Agarwal (2015) stated that education plays a key role in maintaining better social support and psychological wellbeing among the elders above the age of 60. The post-retirement employment status and the scores of perceived social supports of the respondents were discerned as insignificant (F=1.178, df= 1,

p=0.280), even though the respondents without engaged in employment after their retirement possesses greater perceived social support (59.4262 ± 12.87434) than the respondents engaged in employment after retirement. The number of children owned by the respondents and the scores of perceived social supports of the respondents was observed statistically not significant (F=1.993, df=4, p=0.099). Added to that the respondents with one child had greater perceived social support (65.3333±7.85812) than the other respondents. The studies of Shiva Prakash (2020), hold out against the finding as elders living with adult children had better life satisfaction and social support than the elders living alone. However perceived social support is multidimensional support that is extended by family members, significant persons and friends, the present study states that parents living with more than one child had better perceived social support than others where others may receive care and support from either significant special person of through friends.

The nature of employment rendered by the respondents and the scores of perceived social supports had statistically significant (F=11.054, df=4, p=0.000), future the scheffe post hoc test indicates that the respondents who rendered their employment in the educational sector possess greater perceived social support than the service rendered in other than educational sector, it may be due to the general perception of the society as the professional status of the people working in the educational sector. The years of service rendered by the respondents and the scores of perceived social supports had statistically significant (F=4.426, df=2, p=0.014), among the respondents who had served below 20 years of service had greater perceived social support than the other type of respondents. The monthly pension received by the respondents and the scores of perceived social supports of the respondents had statistically significant (F=5.908, df=4, p=0.000), further, it was noticed that the respondents whose pensions were above 60000 rupees had greater perceived social supports (71.6667±7.46659) than the other type of respondents. The other source of income apart from pension and the scores of perceived social supports of the respondents had statistically insignificant (F=0.696, df=6, p=0.653), further it was noticed that the respondents who had income support from spouse had greater perceived social supports than the other respondents.

TABLE: 3
CORRELATION BETWEEN MORBIDITY AND PERCEIVED SOCIAL SUPPORT

Correlation between Morbidity and Perceived Social Support		**Morbidity**	**Perceived Social Support**
Morbidity	Pearson Correlation	1	-.256**
	Sig. (2-tailed)		.003
	N	136	136

****Correlation is significant at the 0.01 level (2-tailed).**

The correlation was used to measure the direction and strength of the association between morbidity and perceived social support. When the morbidity patterns and perceived social support was observed negative correlation, which means the relationship between morbidity and social support was negatively correlated as the r= -0.256 and significant at a 0.003 level, thus higher the morbidity lowers shall be the perceived social support.

FUTURE RESEARCH DIRECTION

The research states that there is a close relation between the morbidity pattern of the elderly pensioners and their perceived social support. The sociodemographic details and the morbidity pattern play a significant role in the determination of the perceiver social support. Further research can be done on the level of resilience in the elderly pensioners and the quality of life.

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