

## RESEARCH ARTICLE

# Quality of life among retired people in Gauteng Province of South Africa: Assessing the role of socio-demographic factors

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## ABSTRACT

**Introduction:** The retirement period can be filled with mixed emotions for the retiree. Some of the challenges associated with retirement include socioeconomic factors and quality of life (QoL). The study comprised of a population of retired women (n = 94, 37.6%) and men (n = 156, 62.4%). This study aims to explore the role played by socio-demographic factors on the quality of life among retired people in Gauteng Province, South Africa.

**Methods:** a quantitative, cross-sectional descriptive design was adopted. Data was collected telephonically, paper-based, and online from 250 retirees who were 60 years of age and above and were sampled using snowball sampling through their social networks. Participants were recruited in Gauteng province, South Africa in 2020. Multiple regression analysis was utilised to test the influence of socio-demographic factors on the quality of life of participants.

**Results:** The results revealed that age, have dependents, and needed care or support in the last 12 months jointly contributed about 24% ( $R^2 = .240$ ),  $R = .490$  (Adjusted  $R^2 = .218$ ),  $F(4, 179) = 11.233$ ,  $p < .001$ ) to the variance in QOL. Independently, age ( $\beta = -.216$ ,  $t = -2.864$ ,  $p < .005$ ), have dependents ( $\beta = -.196$ ,  $t = -2.928$ ,  $p < .004$ ), and need care or support in the last 12 months ( $\beta = -.240$ ,  $t = -3.219$ ,  $p < .002$ ) contributed significantly and negatively to QOL.

**Conclusions:** The results concluded that socio-demographic factors influence the QOL of retired people. The practical implications of these findings highlight the importance of targeted support for older retirees, particularly those over 70, those with dependents, and those requiring care. Future research should incorporate longitudinal studies to explore how QOL changes over retirement and how shifts in socio-demographic status influence this path.

**Keywords:** socio-demographic factors; age; gender; care, quality of life, retirement

## 1. Introduction

The concept of retirement is compounded through many definitions<sup>[1,2]</sup>. Some scholars declare that retirement refers to total disengagement from former active paid work permanently upon reaching retirement age and as defined by the individual<sup>[2-4]</sup>. Other scholars argue that retirement is a stage in life when people

### ARTICLE INFO

Received: 17 December 2024 | Accepted: 7 June 2025 | Available online: 18 June 2025

### CITATION

Mubarak D S and Maepa M P. Quality of life among retired people in Gauteng Province of South Africa: Assessing the role of socio-demographic factors. *Environment and Social Psychology* 2025; 10(6): 3306. doi:10.59429/esp.v10i6.3306

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tend to wind down and curtail their daily work demands, rest and relax, and proverbially, “put one’s feet up” whilst appreciating the fruits of their labour<sup>[5,6]</sup>. Retirement may signal difficulties adjusting to contemporary social roles, expectations about retirement, lifestyle changes, relationships, and vocation, which influence well-being<sup>[7,4]</sup>. Literary work has implied that the transition might be bewildering and contradictory<sup>[8]</sup> and, simultaneously, be an exciting time of growth<sup>[9]</sup> that creates new opportunities<sup>[10,11]</sup>. According to<sup>[12]</sup>, retirement is often accompanied by regression in personal well-being and perceived subjective position in life. Seemingly, Quality of life (QOL) in older adults was found to be fundamental in assessing psychological, physical, financial, and social functioning as these factors could exert influence on a person’s QOL<sup>[13]</sup>.

For older adults in retirement, the presence of psychological and physical distress is apparent and is associated with impairment of QOL<sup>[14,15]</sup>. Taking into consideration socio-demographic attributes such as age and gender, older adults reported diminished levels of QOL<sup>[16]</sup>. The costs of poor QOL can cause distress to the retired person, and they may end up engaging in dysfunctional behaviours. The resultant behaviours can, in turn, further interfere with daily functioning and compromise physical and mental health, with repercussions for the retirees’ capacity to cope with retirement<sup>[16]</sup>. Aging citizens are growing intercontinental, and the World Health Organization stated that a larger older population exists worldwide compared to the population representation of previous years<sup>[17,18]</sup>. The WHO<sup>[18]</sup> further stated that population ages were increasing due to accessibility to healthcare amenities, improved medicine and nourishment, and advancements in applied science, which have increased longevity to more than sixty years. Despite this growing population, retirement research has mainly concentrated on financial consciousness retirement arrangements<sup>[23,24]</sup> and also health<sup>[25-27]</sup>. Despite growing interest, the body of literature addressing retirees’ quality of life (QOL) remains relatively sparse<sup>[18-22]</sup>.

The shift from employment to retiree status is crucial and can impact a person's quality of life, according to research<sup>[28]</sup>. This is due to the fact that when someone retires, they are leaving behind a substantial activity that impacts numerous areas of their lives. Personal adjustment to shifts in income, leisure time, social network, and professional identity is necessary during the transition<sup>[29]</sup>. Retirees must be financially independent, physically fit, socially connected, and psychologically capable of organizing their own lives to have a fulfilling retirement, according to<sup>[30]</sup>. Most researchers agree that retirement readiness and general quality of life are positively correlated<sup>[29,31-33]</sup>. Regarding how retirement affects retired people's quality of life, people diverge<sup>[34]</sup>. Some academics focus on the advantages of retirement<sup>[35,36]</sup>, while others see it as a difficult time<sup>[37,38]</sup>. This may be explained by gender, economic, and education-based hierarchies and disparities that produce systems of privilege and disadvantage in society, resulting in a wide range of retirement options<sup>[39]</sup>.

According to age-related research, wellbeing and age are favorably correlated<sup>[40,41]</sup>. Even though quality of life is supposed to improve with age<sup>[42]</sup> contends that some retirees may experience a time of disappointment after retirement, during which they feel unsettled and let down. Therefore, quality of life may not always improve with age<sup>[42]</sup>. Moreover, retirement is influenced by gender disparities as well<sup>[43]</sup>. Men's quality of life is higher than women's due to cumulative disadvantages that women face, such as lower income and education levels, which negatively impact retirement satisfaction<sup>[43]</sup>. In addition, women's retirement satisfaction may be adversely affected by a longer life expectancy that necessitates greater resources in retirement, increased health care expenses, and the consequences of earning comparatively lower wages during their working years<sup>[44]</sup>. However, it might be simpler for women than males to transition into retirement because of their propensity to build strong social relationships and their varied roles that last into retirement<sup>[40]</sup>. There is a need for additional research because some studies indicate that men transition into retirement more easily than women<sup>[45,46]</sup>. Despite the retirement planning, sociodemographic factors most likely had a strong enough influence to significantly alter QoL in retirement.

Retirement is not just about not working. It is a convoluted, multifaceted process with a possible influence on the retiree's QOL<sup>[47]</sup>. Consequently, older people often regard retirement as a loss of income and reduced self-sufficiency, control, or purpose<sup>[48]</sup>. Retirement becomes an issue when it is integrated with old age, which merely signifies reduced physical and mental ability, in addition to a shift in economic status<sup>[49]</sup>. QOL is a desirous measure of adjustment and individual well-being<sup>[50]</sup>. In this regard, retirement has often been linked with QOL and represents a person's general contentment with their way of life and general sentiment regarding their well-being<sup>[51]</sup>. Earlier research studies have identified variations in physical conditions owing to retirement and differences in QOL regarding retirees<sup>[52,53]</sup>.

Reportedly, retirees with severe state of health face poor retirement pleasure, notably, those diagnosed with terminal and incidental ailments, which impact QOL adversely<sup>[54]</sup>. Furthermore, scholars have reported that access to financial resources strongly influenced the QOL experienced by retirees<sup>[55,56]</sup>. Material resources provided retirees with the means and security to seek medical help<sup>[57]</sup>. Moreover, retirement decisions were also subject to obligations toward family care, education of dependents as well as preparing for retirement, financial shortcomings, compromised health distresses, and social as well as economic issues<sup>[58]</sup>, thus drawing a connection between these contextual factors with the socioeconomic factors.

Thus, it is paramount to study what elements contribute to retirees' QOL. This study aims to explore the role played by socio-demographic factors on the quality of life among retired people in Gauteng Province, South Africa. This study hypothesized that socio-demographic will play a significant role in the Quality of Life of retired people.

## **2. Materials and method**

This study followed a quantitative approach. A cross-sectional design was used to examine the interrelationship between the dependent and independent variables describe the relationship as either positive or negative and ascertain the frequencies, validity, and applicability of associations in a snapshot<sup>[59]</sup>. The sample was targeted at individuals living in Gauteng, South Africa. The province was selected by design because the country's highest ratio of people aged 60 years and older reside in the province. The setting was limited to the province on account of the spatial distribution and array of socio-demographic multiplicity and population spread.

The research drew on purposive sampling to select respondents based on specific characteristics and respondents who are accessible and keen to take part in the study<sup>[50]</sup>. Moreover, snowball sampling was used as part of a non-probability/convenience sampling method through networks<sup>[61]</sup>. Initial contact with identified participants was done using a multimodal approach that included in-person contact, telephonic and electronic emails. The contacted participants were requested to identify potential participants and invite them to participate. Those participants who were contacted personally were also requested to distribute the electronic link to the survey to other participants. The researcher made certain that the initial set of respondents was socio-demographically diverse by assuring that the representation of respondents included different geographical areas within the Gauteng Province, age groups, and ethnic groups, thereby initiating a sequence of respondents with fewer links<sup>[62]</sup>. Various recruitment spaces such as religious organizations, retirement homes, and retiree social groups were used.

### **2.1. Instruments**

Questionnaires were designed mostly from available instruments.

General Socio-Demographic Questionnaire: The assessment included a methodical questionnaire to collect information on socio-demographic traits such as age, gender, ethnicity, marital status, educational status, retirement period, dependency status, dwelling, and caregiver status.

Quality of Life Scale: The Flanagan Quality of Life Scale is 15-item scale that assesses five domains (personal development and fulfilment; relationships; social activities; recreation; and material and physical well-being) of quality of life. This instrument has been used in the South African context. Researchers demonstrated the instruments used in this study were beneficial<sup>[63-65]</sup>. The 15-item QOLS satisfaction scale was internally consistent with a Cronbach's alpha of .82 to .92 and demonstrated an elevated test-retest authenticity for more than 3 weeks in sound long-term condition groups of 0.78 to 0.84<sup>[66]</sup>. In this study, the questionnaire had good reliability with a Cronbach alpha of .90.

## 2.2. Statistical analysis

This study's variables were reviewed using descriptive information, which provided an understanding of the dependent variable (QOL) and independent variables (socio-demographics such as age and gender). Pearson's correlation coefficient was used to test the association between variables. Multiple regression analysis was used to explore the role of independent variables on the dependent variables<sup>[77]</sup>. This was used to gauge a multivariate correlation.

## 3. Results

### 3.1. Socio-Demographic profile

#### Demographic Profile

The sample consisted of 250 respondents with age ranging from 60 to 98 years old, with a mean age of 71 years old. The study comprised a larger proportion of males with 62.4%, compared to females with 37.6%. The race distribution of the respondents in the sample comprised of Africans, coloured, white, and Indian. The marital status of the respondents in the sample was fairly spread amongst the categories, with most respondents being widowed, followed by single, married, divorced, never married, separated, and the educational status of the respondents.

#### Correlation Matrix – Quality of Life

Pearson-Product-Moment correlation (Pearson r) was used to test the relationship between the variables for regression model testing. The results are presented in **Table 1**

**Table 1.** Correlations matrix and descriptive statistics for key study variables (dependent variable: quality of life) (N = 250 for all analyses)

Variables	1	2	3	4	5	6
1. Qual of life	-	-.14	-.14	.05	-.26**	.38**
2. Age		.07	.07	-.13*	.12	-.42**
3. Gender		-	-	.05	-.07	-.13*
4. Nature of retirement				-	.11**	-.07*
5. Dependent status					-	-.15*
6. Need care						-

*Note: Qual of life = Quality of life*

\* Correlation is significant at the 0.05 level (2-tailed).

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

As shown in **Table 1**, QOL has a moderate to weak relationships with age ( $r = -1.4$ ;  $p < .001$ ), gender ( $r = -.14$ ;  $p < .054$ ), nature of retirement ( $r = .05$ ;  $p < .472$ ), have dependents ( $r = -.26$ ;  $p < .001$ ), and needed care or support ( $r = .38$ ;  $p < .001$ ), respectively.

### 3.2. Test of hypothesis

To test the hypothesis, all the predictor variables (i.e. gender and nature of retirement) that were not significantly related to each other were not included in further analysis. Therefore, the hypothesis, which stated that socio-demographic factors would have a positive influence on the quality of life of retired people, was tested with simple linear multiple regression analysis. The results are presented in **Table 2**

**Table 2.** Predicting quality of life from Socio-Demographic Factors

Dependent Variable	Predictor	B	S. E	B	t	P	R
Quality of life	(Constant)	81.098	9.177		8.837	.000	
	Age	-.267	.093	-.216	-2.864	.005	.490
	Have Dependents	-4.325	1.477	-.196	-2.928	.004	
	Need care	4.794	1.489	.240	3.219	.002	

*Note.* Fit for model  $R^2 = .240$

<sup>an</sup> Adjusted  $R^2 = .218$ ,  $F(4, 179) = 11.233$ ,  $p < .001$ .

As shown in **Table 2**, for the prediction of QOL among retirees, the simple linear multiple regression analysis revealed that age, have dependents, and needed care or support in the last 12 months jointly contributed about 24% ( $R^2 = .240$ ),  $R = .490$  (Adjusted  $R^2 = .218$ ),  $F(4, 179) = 11.233$ ,  $p < .001$ ) to the variance in QOL. Independently, age ( $\beta = -.216$   $t = -2.864$ ,  $p < .005$ ) contributed significantly and negatively to QOL, meaning that younger retirees are likely to report better QOL. Similarly, have dependents ( $\beta = -.196$ ,  $t = -2.928$ ,  $p < .004$ ) contributed significantly and negatively to QOL, suggesting that respondents with dependents are likely to report poor QOL. In the same vein, retirees who need care or support in the last 12 months ( $\beta = -.240$ ,  $t = -3.219$ ,  $p < .002$ ) contributed significantly and negatively to the prediction of QOL, meaning that those who need care and support are likely to report poor QOL. Therefore, the hypothesis, which stated that there would be a positive influence of socio-demographic factors on the QOL of retired people, was confirmed.

## 4. Discussion

The study hypothesized that socio-demographic factors would have a positive influence on the quality of life of retired people. The present study discovered that the predictor variables, specifically gender and type of retirement, were not significantly correlated and thus were excluded from subsequent analysis. When examining factors predicting retirees' quality of life (QOL), the simple multiple linear regression indicated that age, having dependents, and requiring care or support in the past 12 months together explained variations in QOL. Individually, age showed a significant negative effect on QOL, implying that younger retirees tended to report higher quality of life. This implies that respondents who have dependents are likely to report poor QOL. Similarly, retirees who required care or assistance in the past 12 months showed a significant negative impact on the prediction of quality of life. This suggests that those needing care and support tend to report to lower quality of life.

In the current study, the socio-demographic variable relating to socioeconomic status (SES) had no significant influence on QOL of retirees. It was anticipated that retirees with high SES would have better QOL compared to retirees with a low SES, considering that SES was found to be a significant factor in QOL and a predictor of QOL in retirement<sup>[68-70]</sup>. In previous studies, Quality of life (QOL) was found to be positively

linked to the level of education, material resources, health, affirmative relationships, and retirement<sup>[14, 69-70]</sup>. The findings of this study differ from those of previous research. Participants in this study have likely incorporated their socioeconomic status into their lifestyles and adjusted over time, using these adaptations as a buffer to cope with changing socioeconomic pressures and transitions like retirement.

In this study, retirees' education levels did not have a significant impact on their quality of life, contrary to expectations that education would play an important role. Earlier research linked higher education to better QOL through its association with socioeconomic status, living standards, and resulting physical and psychological benefits<sup>[71-73]</sup>. However, the findings of this study align with previous work<sup>[74]</sup> that also found no significant relationship between education and QOL. The participants have likely adapted to their circumstances over time, relying on established coping strategies during retirement. In this study, gender did not have a significant effect on retirees' quality of life, which was an unexpected finding. It had been anticipated that males would report a higher quality of life than females and that gender would significantly influence retirees' QOL. Research on gender differences in retirement has yielded mixed results. However, one study<sup>[72]</sup> on quality of life and gender found that male retirees reported higher QOL than females. The study also highlighted that gender influenced the quality of life for both men and women, with males generally having better education, higher income, greater autonomy in decision-making, and more engagement with the outside world compared to females. Earlier research<sup>[74]</sup> highlighted gender, life stage, marital status, and income as key factors influencing quality of life. The study found that men often experienced a lower quality of retirement compared to women<sup>[74]</sup>. It suggested that women were typically more active in retirement, effectively shifting their focus from work to family and household duties<sup>[74]</sup>. In this study, the results showed that quality of life tended to improve with age and income, was generally higher for female retirees than males, and that being married increased the chances of experiencing a better retirement. Conversely, another study<sup>[75]</sup> reported results consistent with the current research concerning socio-demographic influences on quality of life in older adults. Their findings indicated no significant difference in QOL between males and females, implying that older adults experience similar life circumstances that impact their quality of life regardless of gender. The present study reaches similar conclusions.

In this study, the type of retirement, whether voluntary or involuntarily did not have a significant impact on retirees' quality of life. This was unexpected, as it was originally believed that those who retired voluntarily would experience a better quality of life than those who retired involuntarily. Research shows that perceptions of life after retirement can be shaped by the nature of retirement<sup>[76]</sup>. One study<sup>[77]</sup> reported a negative association between involuntary retirement and post-retirement quality of life. Voluntary retirement was frequently linked to factors such as poor pre-retirement working conditions<sup>[77]</sup>, organizational changes, health concerns, and age. Experiencing such circumstances can result in feelings of loss of control and psychological distress, which often negatively affect quality of life. However, it is possible that the involuntary retirees in this study managed to adapt by utilizing available resources and sustaining a lifestyle aligned with their situation<sup>[78]</sup>. This resilience might have lessened the typical adverse effects of involuntary retirement, which may explain why no significant impact on quality of life was detected in this research.

The results of this study showed that age had a negative impact on retirees' quality of life, with younger retirees (aged 60 to 69) reporting better QOL than those aged 70 and older. This finding was expected, as advancing age is commonly linked to health decline, increased dependency, and caregiving responsibilities. Similarly, prior research has demonstrated that aging often leads to lower quality of life due to worsening health and higher mortality risk<sup>[79]</sup>. However, in contrast, another study<sup>[80]</sup> found a significant positive relationship between age and quality of life, indicating that older retirees were more likely to enjoy a better quality of retirement, implying that QOL may improve with age. The findings of this study are more consistent

with those of<sup>[14]</sup>, which showed that younger retirees tend to report better quality of life, especially when living alone. Conversely, older retirees often face lower QOL due to chronic illnesses, functional limitations, difficulties with daily activities, and fewer social connections. Important factors that contribute to a better quality of life include feelings of safety and security, strong relationships with children, family, and friends, and sufficient financial resources. Although previous research<sup>[57]</sup> reported different results, it also recognized the importance of retirees' adjustment to aging and retirement in shaping their QOL. Additionally, this study found that having dependents significantly negatively affects retirees' quality of life, likely because of the increased caregiving responsibilities and pressures associated with supporting dependents during retirement. A previous study<sup>[69]</sup> offers findings that differ from those of the current research. It was found that many retirees lived with dependents due to socioeconomic difficulties like unemployment, divorce, and financial hardship. Interestingly, retirees cohabiting with dependents reported a higher quality of life compared to those living alone. The study suggested that retirees' views on QOL were influenced by their personal values, expectations, hopes, and worries. Furthermore, retirees living with dependents experienced less loneliness and showed better adaptation to aging, which contributed to their higher perceived quality of life. Consistent with the current study, previous research<sup>[70]</sup> found that parents living with dependents frequently faced financial stress and anxiety over meeting basic needs, which likely harmed their quality of life. Moreover, living with dependent children was associated with health problems and a marked decrease in social activity participation for both men and women. The study emphasized that changes in economic and social roles during later life can adversely affect retirees' quality of life. Despite these challenges, the study found that parents continue to care for their dependent children. Similarly, an earlier study<sup>[81]</sup> reported findings comparable to the current research, indicating that having dependents can be physically, psychologically, and financially burdensome. This strain reduces retirees' resources and abilities, making them more vulnerable and less able to meet their basic needs during retirement<sup>[71]</sup>. The benefits of having dependents include social and psychological support, which is viewed as a valuable asset<sup>[63]</sup>. Conversely, the drawbacks are connected to financial, physical, and psychological burdens<sup>[71]</sup>. These gains and losses carry both positive and negative consequences for retirees' quality of life. Retirees with dependents may feel a sense of despair when reflecting on their life journey, especially if they are unable to adequately plan for their dependents during retirement. This can affect their overall well-being and potentially harm their quality of life.

The findings of this study revealed that age, having dependents, and needing care or support in the past 12 months collectively had a significant negative effect on retirees' quality of life. This suggests that retirees requiring care and support are more likely to report lower QOL. These results were anticipated, given the debilitating nature of needing assistance, which can lead to increased dependency and potentially harm self-esteem. The current study's findings align with previous research<sup>[72]</sup>, which reported that retirees with medical conditions needing care felt dependent, resulting in a poorer perception of their quality of life. The study indicated that infirmity contributed to dissatisfaction with general health during retirement and adversely impacted the retiree, particularly in areas of the retiree's lifestyle, autonomy, and activities of daily life and, in turn, placed financial strain due to the cost associated with medical ailments and the need of care and support<sup>[81]</sup>.

A recent study<sup>[72]</sup> found that quality of life is significantly related to autonomy, the ability to perform daily tasks, and participation in physical activities. Thus, functionality is closely connected to both subjective health and QOL. The study also highlights that personal health and the need for care and support can be influenced by factors such as age, gender, education level, living environment, lifestyle, culture, genetics, and psychological and social conditions. Accordingly, it is possible that in the current study, the need for care and support is shaped by socio-demographic variables like age and gender, as well as psychological and social factors. Therefore, factors that enhance the quality of life for retirees requiring care and support include retiring

at the appropriate age, staying active during retirement, engaging in physical exercise, and accepting the aging process<sup>[73]</sup>. Conversely, negative influences on QOL include the need for care due to physical decline, a sedentary lifestyle, involuntary retirement, and poor psychological health. Consequently, older adults who require care, especially those with compromised physical health, cognitive decline, and frailty<sup>[74]</sup> as well as those living in institutional settings like retirement homes or geriatric care centers, likely experience various stressors related to fragile health and the loss of independence<sup>[75]</sup>, all of which adversely affect their perceived quality of life. This may indicate that, despite constraints and challenges that co-occur with retirement and normal aging, retirees with adequate psychosocial support can still experience a better QOL.

## **5. Conclusion**

The results showed that certain socio-demographic factors influence the quality of life (QOL) of retirees. While socioeconomic status (SES), education level, gender, and nature of retirement showed no significant effect on QOL, this aligns with previous findings that these factors do not always predict post-retirement well-being. Contrary to expectations, voluntary retirement and higher SES or education levels did not equate to better QOL.

However, age, having dependents, and needing care or support in the past 12 months were significantly and negatively associated with QOL. Younger retirees (60–69 years) reported better QOL than older retirees (70+), consistent with prior research linking aging to reduced mobility and psychological functioning. Retirees with dependents or in need of care were more likely to experience lower QOL, likely due to increased burden and health-related challenges

## **6. Limitations**

This study used a cross-sectional design, which could not allow a test of variables over time. A limited sample size does not draw a clear picture of all the retirees in the region. Participants in this study resided in areas regarded as resource-supported and this limited the analysis of participants in resource-constrained areas. Further investigation covering a wide geographical location, which includes resource-constrained settings, is recommended before the results can be generalised. Longitudinal studies tracking the quality of life of retirees before the retirement period and after retirement are recommended.

The practical implications of these findings highlight the importance of targeted support for older retirees, particularly those over 70, those with dependents, and those requiring care. Policies should ensure that retirees who need care have access to affordable and dignified support services aimed at improving their quality of life. Policymakers and service providers should focus on interventions that improve physical mobility, ensure accessible healthcare, and deliver psychosocial support tailored to this vulnerable group. Community-based care programs, caregiver support systems, and age-friendly infrastructure can ease the burden on older retirees and those living with dependents. Additionally, efforts should be made to ensure that

Future research should incorporate longitudinal studies to explore how QOL changes over retirement and how shifts in socio-demographic status influence this path. Further exploration into the psychological and social dynamics of caregiving in retirement should be conducted. Research should also explore protective factors such as social support networks, coping mechanisms, and engagement in meaningful activities to understand how some retirees maintain higher QOL despite challenges. Finally, expanding the study to include diverse geographic and cultural contexts within South Africa can offer a more nuanced understanding of retirement experiences and inform inclusive policy development.

## **Conflict of interest**



The authors declare no conflict of interest.

## References

1. Cavanaugh JC, Blanchard-Fields F. Adult development and aging. 7th ed. Boston: Cengage Learning; 2015.
2. Rosenthal D, Moore S. The psychology of retirement. New York: Routledge; 2018. Available from: <https://doi.org/10.4324/9781351169882>.
3. Coe NB, Zamarro G. Retirement effects on health in Europe. *J Health Econ*. 2011;30(1):77-86. Available from: <https://doi.org/10.1016/j.jhealeco.2010.11.002>.
4. Wang M, Shi J. Psychological research on retirement. *Annu Rev Psychol*. 2014;65(1):209-33. Available from: <https://doi.org/10.1146/annurev-psych-010213-115131>.
5. Hillier SM, Barrow GM. Aging, the individual, and society. 10th ed. Boston: Cengage Learning; 2015.
6. Mazzonna F, Peracchi F. Unhealthy retirement? *J Hum Resour*. 2017;52(1):128-51. Available from: <https://doi.org/10.3368/jhr.52.1.0914-6627R1>.
7. Petters JS, Asuquo PN. Work-role attachment and retirement intentions of public-school teachers in Calabar, Nigeria. *Stud Home Community Sci*. 2008;2(1):11-7. Available from: <https://doi.org/10.1080/09737189.2008.11885248>.
8. Wang M, Shultz KS. Employee retirement: A review and recommendations for future investigation. *J Manage*. 2010;36(1):172-206. Available from: <https://doi.org/10.1177/0149206309347957>.
9. Schlossberg NK. A model for analyzing human adaptation to transition. *Couns Psychol*. 1981;9(2):2-18. Available from: <https://doi.org/10.1177/001100008100900202>.
10. Gee S, Baillie J. Happily, ever after? An exploration of retirement expectations. *Educ Gerontol*. 1999;25(2):109-28. Available from: <https://doi.org/10.1080/036012799267909>.
11. Sargent LD, Lee MD, Martin B, Zikic J. Reinventing retirement: new pathways, new arrangements, new meanings. *Hum Relat*. 2013;66(1):3-21. Available from: <https://doi.org/10.1177/0018726712465658>.
12. Atchley RC. A continuity theory of normal aging. *Gerontologist*. 1989;29(2):183-90. Available from: <https://doi.org/10.1093/geront/29.2.183>.
13. Wong JY, Earl JK. Towards an integrated model of individual, psychosocial, and organizational predictors of retirement adjustment. *J Vocat Behav*. 2009;75(1):1-13. Available from: <https://doi.org/10.1016/j.jvb.2008.12.010>.
14. Netuveli G, Wiggins RD, Hildon Z, Montgomery SM, Blane D. Quality of life at older ages: Evidence from the English longitudinal study of aging (wave 1). *J Epidemiol Community Health*. 2006;60(4):357-63. Available from: <https://doi.org/10.1136/jech.2005.040071>.
15. Blane D, Netuveli G, Montgomery SM. Quality of life, health and physiological status and change at older ages. *Soc Sci Med*. 2008;66(7):1579-87. Available from: <https://doi.org/10.1016/j.socscimed.2007.12.021>.
16. Grassi L, Caruso R, Da Ronch C, Härter M, Schulz H, Volkert J, Dehoust M, Sehner S, Suling A, Wegscheider K, Ausín B. Quality of life, level of functioning, and its relationship with mental and physical disorders in the elderly: Results from the MentDis\_ICF65+ study. *Health Qual Life Outcomes*. 2020;18(1):1-12. Available from: <https://doi.org/10.1186/s12955-020-01310-6>.
17. World Health Organization. World report on ageing and health. Geneva: WHO; 2015. Available from: <https://apps.who.int/iris/handle/10665/186463>.
18. Lusardi A, Mitchell OS. How ordinary consumers make complex economic decisions: Financial literacy and retirement readiness. *Q J Finance*. 2017;7(03):1750008. Available from: <https://doi.org/10.1142/S2010139217500082>.
19. Madero-Cabib I, Fasang AE. Gendered work-family life courses and financial well-being in retirement. *Adv Life Course Res*. 2016;27:43-60. Available from: <https://doi.org/10.1016/j.alcr.2015.11.003>.
20. Nanziri EL, Leibbrandt M. Measuring and profiling financial literacy in South Africa. *S Afr J Econ Manag Sci*. 2018;21(1):1-17. Available from: <https://doi.org/10.4102/sajems.v21i1.1645>.
21. Refera MK, Dhaliwal NK, Kaur J. Financial literacy for developing countries in Africa: A review of concept, significance and research opportunities. *J Afr Stud Dev*. 2016;8(1):1-12. Available from: <https://doi.org/10.5897/JASD2015.0331>.
22. Zwane T, Greyling L, Maleka M. The determinants of household saving in South Africa: A panel data approach. *Int Bus Econ Res J*. 2016;15(4):209-18. Available from: <https://doi.org/10.19030/iber.v15i4.9758>.
23. Hansson I, Buratti S, Thorvaldsson V, Johansson B, Berg AI. Changes in life satisfaction in the retirement transition: Interaction effects of transition type and individual resources. *Work Aging Retirement*. 2017;4(4):352-66. Available from: <https://doi.org/10.1093/workar/wax025>.
24. Shultz KS, Wang M. Psychological perspectives on the changing nature of retirement. *Am Psychol*. 2011;66(3):170-9. Available from: <https://doi.org/10.1037/a0022411>.
25. Gómez-Olivé FX, Montana L, Wagner RG, Kabudula CW, Rohr JK, Kahn K, Bärnighausen T, Collinson M, Canning D, Gaziano T, Salomon JA. Cohort profile: Health and ageing in Africa: A longitudinal study of an

- INDEPTH community in South Africa (HAALSI). *Int J Epidemiol*. 2018;47(3):689-90. Available from: <https://doi.org/10.1093/ije/dyx247>.
26. Harling G, Perkins JM, Gómez-Olivé FX, Morris K, Wagner RG, Montana L, Kabudula CW, Bärnighausen T, Kahn K, Berkman L. Interviewer-driven variability in social network reporting: Results from Health and Aging in Africa: A Longitudinal Study of an INDEPTH community (HAALSI) in South Africa. *Field Methods*. 2018;30(2):140-54. Available from: <https://doi.org/10.1177/1525822x18769498>.
27. Payne CF, Gómez-Olivé FX, Kahn K, Berkman L. Physical function in an aging population in rural South Africa: Findings from HAALSI and cross-national comparisons with HRS sister studies. *J Gerontol B Psychol Sci Soc Sci*. 2017;72(4):665-79. Available from: <https://doi.org/10.1093/geronb/gbx030>.
28. Atchley RC. Retirement: Leaving the world of work. *Ann Am Acad Pol Soc Sci*. 1982;464(1):120-31. Available from: <https://www.jstor.org/stable/1043818>.
29. Wu AM, Tang CS, Yan EC. Post-retirement voluntary work and psychological functioning among older Chinese in Hong Kong. *J Cross Cult Gerontol*. 2005;20(1):27-45. Available from: <https://doi.org/10.1007/s10823-005-3796-5>.
30. Mishra N. The nature of retirement: Factors responsible for affecting retirement decision. *Indian J Gerontol*. 2019;33(2):205-15.
31. Di Fabio A, Blustein DL. Editorial: From meaning of working to meaningful lives: The challenges of expanding decent work. *Front Psychol*. 2016;7:1119. Available from: <https://doi.org/10.3389/fpsyg.2016.01119>.
32. Shumaker SA, Anderson RT, Czajkowski SM. Psychological aspects of HRQOL measurement: Tests and scales. In: Spilker B, editor. *Quality of life assessment in clinical trials*. New York: Raven Press; 1990.
33. Hagen EW, Barnett JH, Hale L, Peppard PE. Changes in sleep duration and sleep timing associated with retirement transitions. *Sleep*. 2016;39(3):665-73. Available from: <https://doi.org/10.5665/sleep.5548>.
34. Olds TS, Sprod J, Ferrar K, Burton N, Brown W, van Uffelen J, Maher C. Everybody's working for the weekend: Changes in enjoyment of everyday activities across the retirement threshold. *Age Ageing*. 2016;45(6):850-5. Available from: <https://doi.org/10.1093/ageing/afw099>.
35. Dorfman LT. Health conditions and perceived quality of life in retirement. *Health Soc Work*. 1995;20(3):192-9. Available from: <https://doi.org/10.1093/hsw/20.3.192>.
36. Hershey DA, Henkens K. Impact of different types of retirement transitions on perceived satisfaction with life. *Gerontologist*. 2013;54(2):232-44. Available from: <https://doi.org/10.1093/geront/gnt006>.
37. Van Solinge H, Henkens K. Adjustment to and satisfaction with retirement: Two of a kind? *Psychol Aging*. 2008;23(2):422-34. Available from: <https://doi.org/10.1037/0882-7974.23.2.422>.
38. Mann CJ. Observational research methods. Research design II: Cohort, cross sectional, and case-control studies. *Emerg Med J*. 2003;20(1):54-60. Available from: <https://doi.org/10.1136/emj.20.1.54>.
39. Etikan I, Alkassim R, Abubakar S. Comparison of snowball sampling and sequential sampling technique. *Biom Biostat Int J*. 2016;3(1):55. Available from: <https://doi.org/10.15406/bbij.2016.03.00055>.
40. Heckathorn DD. Comment: Snowball versus respondent-driven sampling. *Sociol Methodol*. 2011;41(1):355-66. Available from: <https://doi.org/10.1111/j.1467-9531.2011.01244.x>.
41. Cohen N, Arieli T. Field research in conflict environments: Methodological challenges and snowball sampling. *J Peace Res*. 2011;48(4):423-35. Available from: <https://doi.org/10.1177/0022343311405698>.
42. Burckhardt CS, Woods SL, Schultz AA, Ziebarth DM. Quality of life of adults with chronic illness: A psychometric study. *Res Nurs Health*. 1989;12(6):347-54. Available from: <https://doi.org/10.1002/nur.4770120604>.
43. Bosman JJ. An investigation into the nature of religious experience and the compilation of a preliminary questionnaire for the empirical measuring thereof [master's thesis]. Stellenbosch: Stellenbosch University; 1990.
44. Makiwane M, Kwizera SA. An investigation of quality of life of the elderly in South Africa, with specific reference to Mpumalanga Province. *Appl Res Qual Life*. 2006;1(3-4):297-313. Available from: <http://dx.doi.org/10.1007/s11482-007-9022-6>.
45. Van Biljon L, Roos V. The nature of quality of life in residential care facilities: The case of white older South Africans. *J Psychol Afr*. 2015;25(3):201-7. Available from: <https://doi.org/10.1080/14330237.2015.1065054>.
46. Tabachnick BG, Fidell LS. *Using Multivariate Statistics*. 6th ed. Pearson Education Inc; 2013.
47. George LK. Still happy after all these years: Research frontiers on subjective well-being in later life. *J Gerontol B Psychol Sci Soc Sci*. 2010;65(3):331-9. Available from: <https://doi.org/10.1093/geronb/gbq006>.
48. Hugué N, Kaplan MS, Feeny D. Socioeconomic status and health-related quality of life among elderly people: Results from the Joint Canada/United States Survey of Health. *Soc Sci Med*. 2008;66(4):803-10.
49. Tajvar M, Arab M, Montazeri A. Determinants of health-related quality of life in elderly in Tehran, Iran. *BMC Public Health*. 2008;8(1):323. Available from: <https://doi.org/10.1186/1471-2458-8-323>.
50. Blane D, Higgs P, Hyde M, Wiggins RD. Life course influences on quality of life in early old age. *Soc Sci Med*. 2004;58(11):2171-9. Available from: <https://doi.org/10.1016/j.socscimed.2003.08.028>.

51. Pinquart M, Sörensen S. Influences of socioeconomic status, social network, and competence on subjective well-being in later life: A meta-analysis. *Psychol Aging*. 2000;15(2):187-224. Available from: <https://doi.org/10.1037//0882-7974.15.2.187>.
52. Von Dem Knesebeck O, Wahrendorf M, Hyde M, Siegrist J. Socio-economic position and quality of life among older people in 10 European countries: Results of the SHARE study. *Ageing Soc*. 2007;27(2):269-84.
53. Akyol Y, Durmuş D, Doğan C, Bek Y, Cantürk F. Quality of life and level of depressive symptoms in the geriatric population. *Arch Rheumatol*. 2010;25(4):165-73. Available from: <https://doi.org/10.5152/tjr.2010.23>.
54. Bilgili N, Arpacı F. Quality of life of older adults in Turkey. *Arch Gerontol Geriatr*. 2014;59(2):415-21. Available from: <https://doi.org/10.1016/j.archger.2014.07.005>.
55. Gambin G, Molzahn A, Fuhrmann AC, Morais EP, Paskulin LM. Quality of life of older adults in rural southern Brazil. *Rural Remote Health*. 2015;15(3):3300. PMID: 26363721.
56. Thuku PW, Ireri AM. Relationship between access to retirement information and retirement preparation among prospective retirees in Nyeri County, Kenya. *Open J Soc Sci Res*. 2013;1(1):1-6. Available from: <http://www.sciknow.org/article/detail/id/165>.
57. Thuku D. Influence of socio-demographic factors on quality of life of retirees in Kenya. *Imperial J Interdiscip Res*. 2016;2(2):90-100. Available from: <http://www.imperialjournals.com/index.php/IJIR/article/view/85/80>.
58. Morgan UOM, Etukumana EA, Abasiubong F. Sociodemographic factors affecting the quality of life of elderly persons attending the general outpatient clinics of a tertiary hospital, South-South Nigeria. *Niger Med J*. 2017;58(4):138-42. Available from: [https://doi.org/10.4103/nmj.nmj\\_124](https://doi.org/10.4103/nmj.nmj_124).
59. Van der Heide I, van Rijn RM, Robroek SJ, Burdorf A, Proper KI. Is retirement good for your health? A systematic review of longitudinal studies. *BMC Public Health*. 2013;13(1):1180. Available from: <https://doi.org/10.1186/1471-2458-13-1180>.
60. Sjöberg O. Routes to retirement, working conditions and quality of life in comparative perspective. *Health Place*. 2022; 75:102797.
61. Shultz KS, Morton KR, Weckerle JR. The influence of push and pull factors on voluntary and involuntary early retirees' retirement decision and adjustment. *J Vocat Behav*. 1998;53(1):45-57. Available from: <https://doi.org/10.1006/jvbe.1997.1610>
62. Brett CE, Dykiert D, Starr JM, Deary IJ. Predicting change in quality of life from age 79 to 90 in the Lothian Birth Cohort 1921. *Qual Life Res*. 2019;28(3):737-749. Available from: <https://doi.org/10.1007/s11136-018-2056-4>
63. Joshi MR. Living arrangements and quality of life of Nepalese elderly in rural Nepal. *Indian J Gerontol*. 2019;33(2). Available from: [https://www.academia.edu/41469006/Living\\_Arrangements\\_and\\_Quality\\_of\\_life\\_of\\_Nepalese\\_Elderly\\_in\\_Rural\\_Nepal](https://www.academia.edu/41469006/Living_Arrangements_and_Quality_of_life_of_Nepalese_Elderly_in_Rural_Nepal)
64. Evandrou M, Glaser K. Family, work, and quality of life: Changing economic and social roles through the lifecourse. *Ageing Soc*. 2004;24(5):771-91. Available from: <http://dx.doi.org/10.1017/S0144686X04002545>
65. Nyambedha EO, Wandibba S, Aagaard-Hansen J. "Retirement lost"—the new role of the elderly as caretakers for orphans in western Kenya. *J Cross Cult Gerontol*. 2003;18(1):33-52. doi:10.1023/A:1024826528476
66. Barbosa R, da Costa, Sousa ALL. Association of self-perceived quality of life and health, physical activity, and functional performance among older adults in the interior of Brazil. *Rev Bras Geriatr Gerontol*. 2022;24(4): e210141. doi:10.1590/1981-22562022025.210141
67. Micali PN, Fukushima RLM, do Carmo EG, Costa JLR, Codogno JS. Influence of retirement on health conditions and quality of life. *ConScientiae Saúde*. 2019;18(1):42-8.
68. Bryant C, Jackson H, Ames D. The prevalence of anxiety in older adults: Methodological issues and a review of the literature. *J Affect Disord*. 2008;109(3):233-50. doi: 10.1016/j.jad.2007.11.008.
69. Cheok A, Snowdon J, Miller R, Vaughan R. The prevalence of anxiety disorders in nursing homes. *Int J Geriatr Psychiatry*. 1996;11(5):405-10. doi: 10.1002/(SICI)1099-1166(199605)11:5<405: AID-GPS302>3.0.CO;2-O.
70. Wang M, Hesketh B. Achieving well-being in retirement: Recommendations from 20 years' research. Society for Industrial and Organizational Psychology, Inc. (SIOP White Paper Series); 2012.
71. Thuku P. Relationship between retirement preparation in the psychosocial, financial and health domains and the quality of life of retirees in Nyeri County, Kenya [unpublished doctoral dissertation]. Kenyatta University; 2015.
72. Alavinia SM, Burdorf A. Unemployment and retirement and ill-health: A cross-sectional analysis across European countries. *Int Arch Occup Environ Health*. 2008;82(1):39-45. doi:10.1007/s00420-008-0347-5.
73. Almeida DM, Wong JD. Life transitions and daily stress process. In: Elder GH, Giele JZ, editors. *The craft of life course research*. New York: Guilford; 2009. p. 141–62.
74. Kithinji C. Aging and retirement in Kenya: Focus on aging and retired teachers under the Teachers Service Commission (TSC) [Unpublished doctoral dissertation]. Kenyatta University; 2012.
75. Kock T, Yoong F, Fatt C. Age cohort effect on financial planning preparation. *J Manag Sustain*. 2012;2(2):18–34.
76. Bender K. The well-being of retirees: Evidence using subjective data. 2004. Available from: [http://www.bc.edu/centers/crr/papers/wp\\_2004-24.pdf](http://www.bc.edu/centers/crr/papers/wp_2004-24.pdf)

77. Maina L, Mugenda O. Family-related factors correlating with quality of life in Kenya. *Prime J Soc Sci*. 2013;2(10):474–81.
78. Dan A. What are people doing to prepare for retirement? Structural, personal, work, and family predictors of planning [unpublished doctoral dissertation]. Western Reserve University; 2004.
79. Quick E, Moen P. Gender, employment and retirement quality: A life course approach to the differential experiences of men and women. *J Occup Health Psychol*. 1998;3(1):44-64.
80. Kim J, Moen P. Is retirement good or bad for subjective well-being? *Curr Dir Psychol Sci*. 2001;10(3):83-6.
81. Bassanini A, Caroli E. Is work bad for health? The role of constraint versus choice. *Ann Econ Stat*. 2015;(119-120):13-37.