

## Employee Engagement in Personal Health Programmes and Retirement Preparedness among Public Secondary School Teachers' in Kirinyaga and Murang'a Counties, Kenya

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**Abstract:** The Sustainable Development Goals (SDGs) identified one health goal with over fifty health related targets applicable to all countries irrespective of development level. There is therefore indisputable need for retirement preparedness in terms of personal health programmes since a significant positive relationship exists between retirement planning and retirement satisfaction. Since employee separation planning generally overemphasize financial aspect disregarding the health aspects despite retirees' health having great implications to individual's in terms of fiscal and psychosocial well-being. In this regard, retirement being a process that require employees to generally focus planning decisions on the subjective life expectancy (a mental model of the number of years remaining before one dies) it is imperative to provide empirical data on the nexus between personal health programmes and retirement preparedness. The purpose of the study was to evaluate the effect of employee engagement in personal health programmes and retirement preparedness among secondary school teachers Kirinyaga and Murang'a Counties, Kenya. The target population was 1,238 teachers aged 50 years and above and employed in public secondary schools by the Teachers Service Commission in Kirinyaga and Murang'a Counties by 2017. A representative sample of 334 respondents was selected using multistage sampling technique. Data was collected using semi structured questionnaire and interview guide. Logit regression was used to establish the relationships between variables in the study and to test the null hypotheses at  $P \leq 0.05$  and 95% confidence level. The study indicates that although the sampled pre-retiree teachers were not adequately prepared for retirement in terms of personal health programmes, their engagement in personal health programmes increased retirement preparedness since personal health programmes had a significant positive effect on retirement preparedness of the pre-retirees' teachers. The reported findings extend the existing understanding of employee separation programmes and raises implications for the various theories that underpins individual employee separation decisions in HRM.

**Keywords:** Financial programmes, Retirement preparedness; Retirees; Teachers

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### I. Introduction

The global trends driving the changes in individual retirement plans and human resource planning that have created new challenges in orchestrating retirement include increased life expectancy, individual's health status and general aging population (Sargent, Lee, Martin, & Zikic, 2012). Preparation for retirement dynamics unearth the strategies employed by employees to uphold, negotiate or re-invent self during postemployment life (McVittie & Goodall, 2012). The trend undeniably places retirement preparation and planning as an imperative agenda for policy makers and researchers in human resource planning. Furthermore, it is documented that retirement as a stage of life fundamentally decreases income, increases free time and potentially causes decline of individual's health (Berry, 2010; Shultz & Wang, 2011). Retirement preparedness derives more attention with increased life longevity that point toward a typical adult being expected to live 20–30 years in retirement (WHO, 2012) which is a long time that may be miserable if not well planned for. As opined by Clark and d'Ambrosio (2003), formal employee separation planning programmes include health promotion campaigns either organized by employers or head hunted by the individual employee. Effective retirement planning programmes therefore would enhance health resources of an individual thus improving adaptation in retirement transition (Wang, 2007; Chan, Gustafsson & Liddle, 2015).

The proponents of life course perspective refers to a multidisciplinary paradigm for the study of people's lives, structural contexts and social change (Nicolaisen, 2012). The life course principle of "human agency within structure" implies that individuals have plans, make choices, and undertake actions within the opportunities and constraints of their social worlds, which are shaped by personal history and social

circumstances (Wang, Henkens & Van Solinge, 2011). The life course perspective therefore emphasizes that life transitions are contextually entrenched, implying that experiences of retirement adjustment are contingent to the specific circumstances under which the adjustment occurs (Ibid., 2011). Life course theorist expounds how successful retirement transition is pre-retiree context dependent (Elder & Johnson, 2003; Mariappanadar, 2012). The contextual circumstances include individual attributes such as demographic characteristics, health condition, financial preparedness and social networking (Kim & Moen, 2002). In regard to the foregoing, life course perspective was considered appropriate to anchor the current study.

In the perspective of role theorists, an individual's postemployment life might be perceived as less satisfying than the years when one was employed with retirees having other role involvements being less troubled or even more pleased with the loss of previous work roles (Wang *et al.*, 2011). Engagement in other roles in the family, community or bridge employment which is characterized as a role transition from full-time work to retirement is a function of the individual's health (Mariappanadar, 2012). Therefore, role theory places specific focus on the role changes that occur through leaving the workforce and the need to create new roles to replace the lost ones taking into consideration sustainability and propagation of good health status. In view of this, the study was also anchored in role theory.

The theory of planned behaviour predicts deliberate behaviour intent of people (Ajzen, 1991) that perceives thoughtful behavioural control and intentions that can be used directly to predict behavioural achievement. The self-efficacy beliefs influence choice of activities, preparation for an activity, effort expended during performance, as well as thought patterns and emotional reactions (Bandura, 1997). The theory of planned behaviour recognizes how contextual factors influence an individual's perception of the feasibility of an action or decisions (Carragher, Crocitto & Sullivan, 2014). The authors therefore applied this theory to explain pre-retiree teachers deliberate engagement in personal health programmes in order to attain retirement preparedness.

### **1.1 Statement of the Problem**

Despite health status of an individual being very central in determining the retirement wellbeing of retiree (Rijs, Cozijnsen, & Deeg, 2012), employee separation planning programmes generally overemphasize the financial aspect disregarding the health facet which is crucial in retirement preparedness (Rosenkoetter, Garris, & Engdahl, 2001). Retirees' health has great implications to individual's retirement preparedness and affects the fiscal and psychosocial well-being due to the fact that, it affects health care costs and capacity to engage in post-retirement income generating activities (Shultz & Wang, 2007). Arousing curiosity are the findings that retirees who engage in bridge employment and voluntary work have fewer major diseases and functional limitations than retirees who choose full retirement (Griffin & Hesketh, 2008; Zhan, Wang, Liu & Shultz, 2009). On the other hand, retirees who enjoy greater physical health and more financial resources by and large enjoy better psychosocial well-being in retirement (Wang, 2007; van Solinge & Henkens, 2008). As such, pre-retirement health status is perceived most predictive of post-retirement physical well-being (McEwen, 2001; Jex, Wang & Zarubin, 2007; Zhan *et al.*, 2009), prompting an individual to cultivate physical wellbeing by reactively increase physical activity or proactively seeking environments that promote activities one's health such as joining gyms and walking clubs (Barnett, van Sluijs, & Ogilvie, 2012). This suggests that the level of employee's engagement in personal health programmes determines retirees' physical health during retirement (Wang & Shultz, 2010). Limited studies have been conducted on the perceptions and attitudes of academic staff in the process of experiencing retirement transition (Thody, 2011). The authors sought to address this logical gap by demonstrating the nexus between personal health programmes and pre-retiree retirement preparedness in the educational sector, specifically in secondary schools.

Globally, people aged 60 and above are expected to almost triple in the next 45 years due to increased life expectancy (Valero & Topa, 2014). The situation is similar in both developed and developing countries. One-fifth of the developed countries population is aged 60 or more, and is projected to rise to almost one-third by 2050. Correspondingly, in developing countries the aged population is expected to rise from 10% to 20% by 2050 (August, 2011). Studies reveals that in Asia and Australia, the current 13% population aged over 65 years will increase to 26% by 2050 (Pillay, Kelly & Tones, 2010) and this trend of increasing number of pre-retirees is similar to other countries like Japan, UK and USA among others (Wang & Shultz, 2010). In many countries and regions of the world such as USA, Europe, Asia, and sub-Saharan Africa, teachers remain inadequate especially at secondary level and the situation is bound to worsen due to many of the teachers likely to retire in the coming decade (UNESCO, 2007). Nearly 30% of teaching profession in France is over 50 years against mandatory retirement age of 60, with a third of all teachers expected to leave the profession within the next five years. An ominous situation is Germany and England where 70 % of the former will retire within the next 15 years while over 60% of the later has all school leaders expected to retire during the coming decade (Ibid, 2007). It is worth noting that the ageing population is not the problem in itself, but the demographic deviation generates an increase in pre-retirees based on obligatory retirement age whose retirement preparedness is a function of personal health programmes put in place.

### **1.2 Purpose and Significance of the Study**

The purpose of this study was to assess the nexus between retirement preparedness and personal health programmes among secondary school teachers in Kenya. The specific objectives of the study were; to assess the effect of eating healthy on retirement preparedness among public secondary school teachers in Kirinyaga and Murang'a Counties, Kenya; to establish the effect of accessing health education on retirement preparedness among public secondary school teachers in Kirinyaga and Murang'a Counties, Kenya; to find out the effect of avoiding substance abuse on retirement preparedness among public secondary school teachers in Kirinyaga and Murang'a Counties, Kenya; to evaluate the effect of physical exercises on retirement preparedness among public secondary school teachers in Kirinyaga and Murang'a Counties, Kenya and to determine the effect of health care plans on retirement preparedness among public secondary school teachers in Kirinyaga and Murang'a Counties, Kenya.

The study is significant because it provides empirical data on the progress made to pre-retirees in ensuring healthy lives and wellbeing which is essential to sustainable development. The study findings provide the information about the educational sector concerning good health and wellbeing, which is one the seventeen Sustainable Development Goals (SDGs) and over fifty health related targets applicable to all countries globally, irrespective of their level of development (WHO, 2018). The study further augments filling of the knowledge gap towards the unresolved academic arguments concerning the nexus between personal health aspects of employee separation as a construct in human resource management and retirement preparedness (Wang & Shultz, 2010). The existing literature indicates that separation aspects of human resource management are ignored in theory and even the little attempts by authors like Armstrong (2006) has inherent weaknesses. Past studies examining retirement preparation adequacy mainly focus on financial preparedness (Dalirazar, Vornovytsky, & Hedengren, 2010; Muratore & Earl, 2010; Feldman & Beehr, 2011; Shultz & Wang, 2011) hence neglecting the personal health dimension of retirement preparedness. The study findings therefore provide empirical evidence as the basis of formulating a model to explain the nexus that exist between personal health programmes and retirement preparedness. Furthermore, the study is conducted in a sector of the economy that employs the highest number of employees (288,000, according to UNESCO, 2015) well placed academically since the lowest is diploma in secondary education, and is considered to be one of the pillars of national development. Most importantly, it is expected that pre-retirees experiencing poor health or who perceive inadequacy in the way they are prepared for retirement result to poor service delivery and ultimately the economy servers. Therefore, the authors in this study contribute towards effective management of employees in the education sector for better service delivery given that unique competencies of an individual may adversely be affected by personal health tensions emanating from the advent of retirement.

## **II. Literature**

### **1.3 Theoretical Review**

The existing conceptual and theoretical literature depicts employee separation as a significant function in human resource management, that to a great extent affect the practice. Consequently, it is imperative to address this state by anchoring separation decisions in the appropriate theoretical underpinnings. The authors identified three theories rooted in the behavioural sciences to expand the understanding of the concept of separation and more specifically, on the personal health aspect of the employees that are of relevance to HRM practice. The study therefore is anchored in life course perspective, continuity theory and the theory of planned behaviour.

The life course perspective underscores that life transitions are contextually embedded, connoting that experiences of retirement adjustment are subject to the specific circumstances under which the adjustment occurs (Wang *et al.*, 2011). This prevailing situations include individual attributes such as health status and transition related abilities and skills (Kim & Moen, 2002). The proponents of life course perspective argue that perceived control over the departure from the workforce is crucial to retirement adjustment (van Solinge & Henkens, 2008). The life course perspective provides a useful theoretical lens for explaining retirement experiences of employees by accentuating a non-linear developmental and multidisciplinary approach through description of life course changes as people age (Mariappanadar, 2012). The theory consequently enlightens how successful retirement transition is pre-retiree's context dependent and the context includes health condition (Elder & Johnson, 2003). The authors were thus of the opinion that life-course perspectives anchor the study since it point out retirement transitions that may not relate only to employment circumstances and motivation to work (Bown-Wilson, 2011), but is embedded into broader life trajectories that also include family, health care and leisure transitions (Vickerstaff *et al.*, 2006).

The theoretical foundations of this study are further reinforced by continuity theory that emphasizes on the consistency of life patterns over time (Atchley, 1989) by accommodating life changes without the experience of stressful disruption. In the arguments of continuity theorists, it reinforces individuals to make adaptive choices over time to preserve and maintain existing internal and external structures (Mariappanadar, 2012). However, continuity does not refer to clinging to the past in resisting change, but adjustment and adaption to unfolding state of affairs that ensures considerable continuity in identity and self-concept over the retirement transition, resulting to individual's retirement adjustment. Since continuity theory assumes a linear flow with continued growth and accrual of resources throughout an individual's lifespan in preparation for retirement, it therefore ensures maintenance of life patterns which are beneficial in maintaining well-being (Wang, 2007) particularly for mandatory retirement age retirees. From the foregoing, the authors opined that, continuity theory was pivotal in this study since an individual's health determines the type of life engagements one get entrenched in during post-employment life for retirement wellbeing.

The theory of planned behaviour has been employed to explain a wide range of decisions and behaviors that include entrepreneurial activities, intentions change careers and workplace environment practices such as health programmes (Greaves, Zibarras, & Stride, 2013; Kautonen, Van Gelderen, & Fink, 2013; Khapova, Arthur, Wilderom & Svensson, 2007). The authors were of the opinion that; employees' intentions are indications of how hard they are willing to try or how much effort they are planning to exert in order to perform the behaviour of participating in certain personal health programmes. As propagated by Ajzen (1991) behavioural intentions can find expression in behaviour only if the behaviour in question (in this case deliberate engagement in personal health programmes) is under volitional control (person decides at will to perform or not to perform the behaviour) resulting to perceived behavioural control.

Employee separation being the last process in HRM was conceptualized in this study as an aspect that necessitates deliberate organizational practices to inspire individuals to engage in health activities (programmes) that assures successful retirement preparedness. The authors postulated that pre-retirees' deliberate engagement in activities that enthruses eating healthy, accessing health education, avoiding substance abuse, having physical exercises and health care plans guarantees better positioning after leaving employer organization devoid of adverse experiences and thus usher in retirement as another stage of life. This is imperative because WHO (2018) in meeting the SDG target on health endeavours to reduce non communicable diseases by a third by 2030 through reducing key risk factors such as unhealthy diet, physical inactivity, use of tobacco and alcohol.

#### **1.4 Conceptual and Empirical Review**

Retirement preparedness is the outcome of a process that embarks with retirement planning (Marshall, Clarke, & Ballantyne, 2001). Various studies recommend individuals to start retirement preparation long before disengaging from employer organization (Anderson, Bechhofer, McCrone, & Stewart, 2000). Nevertheless, some employees take retirement preparedness seriously (Petkoska & Earl, 2009) while many others prepare inadequately or not at all (Ekerdt, Hackney, Kosloski, & DeViney, 2001). Consequently, further studies on retirement preparedness are imperative (Topa, Moriano, Depolo, Alcover, & Morales, 2009). As indicated by researchers, retirement transition is often influenced by many life domains and is generally accompanied by a deterioration in life satisfaction, self-evaluation, and quality of life (Lusardi & Mitchell, 2011). From Wang and Shultz (2010) view point, conceptualizing retirement preparedness as part of HRM emphasizes the value of managing retirement to help both organizations and individuals achieve their respective and expected objective match through perpetuation of HR practices that influence individual employee's retirement decisions and retirement planning. This point of view is critical and expose concrete and real-world effects of separation planning programs in terms of personal health factors that require deliberations by both employers and employees. Actually, consciousness of "when to" 'how to' and 'what to' empower employees to act promptly in retirement preparation concerning personal health cannot be over accentuated. The authors advanced five variables of personal health programmes that predict retirement preparedness most of in secondary schools in Kenya. Most of this variables earmarked by world health organization as key risk factors that must be reduced in meeting the SDGs targets on good health and wellbeing for all ages for sustainable development (WHO, 2017).

Studies have established that, among many other individual attributes, retirees' pre-retirement health status is most predictive of their physical well-being in retirement (Zhan, *et al.*, 2009). This argument is supported by the findings of Wang (2007), and Van Solinge and Henkens (2008) that retirees who enjoy greater physical health and are endowed with more financial resources are more likely to have better psychological well-being in retirement. Consequently, retirees whose health declines during the retirement transition are more likely to experience decrease in their psychological wellbeing in retirement. It is for the reason that the authors endeavoured to assess the employee' nexus between employees' personal health programmes and retirement preparedness in the educational sector. In their study, Shultz and Wang (2007) found that there exists a relationship between retirees' health problems and their fiscal well-being due to higher health care costs which further impede ability to engage in bridge employment. McEwen (2001) had earlier found that accumulated

costs due to an individual's failure to adapt to one's changing social and physical environments are the dominant causes for major diseases. However, in his study, Singh (2006) contend that more financial resources do not necessarily guarantee better physical well-being in retirement although such resources are expected to help provide better quality and consistency of health care. This study attempted to establish the activities individual employee engages in to remain healthy in preparation for retirement.

Remaining physically active is a function of upholding good healthy. A study by Sargent, *et al.* (2011) on retired managers reported defying age through active self-work and disciplining the body through physical exercises and keeping fit. Studies have found that retirees who engage in bridge employment and voluntary work have fewer major diseases and functional limitations than retirees who choose full retirement (Griffin & Hesketh, 2008; Zhan *et al.*, 2009). This argument is reinforced by Wang and Shultz (2010) proposition that, it is the level of physical and/or cognitive activities in working behaviours that help to maintain retirees' physical health. This concurs with Pinquart and Schindler (2007) who found that, people who experienced unemployment right before retirement were also more likely to enter retirement with low levels of psychological well-being and by extension ill-health. From the foregoing it is imperative that physical exercises for individual's wellbeing cannot be ignored.

According to WHO (2018), tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol as some of the key risk areas that require reduction in order to realize third SDG that aim at health and wellbeing for all and at all ages by 2030. This reinforces the theoretical arguments by Jex, Wang, and Zarubin (2007) reveal that healthy behaviours and habits such as physical exercise, healthy diet, absence of drug and alcohol dependence, and hygiene are important for maintaining physical well-being in retirement. In his study on the complex link between retirement and alcohol misuse Bamberger (2014) reported that 8% of older workers aged between 51 and 65 consume alcohol at a prevalence rate higher than that for all other age categories other than 18–30 years. In a longitudinal analysis using repeated measures of alcohol consumption, researchers have shown that an increase in the proportion of heavy drinkers around the period of retirement among both men and women appears as follows; 3.1% for managers, 3.2% for intermediate occupations, and 4.6% for clerical workers (Zins, Gueguen, Kivimaki, Singh-Manoux, Leclerc, Vahtera, Westerlund, Ferrie & Goldberg, 2011) showed. Nevertheless, despite the studies exploring the impact of retirement on older adult drinking behavior, the findings regarding the effect of retirement on substance abuse, alcohol misuse and problem drinking remain largely unclear (Kuerbis & Sacco, 2012) hence the study.

### **1.5 Conceptualization and Hypotheses**

From the empirical evidence, there is a significant positive relationship between retirement planning behaviour and retirement preparedness (Shultz & Henkens, 2010) The study conceptualize the relationship as presented in Figure 1. In view of this empirical state, and in absence of any contrary finding for the educational sector in Kenya, the authors propose that employee engagement in personal health programmes will positively affect the level of pre-retiree teachers' retirement preparedness. Specifically, we propose the following five hypotheses that:

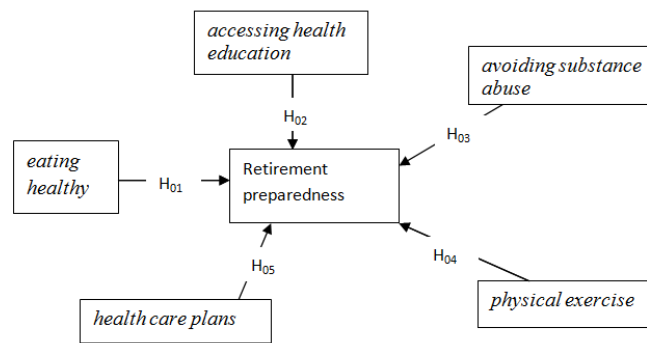
*H<sub>01</sub> There is no significant effect of employee's engagement in eating healthy programmes on retirement preparedness among teachers' in secondary schools in Kirinyaga and Murang'a Counties, Kenya;*

*H<sub>02</sub> There is no significant effect of employee's engagement in accessing health education programmes on retirement preparedness among teachers' in secondary schools in Kirinyaga and Murang'a Counties, Kenya*

*H<sub>03</sub> There is no significant effect of employee's engagement in avoiding substance abuse programmes on retirement preparedness among teachers' in Kirinyaga and Murang'a Counties, Kenya*

*H<sub>04</sub> There is no significant effect of employee's engagement in physical exercise programmes on retirement preparedness among teachers' in Kirinyaga and Murang'a Counties, Kenya*

*H<sub>05</sub> There is no significant effect of employee's engagement in health care plans programmes on retirement preparedness among teachers' in Kirinyaga and Murang'a Counties, Kenya*



**Figure 1: Conceptual framework**

**III. Methodology**

**3.1. Context of Study**

Education in Kenya under the ministry of education is structured into directorates of basic education (that cover primary and secondary education), tertiary education and university education (ROK, 2016). The administration and management of education is devolved to Counties headed by the County Directors of Education. Additionally, the day to day management of secondary education is delegated to principals supported by the Boards of Management. The current study was conducted in Kirinyaga and Murang’a Counties because the two Counties had suffered great loss of life due to alcohol abuse compared to other Counties in Kenya (NACADA, 2014) and the victims included teachers. Previous studies had discoursed that retirement poses significant adjustment challenges for older employees (Kim & Moen, 2001) that include maladjustment leading to increased alcohol use (Perreira & Sloan, 2001). This was buttressed by a recent study by Bamberger (2014), that retirement as a significant life change impact on older adults’ drinking behavior, exacerbating prior patterns of heavy drinking or even precipitating alcohol misuse. Reports exhibit that despite Kenya investing heavily in education, there remain a disconnect between the spending and the learning outcomes with service delivery indicators pointing to gaps in time spent teaching and absence from classrooms and school (GoK, 2013). The issues raised in the foregoing should concern the HRM scholars to unearth the underlying causes.

**3.2. Design and Sampling and Target population**

The authors employed descriptive research design in the study. The design was appropriate because it provided a comprehensive and detailed explanation of pre-retiree teachers concerning separation planning as is in terms of personal health programmes on retirement preparedness (Chawla & Sondhi, 2011). The target population was 1,238 teachers employed by the Teachers Service Commission in Kirinyaga and Murang’a Counties’ secondary schools who were ten years to mandatory retirement age (50 years and above) by 2017. Although the study employed Yamane (1967) formula, to yield a sample size 302 (24.39%) of target population, the study enlarged the sample size to 334 (26.98%) in order to avoid Type I error (falsely rejecting a true null hypothesis) and Type II error (wrongly accepting a false null hypothesis). This is supported by Fox., Hunn., and Mathers (2009), who engendered that test hypotheses seeking to generalize the findings need to enhance the statistical significance and statistical power by enlarging the study’s sample size to make allowance of non-responses.

The study adopted multistage sampling technique that is commonly employed when the population is scattered over a wide area and three or more stages of sampling applied (Chauvet, 2015). Identification of Kirinyaga and Murang’a Counties out of the 47 Counties in the country using purposive sampling formed stage one. The Counties were selected because they were reported having the highest alcohol victims that included teachers. Stage two was identification of the school category namely National, Extra County, County and Sub-County through proportionate stratified sampling technique. Stage three was selection of the actual respondents using purposeful sampling technique to identify Teachers Service Commission employed teachers aged 50 years and above. Data was collected using a semi-structured questionnaire. The first section identified as A contained seven items on demographic profile of the applicant while the second section, B had twenty items named as employee engagement in personal health programmes. Five variables namely eating healthy, accessing healthy education, accessing substance abuse, physical exercise and health care plans were included for pre-retiree teachers to express opinions on how well they engaged in personal health activities. The independent variables had the items measurements in 5 - point Likert Scale as follows; strongly disagree (1), disagree (2), uncertain (3), agree (4), and strongly agree (5). In determining retirement preparedness, responses were awarded scores using a 5 – point Likert Scale namely definitely false (1), false (2), neither (3), true (4), and definitely true (5).

**3.3. Diagnostic Techniques**

In this study, the collinearity tests were conducted using correlation analysis, tolerance and (VIF) analysis. The tolerance statistics was to be above 0.1 and VIF less than 10 for multicollinearity problem not be a concern (Field, 2012). The variance inflation factors VIF values was 1.516 which was far well below ten (10) while the tolerance statistics 0.659 was also far well above 0.1. Consequently, the study concluded that there was no problem of multicollinearity. Sampling adequacy for factor analysis is tested by high values of KMO greater than 0.5 and confirmed by Bartlett’s test of sphericity significant at  $p \leq 0.05$  (Field, 2013). After conducting the principal component analysis for all items with varimax rotation, the data sample of this study was adequate for factor analysis because KMO was 0.759 (greater than 0.5) while the Bartlett’s test of sphericity was significant,  $P = 0.000$ , which was less than  $p \leq 0.05$ . In order to test Goodness of fit for the model, Hosmer and Lemeshow (H-L) test was employed to determine how well the proposed model fitted set of observations (Damodar, 2009). The H-L test provide for the Chi-square test of whether or not the model is adequate fit to the data, with the null hypothesis being that the model is of good fit to the data if  $P > 0.05$  and the model is poor fit to the data if  $P < 0.05$  (Chawla & Sondhi, 2011). Since the H-L test had a chi square 8.578 and P value of 0.379, the model passed the goodness of fit test.

**3.4. Data Analysis**

Descriptive and inferential statistics were used to establish the relationship between independent and the dependent variables. Descriptive statistics such as frequencies, percentages, means and standard deviation enabled the researcher to meaningfully describe distribution and determine variables’ significance. Inferential statistics namely factor analysis; correlation and logit regression were used to establish the relationships between the variables under study and to test the hypothesis (Gujarati, 2003). Preliminary analysis included multicollinearity, sampling adequacy testing and goodness of fit of the model. Binary Logistic Regression analysis was conducted for the hypothesis to determine whether it was statistically supported or not (Cooper & Schindler, 2011) and it was used to test the likelihood of teachers’ retirement preparedness. Logistic regression was used in this study because it was able to determine one or more of the two dependent variable categories by employing binomial probability theory where there are only two values to predict by either belonging to one group (1) or belonging the other group (0) (Field, 2012). Therefore, the study tested whether personal health programmes as independent variables influence the teachers’ retirement preparedness. The dependent variable was expected to be either the teachers were prepared for retirement coded as one (1), otherwise zero (0).

To test the null hypothesis ( $H_0$ ), the equivalent of the  $F$  test in the linear regression model was the likelihood ratio statistic which follow the Chi square ( $\chi^2$ ) distribution with degrees of freedom (df) being equal to the number of explanatory variables excluding the intercept term (Gujarati, 2003). The outcome was interpreted as statistically significant if the p value was less than or equal to 0.05 ( $p \leq 0.05$ ) and hence reject  $H_0$ . The logit models were determined by considering the likelihood ratio statistic; the model was okay if  $p \leq 0.05$ . More meaningful interpretation was done in terms of odds which were obtained by taking the antilog of the slope coefficients to reveal the number of times the regressand is influenced by the regressor (Gujarati, 2003). The logit model employed to test the statistical significance between the independent and the dependent variables as indicated in models 1 and 2 by computing the overall statistical significance of the predictor variable on the outcome variable (Pampel, 2000).

$$\text{Logit}[p] = \ln \left[ \frac{p}{1-p} \right] = \beta_0 + \beta_1 X_1 + \dots + \beta_n X_n \dots\dots\dots (1)$$

$$\text{Logit}[p] = \beta_0 + \beta_1 \text{EH}_1 + \beta_2 \text{AHE}_2 + \beta_3 \text{ASA}_3 + \beta_4 \text{PE}_4 + \beta_5 \text{HCP}_5 + u_i \dots\dots\dots (2)$$

Where;

Logit [p] is the probability of the teachers’ preparedness

$B_0$  is the Constant

$\beta_1$  to  $\beta_3$  are the Beta coefficients from the logs of the odds ratio function

$\text{EH}_1$  are the eating healthy programmes

$\text{AHE}_2$  are the accessing health education programmes

$\text{ASA}_3$  are the avoiding substance abuse programmes

$\text{PE}_4$  are the physical exercise programmes

$\text{HCP}_2$  are the health care plans programmes

$u_i$  is the error term or random variables

**IV. Research Data**

**4.1. Respondents Characteristics**

The demographic information was about the respondent’s gender, marital status, highest level of education achieved and the year of birth as displayed in Table 1. The response rate was 90.4% and it formed

acceptable basis of drawing the conclusions for this study since Saunders, Lewis, & Thornhill, 2009) argues that a response rate of 50% is sufficient; response rate of 60% is good; while response rate of 70% is very good.

**Table 1: Characteristics of Respondents**

Variable		Frequency	Percentage
Gender	Male	174	57.6
	Female	128	42.4
	<b>Total</b>	<b>302</b>	<b>100</b>
Marital status	Single	17	5.6
	Married	272	90.1
	Divorced	1	.3
	Widowed	12	4.0
	<b>Total</b>	<b>302</b>	<b>100</b>
Highest level of education	Diploma	67	22.1
	Degree	172	57.0
	Postgraduate Diploma	34	11.3
	Masters	29	9.6
	<b>Total</b>	<b>302</b>	<b>100</b>
Year of Birth	1956	2	0.7
	1957	1	0.3
	1958	18	6
	1959	12	4
	1960	27	8.9
	1961	15	5
	1962	39	12.9
	1963	31	10.3
	1964	47	15.6
	1965	35	11.6
	1966	29	9.6
	1967	46	15.2
	<b>Total</b>	<b>302</b>	<b>100</b>

Majority of the respondents were male teachers, 57.6% (174), married, 90.1% (272) and were holders of first degree, 57.0% (172) as the highest level of education. Additionally, 5.6% (17) were single while 4.0% (12) were widowed. 22.2% (67) of the respondents had diploma while 11.3% (34) had Postgraduate diploma as the highest level of education. Majority of the pre-retirees were born between 1962 and 1967. The range of years worked under the Teachers Service Commission was 29 years while the mean score of the years worked being 27.72 with a standard deviation of 3.66.

**4.2. Variables Characteristics**

The independent variable (employees’ engagement in personal health programmes) had five variables namely eating healthy, accessing health education, avoiding substance abuse, physical exercise and health care plans for the respondents to express opinions on how well they participated in activities that made them well entrenched in personal health programmes. The characteristics of the variables were as exhibited in Table 2.

**Table 2: Characteristics of Respondents**

Variable	No. of Items	Cronbach's Alpha	Mean	S. Dev.
Eating healthy	4	0.510	3.500	1.025
Accessing health education	3	0.709	3.712	1.160
Avoiding substance abuse	4	0.867	1.356	0.873
Physical exercise	4	0.764	2.920	1.252
Health care plans	5	0.707	2.791	1.241
Overall personal health programmes	20	0.734	2.713	1.145
Retirement preparedness	10	0.809	3.075	1.210

The overall employee’s engagement in personal health programmes had satisfactory reliability with Cronbach's alpha of 0.734 with a mean score of 2.713 and a standard deviation of 1.145. The individual variables’ reliability was also considered acceptable since it was above 0.5 as presented in Table 2. the authors came to this conclusion because Zikmund, Babin, Carr and Griffin (2010) indicates that, measures of reliability using Cronbach’s alpha value range as follows: between 0.5 and 0.6 fair reliability, 0.6 and 0.7 satisfactory, 0.7 and 0.8 good and 0.8 to 1.0 to have very good reliability. For the purpose of this study, Cronbach’s alpha value of  $\geq 0.5$  was considered the threshold of good reliability. Eating healthy was assessed by use of four items that had an aggregate mean score of 3.16 and a standard deviation of 1.18. This indicated that pre-retiree teachers were slightly of the view of that they were eating healthy. The response on perceived continuation to observe balance diet during retirement had the highest mean score (M = 4.06) and a standard deviation of 1.00. This was



in tandem with the response that the pre-retirees were currently keen to observe balance diet ( $M = 3.97$ ;  $SD = 1.02$ ). The study findings suggest that pre-retiree teachers are conscious of eating healthy.

From the analysis, over a half of the pre-retiree teachers' disagreed to lacking time to prepare food and opting to eating fast food ( $M = 2.22$ ;  $SD = 1.35$ ). This implied that time was not a constraint in preparing food to eat. In the same way, majority of the respondents disagreed struggling to afford a balance diet ( $M = 2.38$ ;  $SD = 1.36$ ) suggesting that pre-retiree teachers had sufficient income to cater for balanced diet. From that study findings the authors deduced that the respondents considered eating healthy as imperative to physical wellbeing. However, the relatively high standard deviations compared to the other items in the part of the questionnaire suggest a wide dispersion in the response. Without doubt, availability of financial resources to avail balanced diet remain uncertain since 29.1% (88) admitted having the desire to eat a balanced diet but struggling to afford. From the foregoing keenness to observe healthy eating and affordability of the same during retirement remains a paradox. The study findings agree with the postulation of Wang and Hesketh (2012) that health diet is perceived important in maintaining physical wellbeing in retirement.

The other variable that measured engagement of pre-retiree teachers in personal health programmes was assessing health education whose aggregate mean score was 3.52 and standard deviation of 1.16. The mean score implied that pre-retiree teachers agreed to participating in the health activities itemized to measure accessibility to health education. The items on respondents listening to media programmes about how to remain healthy and reading literature on health education had high mean scores, 4.08 and 3.71 with standard deviations of 1.04 and 1.16 respectively. On the other hand, over half of the respondents ( $M = 2.75$ ;  $SD = 1.16$ ) acknowledged that they do not attend seminars and workshops on how to take care of personal health probably because of time constraint during the day. This implies that pre-retirees make effort to access to health education from the comfort of their homes through flexible methods such as media and books. In theory, the findings agree with life course perspective that retirement transitions are embedded to broader life trajectories that include personal health of the employee (Vickerstaff *et al.*, 2008).

The third variable in measuring employee engagement in personal health programmes was to avoid substance abuse. The aggregate mean score was 1.35 with a standard deviation of 0.85 indicating that pre-retiree teachers were of the opinion that they did not abuse cigarettes and alcohol. This relatively low standard deviation compared to other items in the section B of the questionnaire suggests that the pre-retiree teachers are not under threat of substance abuse. This exhibits that teachers were not at risk of substance and alcohol abuse contrary to the reports that Kirinyaga and Murang'a Counties have suffered significant loss of life due to alcohol abuse that included teachers (NACADA, 2014). In theory, Wang, *at al.* (2011) remarks that lower levels of adjustment to retirement is associated with increased alcohol consumption. The mean aggregate for the fourth variable was measuring the respondents' engagement in physical exercises was 2.92 and a standard deviation of 1.25 demonstrating that pre-retiree teachers were in the level of indifference as far as being involved in physical exercises is concerned. This expresses uncertainty by pre-retiree teachers' in their engagement in physical exercises to ensure personal health.

In responding to specific items, the respondents who engaged in physical exercises at least twice a week had a mean score of 3.11 and standard deviation of 1.29. In the same way, gym attendance at least twice a week and probability of continuing with the same during retirement had a mean score of 2.67 and standard deviation of 1.19. The items asking prospective continuation to engage in physical exercises after retirement and planned engagement in vigorous physical work to earn a living had mean scores of 3.33 and 2.58 ( $SD = 1.20$  and 1.33) respectively. This therefore put the participation of pre-retiree teachers in physical exercise for guarantee individual health during retirement in doubt bearing in mind Kim and Moen (2002) findings that retirees tend to report poorer physical health, greater depression and loneliness during retirement transitions and adjustment. The relatively high standard deviations suggest that the response concerning employee engagement in physical exercises were diverse among the pre-retiree teachers in public secondary schools. In this regard, a good number of pre-retirees seem not to give physical exercises a priority and the same may become worse on retirement. This was contrary to postulations in theory by Wang and Shultz (2010) that suggest the level of physical activity in working behaviours help to maintain the retirees' health.

The lastly five items that measured health care plans undertaken by the respondents as part of personal health programmes had an aggregate mean score of 2.79 and standard deviation of 1.24 exhibiting activities being slightly below the level of indifference. Only one item about the ability of the respondents to seek specialized treatment when need arise had a mean score above level of indifference ( $M = 3.50$ ;  $SD = 1.15$ ). This suggests that pre-retiree teachers' level of engagement in health care plans is inadequate. The grounds of this findings would be the provision of health services by the National Hospital Insurance Fund (NHIF) and the AoN Minet Medical Scheme. However, a significant number of respondents disagreed with taking frequent medical checkups ( $M = 2.95$ ;  $SD = 1.24$ ). Besides, more than half of the respondents disagreed with attending health screening programmes at least once per year even when not sick ( $M = 2.44$ ;  $SD = 1.36$ ). Further still half of the respondents admitted not having planned medical care during retirement ( $M = 2.68$ ;  $SD = 1.27$ ). The cause of

this may be the provision of health services by the National Hospital Insurance Fund (NHIF). More so, it may be the perception that TSC will continue to offer free postretirement medical benefits during retirement life (M = 2.38; SD = 1.19). The failure to have personal health care plans is probably a mistaken belief because TSC based medical cover (AoN Minet Medical Scheme) is only for the teachers on salary since it replaced medical allowance. From the foregoing, it is evident that pre-retirees' health care plans are insufficient. In theory, as advanced by (Lim, 2003), the health care plans are very pivotal because working during retirement is dependent on the health status. In addition, Kim & DeVaney, (2005) argued that social security and health insurance coverage are some of the key elements that influence retirement decisions.

The overall aggregate mean score for employee engagement in personal health plans was 2.71 and a standard deviation of 1.15 suggesting that majority of the pre-retiree teachers in public secondary schools were not adequately involved in activities of personal health programmes. As remarked by Shultz and Wang (2011), pre-retirement health problems have key implications because they increase the health care costs and limit post-retirement ability to work. Further, researchers argue that health behaviours and habits such as exercise, health diet, absence of drugs and alcohol dependence are important facets to consider in personal health programmes (Jex, Wang & Zerubin, 2007). The overall picture is that pre-retiree teachers seem not to have engaged sufficiently in personal health programmes in preparation for retirement. It is imperative that health influences retirement decisions and challenges in health lead to constraints on the individual's ability to achieve continuity of life structure through further participation in the workforce (Barnes-Farrell, 2003).

**4.3. Test of hypothesis**

A logistic regression was run to predict retirement preparedness for 302 pre-retiree teachers using the five variables of employee engagement in programmes as predictors. These were eating healthy (EH), accessing healthy education (AHE), avoiding substance abuse (ASA), physical exercise (PE) and health care plans (HCP). The authors hypothesized that the five variables informed the effect of employee personal health programmes on retirement preparedness. The results of the logistic regression are presented in Table 3.

**Table 3: Hypothesis Testing**

	$\beta$	t= $\beta$ /SE	Wald	P-Value	Exp(B)
Eating healthy	0.070	0.538	0.294	0.588	1.073
Accessing health education	0.323	2.410	5.814	0.016	1.381
Avoiding substance abuse	0.663	4.541	20.725	0.000	1.940
Physical exercise	0.505	3.686	13.652	0.000	1.657
Health care plans	0.407	2.993	8.909	0.003	1.502
Observations (n)		302			
Nagelkerke R Square		0.217			
Model Chi – square	(5 df)	51.249		0.000	
Classification Rate		71.2			
-2 Log likelihood		333.666 <sup>a</sup>			
Hosmer and Lemeshow Test	(8 df)	8.578		0.379	
Dependent Variable is Retirement Preparedness					
Note p $\leq$ 0.05					

Model 2 logistic regression results were as shown in Table 3. The likelihood ratio, chi square of 49.691 and a P – value of 0.000 indicated that the model was statistically significant and that the five predictors reliably distinguished between the prepared and not prepared for retirement. The Nagelkerke R Square of 0.217 implied that the model variables identified explained 21.7% of the variation in the retirement preparedness (outcome) which is a noteworthy relationship between prediction and grouping. The -2 Log likelihood of 333.666 indicated that the model fitted the research data well. The prediction sensitivity (percentage correctly predicting that the event occurred) was 178/201 which translated to 88.6%. On the other hand, the correctness of prediction that the event did not occur was 37/101 translating to 36.6%. The prediction had an overall success rate of 71.2%.

The positive  $\beta$  coefficient of 0.070 for the first predictor variable indicate that increasing the eating programmes is associated with increased log odds of retirement preparedness. The Odds ratio expressed as Exp(B) was 1.073 and indicated the effect of eating healthy programmes on the retirement preparedness upon increasing the predictor variable. This infers that, a unit increase in eating healthy activities by the pre-retiree teachers increase the probability of retirement preparedness by 7.3%. However, from the study findings, the authors opined that employee engagement in eating healthy programmes was not statistically significant in predicting whether a pre-retiree teachers were to be prepared for retirement or not because the P value was not significant (P > 0.05). That is, the effect had a Wald of 0.294, df = 1, P = 0.588. Therefore, the authors found that there exists no significant relationship between pre-retiree teachers' engagement in eating healthy programmes and retirement preparedness. Consequently, from the statistical test performed, the first hypothesis was supported and the study therefore accepted H<sub>01</sub> that, there is no significant effect of employee's engagement in

eating healthy programmes on retirement preparedness among teachers' in public secondary schools in Kirinyaga and Murang'a Counties in Kenya. Although  $\beta \neq 0$ , the P – value was not significant ( $P = 0.588$ ) since it was greater than 0.05. The study therefore concluded that there is no significant positive relationship between the prevailing eating healthy programmes by pre-retiree teachers of public secondary schools and retirement preparedness in Kenya.

The positive  $\beta$  coefficient of 0.323 for the second predictor variable point out that increasing the accessing health education is related with increased log odds of retirement preparedness. The Odds ratio expressed as  $\text{Exp}(B)$  was 1.381 and showed the effect of accessing health education programmes on the retirement preparedness upon increasing the predictor variable. This deduces that, a unit increase in accessing health education activities by the pre-retiree teachers increase the probability of retirement preparedness by 38.1%. From the analysis, it was the authors view that employee engagement in accessing health education programmes was statistically significant in predicting whether a pre-retiree teachers were to be prepared for retirement or not because the P value was significant ( $P > 0.016$ ). That is, the effect had a Wald of 2.410,  $df = 1$ ,  $P = 0.016$ . Therefore, the authors found that there exists a significant relationship between pre-retiree teachers' engagement in accessing health education programmes and retirement preparedness. Subsequently, from the statistical test performed, the second hypothesis was not supported and the study therefore failed to accept  $H_{02}$  that, there is no significant effect of employee's engagement in accessing health education programmes on retirement preparedness among teachers' in public secondary schools in Kirinyaga and Murang'a Counties in Kenya. The decision was based on fact that,  $\beta \neq 0$ , and the P – value was significant ( $P = 0.016$ ) since it was less than 0.05. The study therefore concluded that there is a significant positive relationship between the accessing health education programmes by pre-retiree teachers of public secondary schools and retirement preparedness in Kenya.

The third explanatory variable considered in this study was avoiding substance abuse. The variable had a positive  $\beta$  coefficient of 0.663 indicating that increasing activities geared towards avoiding substance abuse is associated with increased log odds of retirement preparedness. The Odds ratio expressed as  $\text{Exp}(B)$  was 1.940 and showed the effect of avoiding substance abuse programmes on the retirement preparedness upon increasing the predictor variable. This construes that, a unit increase in avoiding substance abuse activities by the pre-retiree teachers increase the probability of retirement preparedness by 94.0%. From this analysis, it was the authors opinion that employee engagement in avoiding substance abuse programmes was statistically significant in predicting whether a pre-retiree teachers were to be prepared for retirement or not for the reason that, the P value was significant ( $P > 0.000$ ). Explicitly, the effect had a Wald of 20.725,  $df = 1$ ,  $P = 0.000$ . Thus, the authors noted that there exists a significant relationship between pre-retiree teachers' engagement in avoiding substance abuse programmes and retirement preparedness. From the statistical test performed, the third hypothesis was not sustained and the study therefore failed to accept  $H_{03}$  that, there is no significant effect of employee's engagement in avoiding substance abuse programmes on retirement preparedness among teachers' in public secondary schools in Kirinyaga and Murang'a Counties in Kenya. The decision was centered on fact that,  $\beta \neq 0$ , and the P – value was significant ( $P = 0.000$ ) since it was less than 0.05. The study therefore concluded that there is a significant positive relationship between the avoiding substance abuse programmes by pre-retiree teachers of public secondary schools and retirement preparedness in Kenya.

The second last explanatory variable was on physical exercises that pre-retiree teachers take part in view of separation preparation. The variable had a positive  $\beta$  coefficient of 0.505 demonstrating that increasing physical exercises by pre-retiree teachers is concomitant with increased log odds of retirement preparedness. The Odds ratio expressed as  $\text{Exp}(B)$  was 1.657 and revealed the effect of physical exercises programmes on the retirement preparedness upon increasing the predictor variable. The interpretation is that, a unit increase in physical exercises by the pre-retiree teachers increase the probability of retirement preparedness by 65.7%. From the results, the authors advanced that employee engagement in physical exercises programmes was statistically significant in predicting whether a pre-retiree teachers were to be prepared for retirement or not since the P value was significant ( $P > 0.000$ ). This is because, the effect had a Wald of 13.652,  $df = 1$ ,  $P = 0.000$ . As a result, the authors remarked that there exists a significant relationship between pre-retiree teachers' engagement in physical exercises programmes and retirement preparedness. From the statistical analysis conducted, the fourth hypothesis was not reinforced and the study therefore failed to accept  $H_{04}$  that, there is no significant effect of employee's engagement in physical exercises programmes on retirement preparedness among teachers' in public secondary schools in Kirinyaga and Murang'a Counties in Kenya. The decision was founded on the fact that  $\beta \neq 0$ , and the P – value was significant ( $P = 0.000$ ) since it was less than 0.05. The study therefore concluded that there is a significant positive relationship between the physical exercises programmes by pre-retiree teachers of public secondary schools and retirement preparedness in Kenya.

Health care plans was the last explanatory variable to assess pre-retiree teachers' retirement preparedness. The variable had a positive  $\beta$  coefficient of 0.407 signifying that increasing health care plans by pre-retiree teachers is associated with increased log odds of retirement preparedness. The Odds ratio expressed

as  $\text{Exp}(B)$  was 1.502 and indicated the effect of health care plans programmes on the retirement preparedness upon increasing the predictor variable. The construal is that, a unit increase in physical exercises by the pre-retiree teachers increase the probability of retirement preparedness by 50.2%. From the findings, the authors stated that employee engagement in health care plans programmes was statistically significant in predicting whether a pre-retiree teachers were to be prepared for retirement or not since the P value was significant ( $P > 0.003$ ). This is because, the effect had a Wald of 8.909,  $df = 1$ ,  $P = 0.003$ . As a result, the authors remarked that there exists a significant relationship between pre-retiree teachers' engagement in health care plans programmes and retirement preparedness. From the logistic analysis, the last hypothesis was not reinforced and the study therefore failed to accept  $H_{05}$  that, there is no significant effect of employee's engagement in health care plans programmes on retirement preparedness among teachers' in public secondary schools in Kirinyaga and Murang'a Counties in Kenya. The verdict was based on;  $\beta \neq 0$ , and the P – value was significant ( $P = 0.003$ ) since it was less than 0.05. The study therefore concluded that there is a significant positive relationship between the health care plans programmes by pre-retiree teachers of public secondary schools and retirement preparedness in Kenya.

## V. Discussions and Implications

Personal health programmes were conceptualized to comprise eating healthy, accessing health education, avoiding substance abuse, physical exercises and health care plans. From the research results, the aggregate mean of 2.71 and a standard deviation of 1.15 the authors deduced that pre-retiree teachers were uncertain of the level of engagement in personal health activities in planning for separation from employer organization. Eating healthy had an aggregate mean score of 3.16 with a standard deviation of 1.18. This indicated that the respondents were uncertain on their level engagement in activities that promoted eating healthy since the mean was just slightly above the level of indifference. However, the relatively high standard deviation reflected existence of a greater variation in the responses. Additionally, the findings revealed that pre-retiree teachers perceived the possibility of continuing to eat a balance diet when they retire. This is a concern since the findings by WHO (2018) indicate that preventing overweight and obesity will rely on helping people to eat healthy foods. From the aggregate mean score of 3.52 and standard deviation of 1.16, pre-retirees were of the opinion that they were accessing health education. Perhaps this can be associated to implications that health problems have to both fiscal and psychosocial wellbeing through increased health care costs besides to limiting retirees' participation in other life activities. To what may seem to be a sign of time constraints, the respondents admitted to have accessed health education through the media and reading books as opposed to attending workshops and seminars. This concurs with the findings of WHO (2018) a broad array of large scale actions that include health education is needed establish and implement high nutritional standards to enable adoption of healthy diets.

Unusually, the pre-retiree teachers generally denied having engaged in drugs and alcohol abuse ( $M = 1.35$ ;  $SD = 0.87$ ). This was contrary to the study by Bamberger (2014) that reported a strong link between retirement and alcohol misuse, reporting that 8% of older workers aged between 51 and 65 consume alcohol have a higher prevalence rate than all other age categories combined except age 18–30 years. The study results also failed to support the findings of NACADA (2014), that consumption of illicit brews had affected teachers also. Concerning physical exercises as explanatory variable, an aggregate mean of 2.92 and standard deviation of 1.25 indicated that pre-retiree teachers were uncertain of engaging in physical exercise programmes that will promote retirement preparation in terms of health. However, the high standard deviation indicates great variation in the responses. Additionally, the respondents expressed uncertainty in having regular physical activities currently or having plans to engage in future. However, from the findings of WHO (2018) engagement in regular physical exercise is imperative to prevent overweight and obesity in people. In addition, a study by Sargent *et al.*, (2011) on retired managers reported defiance to age through active self-work and disciplining the body through physical exercises and keeping fit.

Surprisingly, the aggregate mean score of 2.79 and standard deviation of 1.24 suggests that pre-retiree teachers' engagement in health care plans is in doubt. Apart from the respondents signifying having the ability to seek specialized treatment when need arise, they disagreed to; the possibility of Teachers Service Commission continuing to offer free medical care, taking frequent medical checkups, having planned for medical care during my retirement and attending health screening programmes regularly and not necessarily when one is sick. The research findings by Stanton (2006) are reinforced by the study findings that retirees generally enjoy better physical wellbeing when their health insurance offers more extensive service coverage resulting to the individual incurring lower out of pocket costs.

The hypotheses testing for all the explanatory variables except for eating healthy demonstrated that there exists a positive significant relationship between pre-retiree engagement in personal health programmes and retirement preparedness. This results agreed with Wang (2007), Van Solinge and Henkens (2008), and Zhan, *et al.* (2009) who found that deliberate health planning activities were positively related to retirement

well-being. Correspondingly, the study concurs with Shultz and Wang (2007) research findings that there exist a significant positive relationship between retirees' health status and the physical well-being in general. In supporting the same school of thought, Jex, Wang and Zarubin (2007) found that health behaviours and habits such as physical exercises, health diet, absence of drug and alcohol dependence, and hygiene are important in maintaining physical wellbeing in retirement. This finding arouses a great concern because retirees whose health deteriorates during retirement transition are more likely to experience poor wellbeing in retirement (Wang, 2007; van Solinge & Henkens, 2008). Undeniably, research has it that that despite age and gender perceived health significantly correlated with retirement wellbeing (Gaillard & Desmette, 2008).

The study concluded that, employee's engagement in deliberate activities that benefit health wellbeing is an integral part in planning for separation for the life after leaving employer organization. The study findings support the theorists of; life course perspective, continuity and the theory of planned behaviour. In essence, the individuals should be in a position to adapt to the changing circumstances during the transition to retirement when their health is sound without being a burden to the society. The study therefore contributes to the body of knowledge by extending the understanding of the theoretical underpinnings in the study of separation planning for retirement preparedness namely life course perspective, continuity theory and the theory of planned behaviour. Since most of the literature on retirement preparedness has to a large extent considered retirement planning from a narrow perspective of financial retirement planning of retirees (Dalirazar, Vornovytsky & Hedengren 2010; Berry, 2010; Shultz & Wang, 2011). The findings of this study provides the empirical information on personal health retirement planning and extends the frontier of knowledge to other variables that are imperative in employee separation planning and post retirement life preparedness.

The empirical findings of the study have implications to the policer makers and practitioners for improving the likelihood of successful retirement preparedness by employees when still in employment through informed separation planning through engagement in personal health programmes for retirement. The findings provide a reflection of the strides the government is making in meeting the third SDG concerning health and wellbeing for people of all ages in addition to the social pillar of Kenya Vision 2030. The government of Kenya should put in place a national strategy and partner with other institutions such as the County government to ensure employees engage in appropriate personal health activities as enablers of senior citizens to age gracefully. It is worth acknowledging the efforts being made by the Retirement Benefit Authority in empowering Kenyans to financially plan for separation to retirement life, however, effort should be made to also focus on the other facets such as personal health dimensions of retirement preparedness.

## **VI. Conclusions**

From the research findings on the hypotheses, the study concluded that the personal health programmes had a significant positive effect on retirement preparedness during the life of pre-retirees' teachers in public secondary schools. In addition, the personal health programmes (accessing health education, avoiding substance abuse, physical exercises and health care plans) were found to be imperative and instrumental in reinforcing the underpinnings of life course perspective theorists, continuity theorists and the theory of planned behaviour. However, the study established that pre-retiree teachers had not adequately engaged in personal health programmes as a pre-planning strategy in preparation for retirement life. However, they had made effort to access health education underscoring the importance of physical wellbeing. The findings are essential because they reinforce the theoretical underpinnings of proponents of life course perspective, continuity theory and the theory of planned behaviour that life ought to continue without major disruptions. The research study points out that employee should actively engage in programmes that increases capacity for personal wellbeing in retirement.

The findings are a significant step in understanding retirement planning focusing to deliberate personal health activities since most theory has generally considered the financial components. It is theorized that it is the level of physical and cognitive activities in working behaviour that maintain retirees' physical health (Wang & Shultz, 2010). The findings extend the theoretical understanding that it is not the amount of financial resources that guarantee health wellbeing (Singh, 2006), although the resources provide for better quality and consistent health care. Indeed, personal health is vital since it dictates the kind of roles that an individual engages in to ensure continuity of life in retirement.

## **VII. Limitations of the Study**

Although the study made conclusions based on the survey data, it is important to highlight areas that may limit the extent of generalization and applicability of the findings. The study relied on subjective data obtained as opinions since the data on retirement planning was self-reported in the questionnaire. There might have been some over or under reporting of the levels of separation planning and retirement preparedness. Thus, the absence of objective data to some extent limits the extent of generalization of the conclusions made. However, to mitigate the respondents from concealing the real information, the researchers persuaded the

respondents to be truthful by explaining the purpose of the study. In addition, the study employed questionnaires that had been reported by researchers to promote a sense of confidentiality and hence encouraged sincerer responses. In addition, the study considered only three variables to constitute psychosocial programmes leaving others that may be of importance. The study was conducted in the educational sector only, specifically in public secondary schools in Kirinyaga and Murang'a Counties. Secondary school teachers being only one professional with its uniqueness and strict code of service, to a small extent limits the level of generalizations. It would be interesting to see how similar or different would other sectors showcase.

### VIII. Recommendations for further research

The study sought to assess the effect of employees' engagement in personal health programmes on retirement preparedness in the education sector in Kenya. Further research may be conducted to address some or all of the cited limitations. Future studies could therefore be extended to other industries (such as banking, manufacturing, technological, construction among others) in Kenya, in order to enrich the knowledge of employee separation planning and retirement preparedness in terms of personal health engagements for retirement preparedness. In addition, future research may consider enlarging the variables and indicators that constitute personal health programmes and enlarge the methodology by employing longitudinal studies and other methods of data collection

### References

- [1]. Ajzen, I. (1991). *Organizational Behaviour and Human Decision Processes*. University of Massachusetts, 50, pp 179-211.
- [2]. Anderson, M., Li, Y., Bechhofer, F., McCrone, D., & Stewart, R. (2000). *Sooner rather than later? Younger and middle-aged adults preparing for retirement*. *Aging and Society*, 20, 445-466.
- [3]. Armstrong, M. (2006). *A Handbook of Human Resource Management Practice*. 10<sup>th</sup> ed. London: Kogan Page.
- [4]. Atchley, R. C. (1989). *A continuity theory of normal aging*. *Gerontologist*, 29, 183-190.
- [5]. Bamberger, P. A. (2014). *Winding Down and Boozing Up: The Complex Link Between Retirement and Alcohol Misuse*. *Work, Aging and Retirement*, 00(00), pp. 1-20.
- [6]. Bandura, A. (1997). *Self-efficacy: The exercise of Control*. New York: Freeman
- [7]. Barnett, I., van Sluijs, E. M., & Ogilvie, D. (2012). *Physical activity and transitioning to retirement: A systematic review*. *American Journal of Preventive Medicine*, 43, 329-336.
- [8]. Berry, C. (2010). *The future of Retirement*. The International Longevity Centre – UK (ILCUK) discussion paper, June 2010.
- [9]. Bown-Wilson, D. (2011), "The role of age in career progression: motivation and barriers to fulfillment in older employees". In Parry, E. and Tyson, S. (Eds.). *Managing an Age-Diverse Workforce*, (pp. 129-149), Aldershot: Palgrave Macmillan.
- [10]. Carraher, S. M., Crocitto, M. M., & Sullivan, S. (2014). "A kaleidoscope career perspective on faculty sabbaticals", *Career Development International*, 19(3), pp 295 – 313.
- [11]. Chan, M. L., Gustafsson, L., & Liddle, J. (2015). *An intervention to support professional driver retirement transition: Results of a pilot study for older taxi drivers in Singapore* *British Journal of Occupational Therapy*, 21, 1-10.
- [12]. Chauvet, G. (2015). *Coupling Methods for Multistage Sampling*. *The Annals of Statistics*, Vol. 43, No. 6, 2484-2506.
- [13]. Chawla, D., & Sondhi, N. (2011). *Research Methodology: Concepts and Cases*. New Delhi: Vikas Publishing House Pvt Ltd.
- [14]. Clark, R. L., & d'Ambrosio, M. C. (2003). *Ignorance is not bliss: The importance of financial education*. *TIAA-CREF Research Dialogue*, 78, 1-14.
- [15]. Cooper, D. R., & Schindler, P. S. (2011). *Business research methods*. (11<sup>th</sup> ed). New Delhi-India: MacGraw-Hill Publishing Co. Ltd.
- [16]. Dalirazar, N., Vornovytsky, M. S., & Hedengren, D. (2010). *Can Americans Afford to Retire?* Washington, DC: U.S. Census Bureau.
- [17]. Ekerdt, D. J., Hackney, J., Kosloski, K., & DeViney, S. (2001). *Eddies in the stream: The prevalence of uncertain plans for retirement*. *Journals of Gerontology: Psychological Sciences and Social Sciences*, 56, 162-170.
- [18]. Elder, G. H. & Johnson, M. K. (2003), "The life course and aging: challenges, lessons, and new directions". In Settersten, R.A. Jr (Ed.). *Invitation to the Life Course: Toward New Understandings of Later Life*, Baywood, Amityville, pp. 49-81.
- [19]. Feldman D.C & Beehr T.A (2011) A Three-Phase Model of Retirement Decision Making: *American Psychologist* 66(3) pp. 193-203.
- [20]. Field, A. P. (2012). *Discovering Statistics using IBM SPSS. Statistics*. New Delhi: Sage Publications:
- [21]. Field, A. P. (2013). *Discovering Statistics using IBM SPSS. Statistics*. London: Sage Publications.
- [22]. Fox, N., Hunn, A. & Mathers, N. (2009). *Sampling and Sample Size Calculations*. The National Institute for Health Research, Research Design Service, Yorkshire.
- [23]. Gaillard, M., & Desmette, D. (2010). "Validating stereotypes about older workers influences their intentions to retire early and to learn and develop", *Basic and Applied Social Psychology*, 32, 86-98.
- [24]. GoK (2013). *Service Delivery Indicators Report on Education and Health*
- [25]. Greaves, M., Zibarras, L. D., & Stride, C. (2013). "Using the theory of planned behavior to explore environmental behavioral intentions in the workplace". *Journal of Environmental Psychology*, Vol. 34, pp. 109-120.
- [26]. Griffin, B., & Hesketh, B. (2008). *Post-retirement work: The individual determinants of paid and volunteer work*. *Journal of Occupational and Organizational Psychology*, 81, 101-121.
- [27]. Gujarati, D. N. (2003) *Basic Econometrics*. 4<sup>th</sup> ed. Mc Graw Hill, New York.
- [28]. Jex, S., Wang, M., & Zarubin, A. (2007). *Aging and occupational health*. In K. S. Shultz and G. A. Adams (Eds.), *Aging and Work in the 21st Century* (pp. 199-224). New York: Psychology Press.
- [29]. Kautonen, T., Van Gelderen, M., & Fink, M. (2013). "Robustness of the theory of planned behavior in predicting entrepreneurial intentions and actions". *Entrepreneurship Theory and Practice*, available at: <http://onlinelibrary.wiley.com/journal/earlyvie>.
- [30]. Khapova, S. N., Arthur, M. B., Wilderom, C. P. & Svensson, J. S. (2007), "Professional identity as the key to career change intention". *Career Development International*, 12(7), 584-595.

- [31]. Kim, H., & DeVaney, S. A. (2005). "The selection of partial or full retirement by older workers". *Journal of Family and Economic Issues*, 26(3), pp. 371-394.
- [32]. Kim, J. E., & Moen, P. (2002). *Retirement transitions, gender, and psychological well-being: A life-course, ecological model*. *Journal of Gerontology: Psychological Sciences*, 57, 212-222.
- [33]. Kuerbis, A., & Sacco, P. (2012). *The impact of retirement on the drinking patterns of older adults: A review*. *Addictive Behaviours*, 37, 587-595.
- [34]. Lusardi, A. & Mitchell, O. S. (2011). *Financial literacy around the world: An overview*. *Financial Literacy Around the World (Flat World)*. Available: [http://www.financialliteracyfocus.org/files/FLatDocs/Lusardi\\_Mitchell\\_Overview.pdf](http://www.financialliteracyfocus.org/files/FLatDocs/Lusardi_Mitchell_Overview.pdf).
- [35]. Mariappanadar, S. (2012). *Do retirement anxieties determine bridge employment preference? A study among pre-retirees in the Australian construction industry*. Emerald Group Publishing Limited, 42 (2), pp 176-204.
- [36]. Marshall, V. W., Clarke, P. J., & Ballantyne, P. J. (2001). *Instability in the retirement transition: Effects on health and wellbeing in a Canadian study*. *Research on Aging*, 23, 379-409.
- [37]. McEwen, B. S. (2001). *From molecules to mind: Stress, individual differences, and the social environment*. *Annals of the New York Academy of Sciences*, 935, 42-49.
- [38]. McVittie, C., & Goodall, K. (2012). *The ever-changing meanings of retirement*. *American Psychologist* 67(1), pp 75-76.
- [39]. Muratore, A. M., & Earl, J. K. (2010). *Predicting retirement preparation through the design of a new measure*. *Australian Psychologist*, 45(2), pp 98-111.
- [40]. NACADA, (2014). *Summary Report of Morbidity and Mortality caused by Alcohol Consumption in various parts of the country, Kenya*. Author.
- [41]. Nicolaisen, M., Thorsen, K., Eriksen, S. H. (2012). *Jump into the void? Factors related to a preferred retirement age: gender, social interests, and leisure activities*. *International Journal Aging and Human Development*, 75(3), pp 239-271.
- [42]. Pampel, F. C. (2000). *Logistic Regression: A primer*. Thousand Oaks, CA: Sage Publications.
- [43]. Perreira, K. M., & Sloan, F. A. (2001). *Life events and alcohol consumption among mature adults: A longitudinal analysis*. *Journal of Studies on Alcohol*, 62, 501-508.
- [44]. Petkoska, J., & Earl, J. K. (2009). *Understanding the influence of demographic and psychological variables on retirement planning*. *Psychology and Aging*, 24, 245-251.
- [45]. Pillay, H., Kelly, K., & Tones, M. (2010). "Transitional employment aspirations for bridging retirement", *Journal of European Industrial Training*, 34(1), pp. 70 - 86.
- [46]. Pinguart, M., & Schindler, I. (2007). *Changes of life satisfaction in the transition to retirement: A latent-class approach*. *Psychology and Aging*, 22, 442-455.
- [47]. Rosenkoetter, M. M., Garris, J. M. & Engdahl, R. A. (2001). *Postretirement Use of Time, Activities, Adaptation & Aging*. 25, 3-4.
- [48]. Sargent, L. D., Bataille, C. D., Vough, H. C., & Lee, M. D. (2011). *Metaphors for retirement: Unshackled from schedules*. *Journal of Vocational Behavior* 79(2), pp 315-324.
- [49]. Sargent, L. D., Lee, M. D., Martin, B & Zikic, J. (2012). *Reinventing retirement: New pathways, new arrangements, new meanings*. *Human relations* 66(1), pp 3-21
- [50]. Saunders, M., Lewis, P., & Thornhill, A. (2009). *Research methods for business students*. (5<sup>th</sup> ed.). Great Britain: Prentice Hall.
- [51]. Shultz, K. & Wang, M. (2011). "Psychological perspectives on the changing nature of retirement", *American Psychologist*, 66(3), pp. 170-179.
- [52]. Singh, S. (2006). *Perceived health among women retirees*. *Psychological Studies*, 51, 166-170.
- [53]. Thody, A. (2011). "Emeritus professors of an English university: how is the wisdom of the aged used?", *Studies in Higher Education*, Vol. 36 No. 6, pp. 637-653.
- [54]. Topa, G., Depolo, M., Moriano, J., & Morales, F. J. (2009), "Bridge employment and retirees' personal wellbeing. A structural equation model with a European probabilistic sample", *Psicothema*, 21(2), pp. 285-92.
- [55]. UNESCO (2007). *Education for All Monitoring Report: Strong Foundations, Early Childhood Care and Education*
- [56]. UNESCO (2015). *Concept note on the Post - 2015 Education Agenda*
- [57]. Valero, E., & Topa, G. (2014). *Brief Retirement Self-Efficacy-11 Scale (BRSE-11): Factorial Structure and Validity*. *Journal of Career Assessment*, (pp1-9), Retrieved JCa.Sagepub.Com at Karatina University on February 9, 2015.
- [58]. Van Solinge, H. V., & Henkens, K. (2008). *Adjustment to and satisfaction with retirement: Two of a kind?* *Psychology and Aging*, 23, 422-434.
- [59]. Wang, M. (2007). *Profiling Retirees in the Retirement Transition and Adjustment Process: Examining the Longitudinal Change Patterns of Retirees' Psychological Well-Being*, *Journal of Applied Psychology*, 92(2), 455-474.
- [60]. Wang, M., & Shultz, K. S. (2010). "Employee retirement: a review and recommendations for future investigation". *Journal of Management*, 36(1), pp. 172-206.
- [61]. Wang, M., Henkens, K., & Van Solinge, H. (2011). *Retirement Adjustment: A Review of Theoretical and Empirical Advancements*. *American Psychologist*. Advance online publication.
- [62]. WHO (2017). *World Health Statistics: Monitoring Health for the SDGs*,
- [63]. WHO (2018). *World Health Statistics: Monitoring Health for the SDGs*,
- [64]. World Health Organization (2012). *World Health Statistics*
- [65]. Zhan, Y., Wang, M., Liu, S., & Shultz, K. S. (2009). *Bridge employment and retirees' health*.
- [66]. Zikmund, G. W., Babin, B. J., Carr, C. J., & Griffin, M. (2010). *Business research methods* (8<sup>th</sup> ed.). South-Western: Cengage Learning.
- [67]. Zins, M., Gueguen, A., Kivimaki, M., Singh-Manoux, A., Leclerc, A., Vahtera, J., Westerlund, H., Ferrie, J. E. & Goldberg, M. (2011). *Effect of Retirement on Alcohol Consumption: Longitudinal Evidence from the French Gazel Cohort Study*. *PLoS ONE* 6(10).

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