



Ageing Narratives and Social Change in Kathmandu: An Ethnographic Study of Personhood and Well-being

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Abstract

In the Tarkeshwor Municipality of Kathmandu, this qualitative ethnographic study explores the lived experiences and narratives of those aged 60 and attempts to place the narratives within the context of the rapid demographic changes within the municipality, which include urbanisation and youth outmigration. Within the framework of Symbolic



Interactionism and Theories of Personhood within Anthropology, this research utilises qualitative methodology in the form of participant-observed semi-structured interviews of 40 respondents to study the ways mega-level societal changes impact the intergenerational relations and social positioning of individuals and their overall wellness. One primary finding suggests there is a significant phenomenon of cultural tension relative to the older adults at the intersection of socio-economically modern realities in the context of the social value of older adults, and cultural systems that place older adults within a socially revered role. The primary forms of financial capital, such as pensions and real estate, are the socially positioned structures of value and independent relational social identity, and chronic health problems serve as social and relational loss catalysts. The study suggests that the ageing of urban Nepal is an identity-contested process relative to the social systems of support for older adults, which does not rely on frameworks of social security systems and biomedicine.

Keywords: Ageing narratives, intergenerational relations, personhood, social change

Introduction

Public health improvements, declining fertility rates, and longer life expectancy are factors that have contributed to the growth of older populations and the global demographic transition of the 21st century. All countries are experiencing the phenomenon of ageing populations. However, this phenomenon is experienced and observed culturally and socially in each unique location. More and more, researchers are warned of the need to recognise 'multiple modernities, identities, histories and memories and the dangers of essentialism when it comes to the diverse geographies and settings of ageing and personhood. This approach is precisely why anthropological and phenomenological studies are essential, as ageing is more than a biological consideration; it is a social and moral one, and as such, it is experienced within specific worlds of meaning (Lamb, 2017). In Nepal, life expectancy has also increased; most recently, the 2011 census recorded life expectancy at 64.94 years for males and 67.44 years for females. Nepal is also experiencing a steadily increasing proportion of older adults. From 5% in the 1952-54 census to 8.1% in 2011 (CBS 2011; Subedi 2014), the elderly population has been increasing both absolutely and relatively, and it is predicted that within the next 20 years, the total number of people aged 60 years and older will have doubled.

According to the Senior Citizens Act of 2006, the government of Nepal considers citizens to be senior citizens at the age of 60. However, depending on the profession of the individual, retirement ages differ. This age change is currently happening at the same time as significant urban migration, the outward migration of younger individuals, and new age changes to traditional family structures. Because of this, the socio-cultural perceptions of ageing have shifted. Nepalis traditionally follow the practices of the Hindu religion, which sees the elderly as holy and wise, and old age as a meritorious and

spiritually wise time; however, modern urban living puts a strain on this. Many elderly, particularly widows and widowers living alone, suffer from ill health and increased need for supportive care, which can make them feel burdensome and socially invisible, and can erode their self-identity, as is culturally common.

The ageing of Nepal's population and the socio changes it brings cannot be understood from a purely biomedical or demographic perspective. As identity, dignity and a sense of belonging are slowly negotiated, changes are experienced. Within the broader framework of sociocultural change, the elderly population faces the challenges of ill health, shifts in family structures, and economic instability. Subedi's (2014) ethnographic study of Nepal highlights the tension that exists between contemporary socioeconomic conditions and the ageing population's socio-cultural practices.

In this context, understanding older people's narratives about the changes in their social world is key to understanding ageing. The current study is set in the phenomenon of rapid urbanisation in the Tarkeshwor Municipality of Kathmandu and seeks to gain insight into people aged 60 and above, the construction of meaning of selfhood, social worth, and well-being in the context of extensive social transformation.

Literature Review

Modernisation and social change directly affect the physical proximity of parents to their children, which in turn affects how elderly care is provided. As an illustration, Greenwell and Bengtson (1997) conducted a longitudinal study of parent-child relations in southern California from 1971 to 1991 and discovered that, in comparison to other children, young adult children who had relatively high educational aspirations in 1971 lived apart from their parents in 1991. According to Smith (1998), the authors contend that early plans for educational attainment could be considered a proxy variable for occupational mobility if they are later realised. The author's personal experience indicates that it is similar to Nepalese society. Young adults move to an urban area in search of better education and employment opportunities, leaving behind their homes and families. After completing their education, they look for work and establish a career in a developed, urban area. It therefore causes a gap between the younger and older generations. Furthermore, because research on the ageing process was relatively recent, it was easily incorporated into the general standards of the modernisation process theory. Consequently, the significance of internal differentiation and other intricate matters within the industrialisation process was diminished.

The modernisation theory has been refuted by Goldstein (1983) in regard to the ageing process. Even though Nepalese society has seen significant transformation in recent decades, he concluded that the makeup of households has remained unchanged. Nonetheless, according to the author, the modifications have changed the character of social and financial ties within the family. Unless there is some kind of economic independence, he adds, the changes have worked against the elderly, whose health is still

getting worse. According to these authors, the challenge facing Nepal's elderly population has less to do with modernisation than it does with the country's growing poverty, which is a result of modernisation's inability to bear social and economic fruit.

According to Dal Bahadur Pun's 2009 study, "Social Change and the Senior Citizen in Nepal," older adults' social standing has declined with age. The "Ageing Situation in Newar Community of Kirtipur Municipality" was the subject of a 2001 study by Sudha Maharjan. According to her, the majority of the elderly respondents who were chosen for the survey have a positive attitude that can be attributed to the advancement of medical technology: they trust doctors to treat them. The elders in this study face several issues, including illness, loneliness, being evicted from their home, disrespect from family members, and a lack of suitable entertainment. Likewise, Jagat Bahadur Maharjan studied the "Living Conditions of Elderly People of Devdhoka, Kirtipur Municipality." He discovered that the majority of respondents experienced asthma, leg pain, and back pain. Of them, there were more female respondents. The majority of the male respondents had diabetes, stomach pain, and body aches. Similarly, Shalik Ram Sigdel conducted a study on the "Status of Elderly Population in Jamune Bhanjyang VDC" of Tanahu district. According to his research, half of all people desire love and affection from their family. Roughly 23% desire proper care. A significant portion of older adults face inadequate familial support, with roughly a third of those surveyed indicating that their family members do not provide the necessary love and care. This lack of support is reflected in negative perceptions of the ageing process itself; in one study, 38.3% of older adults viewed ageing as a "curse," and 35% believed it to be a "time of sorrow" (Chalise & Rosenberg, 2019). This sentiment highlights the impact of rapid socio-economic change on traditional family care structures in Nepal. Nevertheless, research suggests that traditional values of reverence for elders persist, and that social engagement and spiritual well-being are key factors in promoting "successful ageing" among older adults, even in urban centres like Kathmandu (Karki et al., 2025). The government offers a minimal Old Age Allowance (OAA) starting at age 68, despite the official definition of elderly citizens commencing at age 60, reflecting a policy gap in addressing the needs of the younger elderly population (Aryal, 2019).

Based on the empirical review above, it can be concluded that the effects of rapid social change, particularly youth outmigration and urbanisation, have led to deteriorating conditions in the lives of older adults in Nepal, weakening traditional family support institutions (Khadka, 2020; Shrestha, 2024). As older adults age, their social standing, financial situation, and health status often decline. The changing social context, marked by a growing trend of nuclear families, combined with inadequate social security provisions, makes their lives insecure and forces some to seek alternatives, such as elderly homes in Kathmandu (Bohora et al., 2024). The lives of older citizens have been adversely affected by loneliness and a lack of familial care and support, despite cultural expectations of filial piety (Khadka, 2020). Furthermore, the government's policies and elderly support system

are frequently described as insufficient and unworkable for the needs of a rapidly ageing population (Aryal, 2019).

Methods and Procedures

These experiences were gathered using a qualitative ethnographic method, aiming for a rich and emic picture of the ageing phenomena affecting those older than sixty. This design involved a longitudinal study, where the researcher followed the participants for a significant amount of time to discover the details of their lives and daily stories. This study, still exploratory and descriptive, tackled a patchwork of the socio-cultural essence surrounding the ageing phenomena of older people living in Tarkeshwor Municipality. Data Collection and Instruments: A primary data strategy, which focused on immersive qualitative methods, was used for data collection. Primary Data from 40 older people, using a participant selection approach that considered gender and caste/ethnicity, were interviewed. The semi-structured interview guide was a composite craft of closed and open-ended questions that aimed to gain contextual detail while telling the participants' stories about social change, intergenerational relations, and health, as well as the phenomena surrounding respect and dignity.

Data for this study were gathered through the researcher's simultaneous participation in the community's ongoing activities in the study for the period of eleven months, from January to November 2024. This participation was movement-focused, and it examined the people's daily movement patterns, family movement, community movement, as well as their movement to and from the health and religious facilities. These observations were aimed at providing the researcher with extensive detail concerning the social contextual layers, social relations, and ageing customs that were implicit in the observations in order to improve the data's ecological validity. Purposive sampling was used to recruit participants who were likely to have rich, detailed narratives to share. The range of participants selected was based on various factors such as age, sex, caste/ethnicity, and different types of living situations (e.g. those who may live alone versus those who may live with family). This was done to obtain a wider variety of experiences in ageing as well as in social integration.

The analytical approach used was reflexive thematic analysis (Braun & Clarke, 2006) that was based on theoretically driven frameworks of the meanings of ageing and how personhood was either asserted or threatened. Analysis began with descriptive coding to name topics of concern, like "health complaints" or "living alone," that were then iteratively developed into interpretive themes that included "conditional respect" and "precarious personhood." Coding and categorisation were done in such a way that the actual narratives of the participants were taken as complete wholes, and the focus was on how the symbolic meanings of respect, dignity, social roles, and the integration of these roles were constructed and negotiated in the participants' social worlds (Charmaz, 2014). To make this research more valid and reliable, the researcher used triangulation, an audit

trail of analytical decisions, and member checking when getting participants' feedback. Reflexivity regarding the researcher's positionality as a younger scholar was maintained throughout the study. To ensure transparency, informed consent was obtained verbally and in writing, and participants' confidentiality and right to withdraw were strictly upheld.

Results and Discussion

People's circumstances are determined by their age. In addition to the circumstances, they also have an impact on their abilities, dependencies, skills, hobbies, health, etc.

Table 1

Distribution of Senior Citizens by Age

S.N.	Age	Male	Percent (%)	Female	Percent (%)	Total	Percent
1	60-69	13	59.09	10	55.56	23	57.5
2	70-79	8	36.36	7	38.89	15	37.5
3	80+	1	4.55	1	5.55	2	5.0
Total		22	100	18	100	40	100

Source: *Field Survey, 2024*

A slightly greater proportion of male informants than female informants is present. There are more informants in the 60–69 age range. An 86-year-old man is the informant. The population declines after age 70. According to the 86-year-old oldest informant, "I am happy that I was born when I was." I lived in a golden age of diversity. I have witnessed many things, including many highs and lows and various individuals. I am not sorry for my advanced age. As I get older, people love and respect me more. Simply be content with your life and spread joy to others.

Another brief case study: "Mr. Prakash spent more than 25 years in the teaching profession and was once a well-respected member of his community. He taught social studies in high school. He now owns a home, a pension, and a bank account". Despite his current status and former identity, he is now content with his life in society. Nearly every senior had some sort of health issue. The majority experienced headaches, diarrhoea, seasonal fever, and coughing. Cold infections were prevalent during the winter. Three respondents had asthma, and one also had a heart-stroke issue. One of the four respondents had been taking medication for a thyroid condition for 17 years, and the other two with diabetes. Some respondents had orthopaedic issues. The three respondents also experienced uric acid problems.

Table 2*Health Condition of Elderly Citizens*

S.N.	Description	Male	Female	Total	Percentage (%)
1	Excellent	1	1	2	5.0
2	Good	8	5	13	32.5
3	Satisfactory	5	7	12	30.0
4	Poor	8	5	13	32.5
	Total	22	18	40	100

Source: *Field Survey, 2024*

When they experience health issues, all of the informants go to the doctor. Two of the informants reported having excellent health. Other than diarrhoea and seasonal fever, no other complications were discovered with them. No chronic or life-threatening illnesses were discovered with them. The majority of the informants had some health issues, such as high blood pressure, hernias, painful corns, poor appetite, thyroid issues, etc. Some informants need to take medication for the rest of their lives because they have diabetes, high blood pressure, and thyroid issues. Aside from that, they appeared to be in good health. The remaining informants stated that they were in poor health. They primarily had heart problems, uric acid, eye irritation and poor vision, digestive system issues, etc.

The purpose of this study was to determine the impact of economic status and health constituents during periods of rapid change on social gerontology in Tarkeshwor Municipality of Kathmandu. The results of the study show that in urban Nepal, ageing is complex, and in this case, it is the urban Nepal region that is undergoing rapid change. The impact of large-scale societal issues, urbanisation, the movement of younger generations into cities, and shifts in material and social status determine how cultural beliefs change. Though in theory, the changes in culture that suggest elders in society should be highly respected and wise remain, in practice, the material social status highly differs. Most of the study participants were in the younger cohort of older adults, referred to as the “young old” adults aged 60-69 years. This is the age cohort in the stage of life, that is, the stage of work and family role responsibility transition. In social spaces where men are highly visible, the social performative aspects of the older men are often more noticeable. This imbalance is highly reflective of social gerontology. Individuals’ perceived health status and chronic health problems, such as diabetes, hypertension, and orthopaedic problems, certainly look as if they might impact one’s social status significantly.

However, in this case, one’s extreme perceiving chronic problems (though in real sense, this indicator is just a state of mind and depends on individual’s attitude rather than

just a social science indicator) might impact on an individual's social status significantly (in case of elders, this might lead to perceived or real loss of respect from self-independent individual in society or elders). (Mr. Prakash) Socio-economic status provides a stronger social indicator than this, supporting a lower socioeconomic status. Social exclusion, stronger dependence, and social marginalisation seem to respond to lower social status. It appears as if older people, as social and cultural tradition holders and maintainers, provide reciprocal caring and authentic emotional relationships. However, this is changing, perhaps because of cultural disintegration or even social marginalisation. Physical health is not the real social essence of the social sickness. In Tarkeshwor, individuals in the imbalanced relationship between socio-economic resources and health of culture negotiated social ageing. Optimum health and social status seem to be directly related to the health and social status of the individual.

The outcomes of the research add to the appreciation of the sociocultural aspects, health, and lived experiences of the older adults in Tarkeshwor Municipality. The older adults' lived experiences data establish that age is a predominant variable of one's condition, capabilities, interdependencies, and general health. As presented in Table 1, most of the participants (57.5%) were in the age bracket of 60–69, which further emphasises a demographic focus that is critical to the social determinants of health and the accessibility and availability of appropriate services. The said participants had a slight male predominance that is typical of social structures which tend to lower visibility and participation of older women. The data were analysed and presented in three integrated themes that illustrated the interface of ageing and the concept of personhood. The first theme was labelled the Paradox of Veneration Versus Valuation, which described that the elders, while fully respected and theoretically revered, do not receive social credit, which is customarily attached to the poorer segments. This was illustrated in the case of Mr. Prakash, a retired educator, who was a pension earner and homeowner, and was thus sought after as the ultimate independent, revered elder.

The others, especially the poorer ones, felt charged as a 'burden', which aptly showed the divergence of the predominant values and the restricted means. The second section is titled Embodied Dilemmas: Health as a Site of Social Negotiation and describes how there were different experiences with health issues. Most individuals reported chronic conditions such as diabetes, high blood pressure, and arthritis. Beyond the ailments that such illnesses have, there are also social roles that are impacted. The ailments may affect a person's identity and social role as a result of losing the ability to move and having to rely on others. The health of such individuals may become a social issue by performing such a role, which may come with social stigmatisation. The third section is titled Fragmented Kinships and the Quest for Connection and describes the impact of family structures. The caring family network structures were losing their cohesion due to emotional and spatial fragmentation directed by the migration of adult children. The participants of the study reported isolation and the need for emotional support rather than financial/material resources.

In response to these feelings, the older participants of the study preserved the network of kin relations through social practices such as rituals, narrative storytelling, and gift giving that highlighted the children's devotion. The findings from these activities show the relationship and interaction between age, health, and financial conditions and how older individuals in Tarkeshwor are managing their autonomy and social relationships while also earning social prestige. The social relationships, age, and financial challenges, as well as the health challenges, need to be addressed simultaneously to facilitate social support systems that would enhance the older people's social relations.

Conclusion

This ethnographic study recounts the experiences of older people living in Kathmandu's Tarkeshwor. This study illustrates the first of a series of paradoxes of ageing, which is how one ages in the backdrop of changing technologies, economies, and families. It shows how the elderly are not merely social passives, but social actors. There is a strong cultural belief that with ageing comes wisdom, and with that wisdom comes societal respect and social power. However, the overarching social structures today tend to ignore this belief, giving rise to a paradox where the elderly are both respected and depressed - that is, socially murdered. The socio-economic resources that an older person has, such as pensions, property, and even medicine, are the only things that determine their social usefulness and their personhood, which, in the absence of these resources, can lead to not only the downfall of social standing but the erosion of dignity altogether. The support systems of a traditional family have been broken, especially those systems supporting inter-generational solidarity, leaving the older people at a major disadvantage, especially with their chronic health problems, which is a social isolation crisis in dignity and a selfhood crisis. The research emphasises that supporting positive ageing in urban Nepal necessitates a broad and dignity-based approach. Policy measures should increase the availability of pensions and allowances. Furthermore, social programs such as community clubs and intergenerational activities also foster connections beyond the family. Integrated systems of health care must consider the total positive ageing experience in its physical and psychosocial dimensions, recognising the relationship that exists between health and social identity. Older people are active social agents, and face a tension between a dominant respect ideology and the socio-economic order of their environment. Well-designed support systems should help them to reconstruct social identity and social roles in ways that are positive, and allow them to continue to craft and hold on to a social identity that carries value, and sense of continuity, and a place in a fast-moving environment.

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