

Pattern of Aging Transition in Nepal: A New Sociological Perspective

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Abstract

Aging has been a key social phenomenon based on demographic transition, which is powered by the decrease of birth and death rates, and an increase of life expectancy at birth. It in the recent times has been highly successful in drawing more serious attention of an intellectual circle across the world. Society often considers aging as a problem that creates serious imbalances in a social system, but the condition of aging people and the impact of aging differs depending on the countries. Thus, the situation of aging people in Nepal drastically differs from aging people in other industrialized countries. Notwithstanding ageism a serious social problem, this paper describes only the transition in the structure and pattern of aging people that has taken place in the last seven decades in Nepal. It further makes an advocacy of different sociological perspectives to study aging in Nepalese context. Aging people in Nepal are living at risk, but the risks they have faced are far less compared to the aging people in real world-scenario.

Key words: ageism, health and illness, risk, social problems, social status, transition.

Introduction

Aging has been the fastest growing segment of the human population in almost every country in the world. It is a process of the life course (Subedi, 2004), steps after adulthood in the life course. Growth of life expectancy and a decrease in the fertility and mortality rates are the main ingredients for such a transition that causes a change in the proportion of aging people concerning young ones. In addition, with this, there is huge transition of aging people in their number. Epidemiologic transitions backed by the socio-economic development and modern medicine has played the major roles in structural transition of aging people (Suzman & Beard, 2011) in Nepal, in the last seventy years. This paper explores the transition of the pattern and structure of the aging people in Nepal.

The transition of aging has become a challenge to the government and society to promote and maintain quality of life (Chalise, Kali, & Saito, 2010) of all inhabitants. However, it is not a concern of state organizations but also a challenge to concerned families and the people of age by themselves who are the one to face it, handle it and live it. It is a well-known fact that the aging is a sign of

deterioration of the health and immune system of the body (Marmot, 2005). Today, countries with intermediate levels of the human development have the fastest increasing rate of the aging population followed by the counties with lower socio-economic levels. Modernized counties have already set up their aging issues in their countries, however, it is a new issue for developing or least developed counties and the big challenge is ahead of them.

Today, aging is the issue of all. There has been remarkable shift in aging transition since seventy years (1949-2019), as a result of major decrease of both birth and death rates, in Nepal. Aging has been considered as major risk factor for devitalizing and life threatening conditions because with age risk for morbidity, disability and mortality is increases. Taken for granted knowledge about aging has been dominant in aging studies, for such ideas take aging as problematic, though it is unavoidable phenomenon of society. Of course, problemsbring many challenges to all concerned stakeholders, but it is not shaped by single factor alone, since many social, behavioral and environmental factors pose risks for health and well-being in old age. However, the existing and western theories and methods are not adequate in studying aging in Nepal. This paper adopts new sociological perspectives in analyzing aging in the context of Nepal. That is why, we need adequate efforts in developing our own perspective to study aging in socio-cultural context of Nepal.

Methods and Materials

This paper is prepared, basically, on secondary data, collected and refined by researchers, CBS-Central Bureau of Statistics, Nepal Living Standard Survey in Nepal and UN agencies. Ultimately, these data are collected by reliable way through valid techniques and tools. Basically, these data are quantitative in nature and both descriptive as well as exploratory research design is employed in analyzing data, which is suitable in exploring and describing various research issues regarding changing structure of elderly population of Nepal.

Results and Discussions

As a result of epidemiological transition backed by socio-economic development anddevelopment of modern medicine, mortality and fertility rate of overall population has declined (Shrestha, 2012, Subedi, 2004, Chalise, Kai, & Saito, 2010, Suzman & Beard, 2011) in the 20th century, particularly, in the second half of the twentieth century the world population has doubled in its size- 3 billion in 1949 to 6 billion in 1999 and predicted to be 10 billion at the end of the twenty first century (Limbu, 2012).

Transition of the Aging Population in a Country

It is clear picture of aging dynamism in Nepal. Today, the growth rate of the aging population surpasses the total population growth rate in the country. According to the national census 2021, there are 2.9 million elderly inhabitants across the county, comprised of 10.2 percent of the total population, whereas there were 2.1 million in 2011, and 1.5 million in 2001, elderly inhabitants, comprised of 8.1 and 6.5 percent of the National population, and right back ten years, in 1991, it used to cover 5.8 percent of the total population of a country with 1.07 million aging inhabitants. This shows that the proportion of aging population has been creasing significantly in the country (table 01).

As for life expectancy at birth, it has almost doubled in the last 60 years, which was 37 years in 1961 and it is estimated that it has crossed 71 years (CBS, 2014) in 2017, though data from different sources are mismatched (we got different data from UN agencies, Population Census and Survey that were held in Nepal). Amid differentiation in information, there is some common thing; there has been a high increase in the number and ratio of the aging population. It will certainly live a negative effect on the socioeconomic status of people, especially in aging. When the aging population increases, it brings a change in social institutions and social environment, and it demands innovative arrangements for its management at family, subnational, national, and transnational levels. It is necessary to pay attention to aging health alongside younger ages because aging is associated with a decrease in functional capacity and deterioration of healthiness and well-being (Chalise, Kai, & Saito, 2010), though this may not be applied in everyone's case equally as universal.

Table 1: Transition of Aging Population 1961-2021

Population Census Year	Total Population	Total Aging Population	Increased Aging Population	Increased Percentage	Percentage of Aging People	Growth rate of Aging People
1961	9,412,996	489,346	NA	NA	5.2	1.79
1971	11,555,983	621,597	132,251	27.0	5.4	2.42
1981	15,022,839	857,061	235,464	37.9	5.7	3.26
1991	18,491,097	1,071,234	214,173	25.0	5.8	2.26
2001	23,151,423	1,504,311	433,077	40.4	6.5	3.4
2011	26,494,504	2,154,410	650,099	43.2	8.1	2.36
2021	29,164,578	2,977,318	822,908	26.6	10.2	NA

Source: National Population Censuses of Nepal 1961-2021

According to statistics provided by central Bureau of Statistics (CBS) Nepal, we can see the clear picture of transition and mobility of the aging structure and pattern in Nepal. Nepal has been continued to increase population size with high population growth rate after the middle half of the 20th century. Only after 1991 it has started to decline in slow motion, which is arrived to 1.35 and 0.92 percent annual growth rate in 2011 and 2021 respectively. Nepal has faced high population growth during the period of 1961-1991. Aging mobility has been progressed drastically as growth rate of aging population has been gradually increasing in seventy years, particularly, in thirty years in between 1961 to 1991, which has brought overall change in socio-economic structure and pattern of society. Nepal, as a country of an intermediate level of human development, is on the way to the peak of its transition of aging population as its inevitable journey, as (Marmot, 2005) stated.

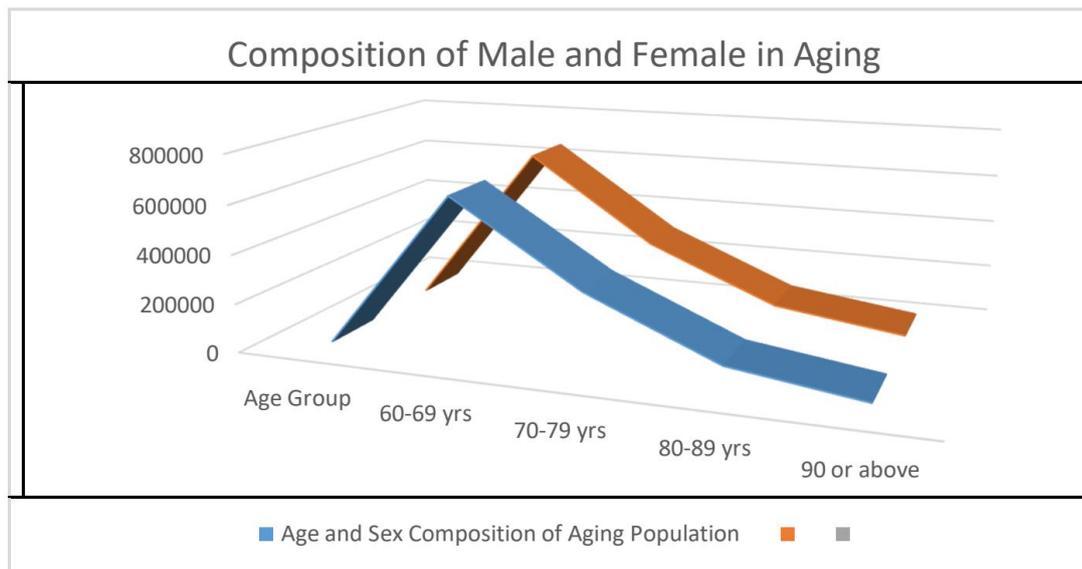
From the above table, it can be asserted that in 2021 there are 2.9 million elderly inhabitants, comprised of 10.2 percent of total population of 29,164,578 which was 26,494,504 in the county. In 2001 there were just 1.5 million elderly people inhabited in Nepal that constituted 6.5 per cent of total inhabitants. We have found that just in 10 years (2011-2021) 0.17 million aging people have increased that is the 26.6 percent of the old value. The inhabitants of aging population have doubled during the 30 years of 1991 to 2021, from 1 million to almost 3 million, during the time total population has just increased by 12 million. From the data we have explored that growth rate of aging population has surpassed total population growth rate, which is 2.36 percent against 0.92 percent; seems to travelling to the opposite directions. While population growth rate is decreasing, growth rate

of aging has been continuously increasing. During the last decade, 2011 -2021 aging people has grown by 26.6 percent which was 43.2 percent in the previous decade, 2011-2021. In last decade, additional 1 million inhabitants aged over sixty have been increased in Nepal silently. It can be predicted that there will be additional 1 million aging people in the country in imminent decade, comprised of more than 12 percent of the total population that will bring more tough challenges not only to the country, or state organization, but also the individual and family level; it is because young generation of the country are dreaming to settle down abroad, whether temporally or permanently as a result socio-economic draught in the country.

Transition of Life expectancy

Life expectancy of the world population has been significantly increasing in the past seventy years; it has been doubled in the last sixty years. The life expectancy of birth in 1961 was 37.47 year, which has become 71.60 year in 2017 and estimated to become 73 years now (CBS, 2014). As life expectancy has been increasing, it has brought great negative transition in both birth and death rates. We can directly see two types of aging patterns- younger-old, generally of 60 to 74 years of aging and older-old, that is of aging population 75 or above in their sequential ages.

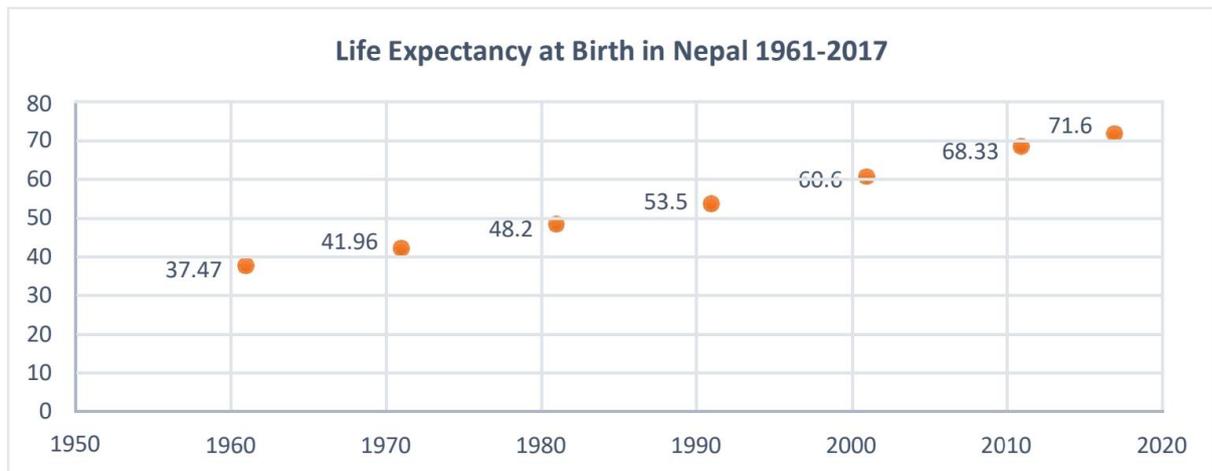
Figure-1: Composition of Male and Female in Aging.



Source: Population Census 2011, Central Bureau of Statistics.

Life expectancy at birth of women has overtaken to that of men in last forty years. Theoretical instances proved that women face lots of stresses comparing to men. In addition, in Nepal, the status of women has not been moderately good in comparing with man, for men have been enjoyed all social, economic and authoritative power starting from family to diverse levels of society, for limiting women in gaining equal market opportunities and status (Hooyman, Kawamoto, & Kiyak, 2015). Feminists believe that the experience of aging is different in men and women, because their entire life transition has been different from that of men. Despite of social, economic and processional inequalities this is very positive result that women are ahead of man in health capital in Nepal.

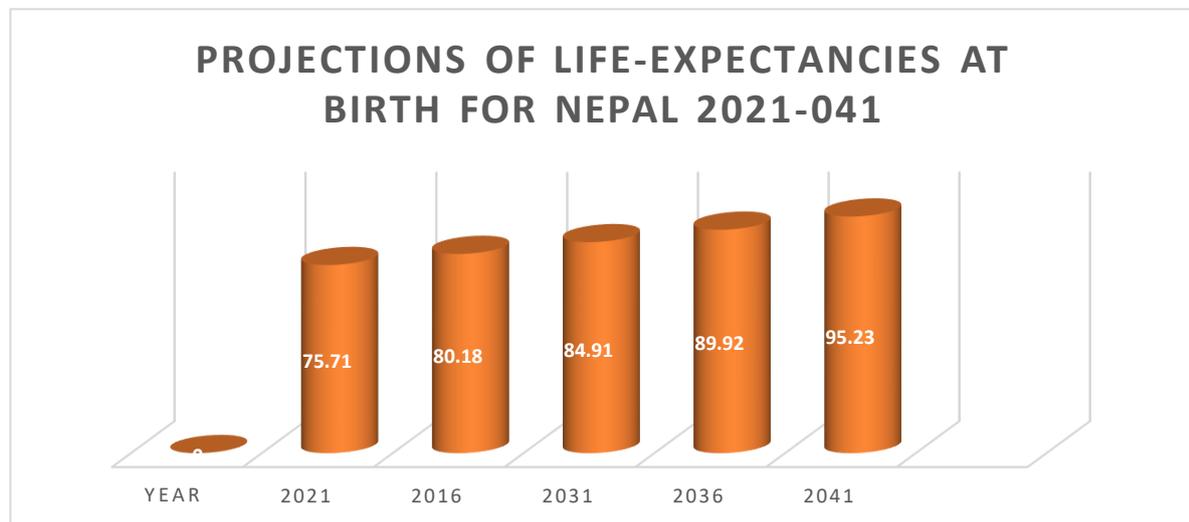
Figure 2: Transition of Life Expectancy at Birth in Nepal



Source: CBS, Population Monograph Nepal, Vol. II, 2014

More importantly, life expectancy at birth and the quantity of aging population will increase further in the near future. It is estimated that in 2031 and 2041 the life expectancy at birth will be near to 85 and 95 years respectively (see figure 03). This will be challenging to policy makers and state apparatus as growing number of senior citizens will demand, though silently, health care, welfare, aging specific policies, institutional capacity, more formal support system, formalization and incorporation of plans and policies and adjustment in retirement ages.

Figure 3: Projections of Life Expectancy at birth for Nepal



Source: CBS, Population Monograph of Nepal, Vol. II, 2014

Aging and wealth inequality

There are traditional beliefs as well as scientific beliefs on aging. Traditional beliefs or functional theories following the root of theology tend to think that aging is natural, inevitable, normal, genetic, painful, universal and fetal process of life course. We need revolutionary theories and standpoint

perspectives for proper study of aging. Material or scientific theories can provide best way in proper understanding of aging. Aging is not just a stage of life that is taken for granted, but we can adjust our entire life course, as well as, aging through our human effort. Because of taken for granted views many discriminations and unjust inequalities has been served in aging. On the other hand, scholars have been attempting to study about aging in Nepal with western perspectives, which is equally taken for granted idea for Nepalese context.

Table 2: Age-grouped with Poverty Status

		Poverty Status		Total
		Poor	Non-poor	
Age Group	Under 14	511	365	876
	15-59	887	933	1820
	60 or above	111 (49%)	115(51%)	226(100%)
Total		1509	1413	2922

Source: Nepal Living Standard Survey, 2008

Aging pattern in Nepal together with other less industrialized countries is different than that of industrialized countries. Situation of Nepal, additionally, different comparing to other countries. Developed countries have transited in their aging process of progress and development in many social indexes backed by growth of literacy and awareness, but in the case of less industrialized countries, it is different, they are doing so without progress in such social indexes because of the merit of the age, which has granted to all with someone’s accomplishment or merit. From the above data, we can explore the fact that the bar of poverty status is higher in all types of age groups. There is significantly no different in poverty status among younger adults and older adults in the country.

Table-03: Age Group with Literacy status

		Literacy status of 6+		Total
		Illiterate	Literate	
Age Group	Under 14	72	527	599
	15-59	466	1338	1804
	60 or above	167	57	224
Total		705	1922	2627

Source: Nepal Living Standard Survey, 2008

Nepal has been encountered, though, the intense shift in aging population with the growth in life expectancy and decrease in fertility and mortality rates. According to Nepal Living Standard Survey (NLSS, 2008), population aged 60 or above, illiterate population is tripled than that of literate population, in which 75 per cent population are illiterate, which is quite less in younger aged population, which is less likely in other cohorts. This tendency adds more problems in aging, because there are high possibilities of risk of morbidity and mortality for they may have less likely to apply preventive actions like cleanliness, dietary habits and so forth. Facts (Table- 02) shows that half of the aging population are living their life under poverty line, which is so threatening facts to policy makers and others, not only to the people of age but also to the people of all age groups in the country.

Aging and Health

The United Nations (UN, 2015) stated that the age is the greatest prevailing forecaster of the health status of people that increases the prevailing risks of morbidity, disability and mortality that people face in their life course that includes especially the genetic factors that cause for differences in health function observed in old age. The specific mechanisms that link age to health status are many and complex (WHO 2015). Aging has major jeopardy influence in devitalization and increasing life threatening conditions that includes malignancy, circulatory disease and neurological disorder (Niccoli & Partridge, 2012) and these factors increases the risk of the prevalence for morbidity, disabilities and mortality. Change in social roles, as people advance into ages, the loss of close relationship, job loss, and status loss lead to loss of income, which pose threats to older persons' health and well-being, (UN, 2015) too. Many individuals, environmental and behavioral factors such as occupation, level of income, educational attainment, pollution or accessible infrastructure, tobacco use, physical inactivity or exercise, consumption of alcohol pose risks to health in aging.

Aging is itself a heterogeneous phenomenon, there are great varieties of life experience and aging (Light, Grigsby, & Bligh, 1996) from people to people and society to society. Researchers and doctors believe that greater age is positively correlated with both increased morbidity and mortality, but still some people are precisely much healthier compared to their same age counterparts in all types of ages, of course, in aging too. Moreover, there is huge gap between capitalist medical system, which emphasize profit (Cockerham, 2005) and working class, marginalized, economically backward and poor, as well as people living in adverse geographical location, who do not have access on medical facilities. In capitalist society medical facilities are run with the motives of profit that do not long for service on the verge of monetary loss.

Studies conducted on aging related field in the past has explored that the prevalence of morbidity, mortality and disabilities in old age is higher than others. A study found that there was depression prevalence is in 53.2 per cent of the population that surveyed in different fields, 51 per cent are risk of malnutrition, intestinal parasites prevalence on 41.7 per cent, risk of malnutrition in 31 per cent, prevalence of physical and joint pain on 59 per cent, prevalence of eye problem in 30 per cent, respiratory problem in 39 per cent, gastric in 29 per cent, blood pressure and teeth problem in 22 per cent, and Dementia and Alzheimer in 16 per cent has discovered. Studies show that new more than 60 per cent of aging are using health care services and 83.5 per cent among them have chronic diseases (Shrestha, 2012). According to WHO report (2015), death of one-fifth of aging people has occurred as a result of chronic diseases, mostly by cancer, cardiovascular diseases, diabetes and hypertension, in particular in city and semi-city areas (UN, 2015) of Nepal.

Biosociology of Aging

At a bio-sociological level, aging is allied with cumulative deterioration of bodily cells that, over time, declines the immune system, decreases the body aptitude to heal by itself and surges the hazard and serve as host of multiple chronic infections and it affects ultimately in society, where individual person born, raise, act and play roles. A person's age also reflects numerous outer healthiness risks, effects of which accrue over time that include use of tobacco and other unhealthy dietary habits (UN, 2015). When age mobility goes higher aging people face "series of challenges" in overall social,

economic, occupational and health services, if policy makers and state mechanism do not pay and play proper attention and adequate roles. When people's age transit to aging by crossing its lower border life, they encounter several biomedical, social and psychological changes occurring and many biomedical complications (in which responsible stakeholders need to pay attention and prepare to handle it in normal way) and, most likely, prevalence of diseases and disability to be occurred.

Heterogeneity in Aging

Aging can be differed society to society, its contexts and states. "Western and traditional societies differ substantially in the aging process (Beall & Goldstein, 1982)". Unlike to western societies, in Nepalese society aging is not taken as totally dependency age, they love to live active ageing. Beall and Goldstein state, "Some of the biological concomitants of old age experienced in the western populations ... and western experience may be misleading" if do comparative studies. That is why, as aging is a field of diversity and multiple framework can be useful" (Beall & Goldstein, 1982).

Aging as Risk

Aging upsurges the risk of illness and demands the emergence need of the help of tackling the growing problem (Niccoli & Partridge, 2012). Aging itself is a complex process, intractably, accumulating manifold procedures of harm and pathology in different tissues caused by the failure of cellular maintenance pathways. Most in common, infectious diseases have more association with poverty, poor nutrition supply, and limited infrastructure that is basically related to the less developed and less industrialized countries as well as working class people, especially to those who live in slum areas of city. So far, still today, there is high child mortality rate caused by infectious and parasitic diseases. Such epidemiologic trend was everywhere in the world in the beginning of the twentieth century regardless of income level of the countries. People, who have faced such unhealthy situations in their childhood many not have enjoyable health status in aging: Risk of morbidity, disability and mortality in early aging may occur to those personalities. Doctors say that age itself a risk factor for the prevalent diseases: cancer, cardiovascular diseases, neurodegeneration, diabetes, asthma, neurovascular diseases, Alzheimer and depletion etc. the aging process is deleterious for fitness but can nonetheless evolve.

Healthy aging is not same for all aging people, but it (aging) is an important determining factor for health decline. Though, chronological age is associated with decline in healthiness, the experience of aging is also distinct from person to person. American Health and Retirement Study on health variation and health related life qualities found that markers of healthiness in aging is significantly different based on their aging groups (Lowsky, Olshansky, Bhattacharya, & Goldman, 2014). Poor health is not only the consequence of old age, we can see many people are attacked by chronic diseases in their pre-adult and adult age too. Aging is accompanying, in particular, with the lessening of working capacity, self-care, energetic living, and surge the dependency in life caused by the lack of job. Robust health in aging also determined by multiple factors, which include income level, gender, race, living arrangements, life chances, educational attainment, life satisfaction, personality, intra-cohort variability, job opportunities, etc. (Lowsky, Olshansky, Bhattacharya, & Goldman, 2014). In addition, there is no clear boarder line between middle age and old age. There is age stratification

based upon the distinct social norms and age stereotyping.

There is enormous degree of multiplicity in the health status and well-being of people at any given age, reflecting individual variance that is stochastic in nature. Every person in aging faces deteriorating of their health and functioning, nevertheless, each person's unique health trajectory may differ significantly. Some people in aging endure a sharp reduction in their functional, whereas others see a steady deterioration as they face their aging (UN, 2015).

Aging is a social phenomenon, it's a process of individual person and society. People may have different perceptions and experience on aging or old age. Aging is human construction and its analysis is different from person to person and society to society. Persons who experience aging may have different interpretations, way of looking and meaning of aging for them. The experience of aging cannot be the learned and taken for granted. We need to challenge culturally learned ideas that determine perspectives, but we need to question on it. There is nothing important than what we experience directly through our sense, and experience is more than what we know. Experience and perception of aging can be affected and influenced by various factors, like level of education, occupation, cultural norms and values, ideology, believe system, and so forth.

Conclusion

Aging is a 21st century global phenomenon; no society is referend from this. It cannot be avoided, but can be managed through sociable policies, plans and programs. We can think about controlling birth and death rates with human effort, but we cannot change and control the course of aging. There has been the changing dynamics in aging population in Nepal. As an impact of epidemiologic transition brought by development of modern medicine and socio-economic development. Aging should not be taken as taken for granted phenomenon as functionalist do, and devalue it, in linking with material production and reproduction capacity as well as role and role loss (Hooyman, Kawamoto, & Kiyak, 2015). Father never becomes a child no matter how much he lives his dependent life, fully depending on his child (ren). Researchers and policy makers have been presented aging as problematic or a kind of social problem, full of risk and dependent population segment of demography. Still, no one thinks about decreasing life expectancy; that's why it is natural process. People are more blissful and happier for their longer life; it also represents progress in social indexes. For example, Culture specialist *Satyamohan Joshi* and Poet *Madhav Prasad Ghimire* of Nepal have celebrated their 100th birthday and lived few more years before they passed away. They lived very active life even in their hundredth. They had social prestige, upgraded social status, respect as senior citizens and taken as great contributor of society. Nepalese society unlikely to western society aging has been considered less problematic; we don't take aging people as problem in our households. In Nepal, as a part of eastern society, age upgrades social status too (CBS, 2014). We still think that our loving ones live long-long life. As person increase in age, he or she have headship in family and society, and that remain lifelong, in Nepal. They are respected as senior citizens. In some ethnic society, like *Sherpa* of *Sindhupalchok*, they feel ashamed to receive social security from their own children (Beall & Goldstein, 1982). Instead of that, they life on themselves, living active life even in old age, doing their jobs by themselves.

Aging is a social phenomenon and socially constructed through culturally inherited perceptions. In aging people's health, metabolic and other bodily function deteriorates with weak immune power to

tackle with harmful bacteria that attacks us from inside and outside of our life. However, our life is not out of risk in young and adulthood. We can adjust our life with the enhancement of health care scheme, welfare, aging specific policies, institutional capacity, more formal support system, formalization and incorporation of aging friendly plans and policies, and adjust adjustment in retirement ages.

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