

Navigating Aging: Battling Illness, Overcoming Disabilities, Embracing Dependency, and Confronting Discrimination

DOI: <https://doi.org/10.3126/sjs.v2i1.74838>

Kashi Nath Khanal*

ORCID: 0009-0000-9164-5434

kashi.khanal@smc.tu.edu.np

Article Details

Received: Oct. 15, 2024; Reviewed: Oct. 28, 2024; Reviewed: Nov. 12, 2024

Revised: Dec. 18, 2024; Accepted: Dec. 28, 2024

Abstract

This paper investigates the challenges faced by aging people, focusing on the critical issues, like illness, disability, dependency, poverty and social discrimination. As elderly population continues to grow due to improved healthcare and life expectancy, the complexities of their daily lives become more pronounced. There are numerous factors that result in illness, disability, dependency, poverty, and discrimination. We need a holistic approach to address intersecting factors that shape and reshape each other in aging. This study explores how cultural norms, economic factors, healthcare accessibility, family dynamics influence the experience of aging individuals. It examines the ways in which traditional respect for the elderly is being reshaped by modern pressures, such as urbanization, modernization and migration. The article also delves into the socio-economic conditions that exacerbate health problems and disabilities, emphasizing the role of inadequate pension systems and social security. Additionally, it focuses on how social discrimination and isolation impacts on physical and mental well-being in the elderly. Through the combination of qualitative and quantitative data and narratives, this paper provides a comprehensive understanding of the multifaceted challenges faced by aging individuals. It also calls for more inclusive and aging friendly policies and support systems to improve the quality of life for the aging individuals.

Keywords

aging, dependency, disabilities, discrimination, illness

*Kashi Nath Khanal serves as an Adjunct Lecturer in Sociology at Tribhuvan University, Saraswati Multiple Campus, Lekhnath Marg, Thamel, Kathmandu 44600, Nepal.

INTRODUCTION

Aging is a heterogenous and complex contemporary phenomenon. With age comes so many complexities persuaded by bio-psycho-social changes. According to the United Nations Report (2015) on Aging, when population transit to aging by crossing its lower border life, they encounter several sorts of biomedical, psychological and social changes; especially, the probabilities of diseases, disabilities and death get accelerated. However, though everyone obviously steps into aging, it can differ according to social, economic, cultural and political contexts. This it is context specific phenomena. Higher is associated with accumulated damage of cells that weakens the immune system, reduces the bodily capacity to repair broken cells by itself, possibly host multiple diseases (Higgs and Jones 2009; Shrestha 2012; Niccoli and Partridge 2012). However, it also matters by socio-cultural context. People react in multiple ways towards the same issues and symptoms. Thus, the aging and health too. Light, Grigsby and Bligh (1996) admit that there are varieties of life experiences and aging. The point here to be noted is, some people are pretty much healthier compared to others. Sociology of aging is focused on studying change in social roles (as western societies brought the provision of retirement, making aging people role-less). Such condition leads to status lose, loss of relationship, financial scarcity, prestige lose, etc. that play crucial role in shaping one's health status. The data shows that there is higher risk induced by the probability of prevalence of many chronic diseases, like depression, joint problems, eye problems, Diabetes, Asthma, Alzheimer, cardiovascular diseases, blood pressure, are the few among others. Much of the challenges are associated with social, economic, occupational and health services, and adequate roles. The changing scenario of family structure and pattern, globalization, international labor migration work as key factors that may work to enhance complexities in aging. This paper assesses the challenges associated with aging based on the Nepali empirics. The paper also critically assesses the western conceptualization about aging that they tend to link with problems rather than solution, which is much more demanded in society.

The Aging population has been accelerating almost all the countries of the world (Jensen 1958; UN 2015). It is also said as the global phenomena of our time, the twenty-first century (Ossewaarde 2014; Saroha 2018). Shift in Aging population brought tremendous change in human society. As aging of the population placing its impact in human society, the countries of the world are paying attention on it.

It is obvious for aging people to face several challenges, like social, economic, occupational and health service-related challenges; the degree of these problems can be greater and smaller, depending on the degree of organization in society. Everyone wants to be healthy in whatever the stages of life-course. However, healthy aging can be most debatable issue among other issues on sociological studies of aging. Healthy aging can not be same for everyone, though every older adult aims to be healthy. Though the probability of diseases, disabilities and death gets higher in aging, however, aging itself cannot be considered as independent variable. They can be differed from one person to another. Lowsky, Olshansky, Bhattacharya and Goldman (2014) present American data on 'health and retirement study' that explores that health variations and health related life qualities during previous states of life work as markers of healthiness in aging. According to them poor health is not just the consequence of old age, many people are attacked by chronic illness in their pre-adult and adult age. Moreover, healthy aging effect by multiple other variables, like gender, race, income level, living arrangement, life chances, educational attainment, life satisfaction, personality, inter-cohort variability, job opportunities, are few among the others.

Some scholars tend to focus on doing research on fundamental causes of health inequalities. They often like to discuss about health disparities within and between societies. Such disparities exist in all types of societies and age groups marked by socio-economic inequalities, basically due to deep commercialization of society (Marmot 2005; Krieger 2002; Link and Phelan, 1995). Bruce G. Link and Jo Phelan stress:

“A fundamental social cause of disease involves resources that determine the extent to which people are able to avoid risks for morbidity and mortality because resources are important determinants of risk factors ... are linked to multiple disease outcomes through multiple risk factor mechanisms. ... social and economic resources can be used in different ways in different situations ... effects on disease even when the profile of risk factors changes radically (p. 88).”

In this way, poverty has been considered as wicked for health and can be stated as both natural and social evil. Material deprivation, another name to poverty, can cause multiple diseases and enhance those causes. For example, lack of clean drinking water supply, quality medical care, lack of calories and poor antenatal care, morbidity in old age in addition with possible death in early aging. Moreover, epidemiological studies have proved that social conditions have been taken as the basis for diseases. Healthiness in aging is determined by the nutrients received in childhood backed by many social factors, social, political and economic position in society, race, socio economic status, gender, stressful life events, etc.

We have discussed above many health-related problems, especially raised by western scholarship. There are other various types of challenges the aging people are facing in many countries in the world, alike Nepal. In Nepal chronic problems have arisen due to forceful labor migration of Nepali youth, brought by mercantilist economic system. Immediate family members are expected to care aged members of a family. However, on the one hand, the family size is depleting, and, on the other hand, youth are swallowed by international labor market. As a result, aging family member(s) are forced to live alone in the family without get appropriate care. Government provision is not much strong unlikely to industrialized countries. Non-contributory pension which has been given to aging people aged over 68 has been highly politicized in the country, making the provision being drowned from the cliff as it has already brought to the danger zone. Health is widely determined by cultural context of society. This paper also

intends to find out the real health and other types challenges facing by aging people living around the capital city of Nepal. All in all, this paper aims to explore multifaceted problems encountered by aging people in Nepal, Kathmandu.

METHODS AND MATERIALS

A paper stands on the fresh-handed primary data collected by author of this article by himself. However, author has given equally importance to secondary data while doing reviews form existing literatures, governmental and non-governmental reports, and policy papters. Field study has conducted as part of preparation of dissertation for Master degree in 2019/20. The random sampling method has employed to select 45 respondents out of 317 noncontributory allowance receivers of Budhanilakantha Municipality, ward number 10 of Kathmandu district. Sampling covers both men and women, participants form different occupational, economic, educational, ethnic background. Semi-structured interview was conducted by the author himself based on carefully designed interview checklist, supervised by renowned faculties of the Tribhuvan University. Author has recorded the information, based on the asked questions, by respondents in electronic devices and on paper with informed consent. Interviews were conducted in their own residents. The author has maintained the respect of the cultural norms, values and beliefs.

RESULTS AND DISCUSSIONS

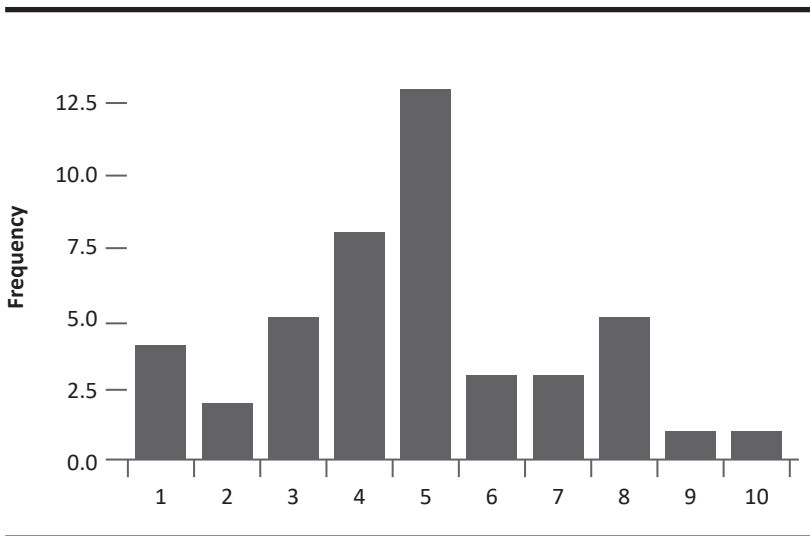
Family as Assisting Agency in Aging

Family is one of the most important sources of support in aging. It provides emotional, financial and other types of supports to needy members. The social institution of the family is crucial to people of all age groups, especially to the people of aging. If family is multigenerational, consists of young, adult, middle-aged, and older adult, play the crucial roles in enhancing the life of the people of all age groups. Younger and older people are demanding more support from working age population as they are considered as a dependent, but the situation can be win-win for everyone or people of all age groups in

family. Aging people also helps other members by extending valuable advices based on their experiences. Aging people can tell stories of success from their folders of experiences to encourage younger and adult members of the family. Such informal support from family and friends can increase a person's life and wellbeing. Old age people can live safely, happily, healthily, and meaningfully with such informal support together with formal support from different social and state organizations. Researchers have discovered that aged people who have strong social support tend to have improved health status, increase morale and self-confidence, reduced depression and anxiety, risk of disability, increased feeling of self-control, sense of competent and improved cognitive abilities (Hooyman, Kawamoto, and Kiyak 2015).

Family pattern and structure has been dramatically shifting over the time, especially in our time, diversity in the family has been increasing; couples who just want to have one or two children have been increasing day by day; mothers of younger children, especially in urban areas, working outside of the home, in the labor market, has been significantly increasing; single-parent family has been increasing over time. Young people in Nepal have to find opportunities in a foreign

Figure 1: Number of Children the Respondents Have



Source: Field study 2019/20

land, and they have to leave their family- spouse, children, parents, and go to find an easy and comfortable way of life. Additionally, all adult members must involve in labor market, though there is little exception on it. This scenario has created the challenging situation in the care of their children as younger generations are more focused on labor market, rather than family, especially older generations.

It has discovered in Nepal, especially during our field study, the significant percentage of aging people has the big number of children- sons or daughters; each respondent has reported that they have 4.89 children, which means to say each respondent have near about five children (husband and wife have the same number of children) and the maximum number of families have five children each. Very small portion of (2.2%) families have found with 12 children in *Budhanilakantha* municipality; more than one fourth (28.9%) families have found with more than 5 children, which is above than the average number, 42.2% of families found with less than five children; the standard deviation 2.38 reveals that the gap is big, because some families have only one child, whereas other have 12 children. This reveals the fact that today's older generations used to consider when they were young and adult, they gave birth large number of children. They used to consider children as permanent social security in their aging. However, despite of big number of children they have, they are scattered to all over the world working in the job market in different nations.

Though the family size seems large, the families have detached to find their way of living. They found comfort in doing the jobs with fixed regular income without paying great risks in income. Most of the aging people are found alone at home; their children are scattered from Australia to the United States and from Japan to Canada, who have already settled there permanently. Some aging people are found with their children who have already retired from their jobs. They are too experiencing their earlier form of aging with their father and mother, having better understanding to each other. A number of families of aging people have their very lower level of educational attainment,

struggling for their livelihood with lower-level job status, and cannot pay enough attention to aged parents.

A strong percentage of aging people have been experiencing loneliness in Nepal (Saito, Kai, and Chalise 2010). Aging people are pushed to loneliness in many ways. With the change of the social system (Marxist may say the change in the mode of production), priority of person and family has been changed into material gain rather than relations, affection, love, and care for families and younger and older members of the family. The family structure has shifted into the nuclear family (Mafauzy 2000) influenced by not only the mode of production, but aging people have been excluded from the familial care and children's priority. As a result, the lives of aging people have become challenging (Saito, Kai, and Chalise, 2010).

Table 1: Living Status of Respondents in the Family

Title	Frequency	Percent	Valid %	Cumulative %
Son	24	53.3	53.3	53.3
Daughter	11	24.4	24.4	77.8
Alone	5	11.1	11.1	88.9
Old-age Home	1	2.2	2.2	91.1
Daughter in Law	2	4.4	4.4	95.6
Others	2	4.4	4.4	100.0
Total	45	100.0	100.0	

Source: Field Study 2019/20

Empirically, in the raising cities around Kathmandu metropolitan city, we have discovered that more than half among population (60.3%) over seventy are living either with their son, or daughter in-laws, about one fourth (25%) of among them are living with their daughter and some of them (2.2%) are even living with their grandchildren. In most cases, as a result of the expiration of their sons (this shows that

some of the aging people have lost their son, who supposed to care them in their old age, have left them alone), tears of agony and pain never ended in their life. In the same way, talking about ownership of household, some, one in ten (11%) of aging people over seventy are living alone in their own house, and others (2.2%) are living in old age homes, despite of their own home and children with them. Those who are living alone, separating form their children are in great anxiety and depression. They have cried and cried while interviewing with them; some of them even requested this author to deliver their message to their beloved son to come to pick up them and take with them. Their desire is to play with their grandchildren. This shows loneliness in aging can cause anxiety, and isolation is considered as common among aging people. Off-work and retirement close the door of social interaction and physical problems that increases with age, limits to mobility that many causes for serious physical, mental, and social problems have ascended in their life.

Income Loses and Poverty

The notion of industrialization taken people from their own place to the market, where their gain determined by the market relations (means of production and relations with production). Industrial society brought the notion of 'disenchantment' to dissociate people who can't contribute in production- aging, making them jobless, role less, incomeless and poverty. Poverty has diverse causes and consequences. Many of the studies discovered, mostly in African and Asian countries, many aging people are likely living in poverty than people in younger age. It is due to no pension or strong security system, the weak governance. Thus, It is considered that the poverty rate is higher in older persons compared to people of other age-groups. Many people left behind from getting pension and old-age allowance, though it is not adequate and enough to fulfill their need. They also cannot work. Older people who are living in poverty have less consumption of food, health care facilities, poor settlement, means of entertainment, and so forth. There is a higher prevalence of malnutrition in aging people. Cohorts, who grew up in poverty in their childhood have a higher prevalence of ill health while entering old age (Suzman and Beard 2011).

The status of aging people has strong association with their occupation in the past. Most of the aging people in my study area (though they are living in the city in their old age) have migrated from rural areas of Nepal. We discovered that, in the past, more than two third of study population (68.89%) had held green occupations and are found with nil education and awareness. Talking about women, almost all in all (100%) among them found illiterate who neither can read nor can write. In the capitalist society, one cannot compete with other members of the society with the subsistence-based products, which is just enough or even not enough for daily consumption.

We have also discovered that only a few of them had a local business background, among research contributors, (only 8.8%) who had a business background in the past, 15% of them were service holders in different institutions (which are basically semi-government and non-government, etc.). That is why they did not have savings for their old age. They came to live in the city with their children. As we see poverty as a dependent variable, it is strongly associated with the level of education, occupation, job status; that is why it can be stated that most of the aging people have a risk of poverty. Besides, 6.7% of research contributors used to do the preaching. This shows that most of the aging people are below the poverty line.

Poverty results multiple problems in society and people. Through the empirical studies, we have found that aging people are the risk of malnutrition and the prevalence of depression (Shrestha 2012). Nepalese society has a lack of awareness about the requirement of nutritional food in twilight years. Malnutrition is associated as dependent variable with the poverty and social deprivation an independent one. They are socially marginalized within household, like forced to leave home, keeping them in marginal room, avoiding in having relationship with their grandchildren, relying on regular consumption of marginal food, like biscuits and noodles (chau-chau), lack of proper time and proper food, etc.

Table 2: Standard of Food Consumption in Respondents

Valid	Frequency	Percent	Valid %	Cumulative %
Normal	19	42.2	42.2	42.2
Poor Food	2	4.4	4.4	46.7
Regular	9	20.0	20.0	66.7
Vegetarian	15	33.3	33.3	100.0
Total	45	100.0	100.0	

Source: Field Study 2019/20

The field study reveals that only about one in five respondents (20%) are affording regular food. Among respondents, about one in three (33%) are found vegetarian; among vegetarians also there are distinct categories, in terms of food standards that supply nutrition, especially protein, calcium, potassium, folate, fiber, vitamin D, and fat, that is needed for their mental and bodily health. Nutritional food is very crucial in old age because they need to have their immune system strong, to be healthy, but only about two in five persons (42.2%) aged over seventy haven't met such standard of nutrition, in the areas of study.

In addition, with other 4.4% of respondents have very critical situation due to the lack of proper nutrition. This shows that over half of total respondents (50%) have a strong prevalence of malnutrition. This is a scenario of the Kathmandu city, though it can be varied from people to people, group to group, and society to society. Malnutrition increasingly demands nutritious support, for nutrients to support for high metabolic state of the health condition for those the aging people, who are at the risk of malnutrition. We have discovered new social norm, or rule in family and society, called "no role: no food." This strong materialist view has been strong influence in society.

Abuse and Violence

The increasing physical vulnerability can be the cause of abuse and violence to aging people (Fredvang and Biggs 2012). Aging people can be abused at homes, care settings, in the market, public places; they can be neglected by immediate caretakers, relatives, society, states, and children too.

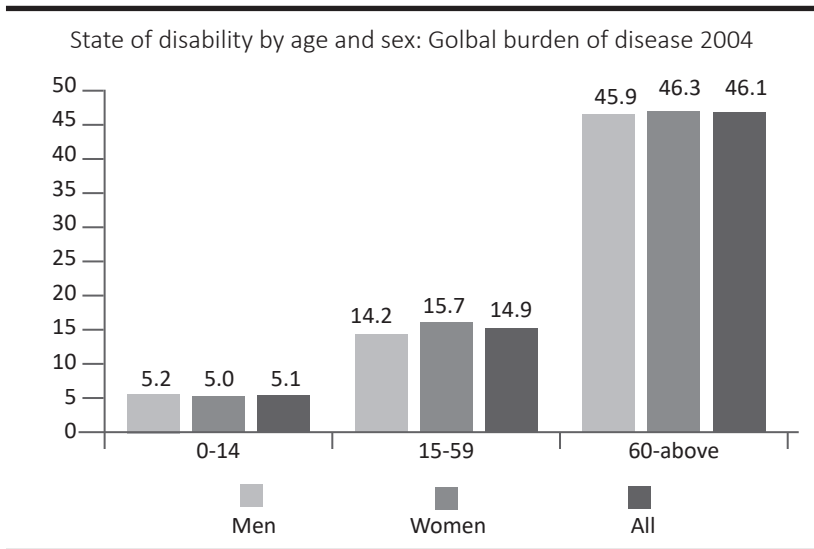
What we have discovered in the field that the people (research participants) have faced different forms of abuse and violence in family, society and even in the country. Some of them have been suffering because their children have taken all the ancestral property, which was under the authority of old parents before. The son took everything and later that son asked parents to stay away from them and put them in separate rooms in the same household, where they live together, but having separate kitchen and dine.

Such kind of abuse and violence has found among research participants. Some children have taken them forcefully to old age home against their wish, though they wished to play and stay with their grandchildren. Aging parent (s) is waiting with the gazing eyes, the time of his/her son or grandchildren coming to take him/ her back to home with love. Most of the aging people have some property in the village, but they cannot go there and involve in agricultural and pastoral works. That is why they are here with children. From the case study we have discovered that a widow mother has six sons; some of them have already retired from the high ranked government job, but the mother has been ignored by all children and after all she is unwillingly living with her daughter's home with lots of bitter feelings and stress. These are the few examples that we have discovered from the field study. Most of the Parents are honored by their children and grandchildren too, but few unlucky parents- in their old age are ill-treated and misused by their own children. Some of 25% respondents have responded that they are ill-treated by society and family, among them 63.64% of respondents have responded that they have been abused and mistreated by their own family.

Disabilities

Disability is multidimensional and multifaceted concept, refers to a person’s physical, mental, and psychological conditions that limit a person to perform any kind of activity (Subedi, 2014). Often, disability is associated with a person’s loss of health or health conditions, old age, and impairment. It is deeply ingrained to aging, too, thought, simply speaking aging cannot be the independent variable to the disability, there is higher prevalence of disability in aging. The WHO defines disability as a loss of health or a loss of functional capacity (WHO, 2004). It is estimated that more than a billion people are living with disabilities, world-wide. Global Burden of Disease estimated that almost 20% of the world population has disability prevalence globally. Figure 2 illustrates the fact that as age increases, the prevalence of disabilities too. Prevalence of disability is nine-fold higher in the population above 60 than the population under fourteen, and three times higher than population of fifteen to fifty-nine. This is clear picture that explore the higher prevalence of disability in aging.

Figure 2: State of disability by age and sex



Source: Global Burden of Disease, World Report on disability 2004

Many researches have admitted that disability is higher in aging people, primarily, non- communicable diseases like, cardiovascular diseases, mental disorder, cancer, diabetes, hypertension, respiratory diseases, accidents, etc. especially observed in high aged people may cause for disability in the maximum number of aging people, who are at their sixties or over-aged. According to population monograph 2014, about 25% of the aging populations, who are over sixty years of age, are disabled in Nepal that is almost half compared to the data provided by the Global Burden of Diseases. The number of women is estimated to be higher than the number of men in disability observation (Khanal 2014). Over 45% population over sixty has reported to have disabled in all types of society, the prevalence is higher in higher ages.

Table 3: Disabilities in Research Participants

Valid	Frequency	Percent	Valid %	Cumulative %
Disabled	33	73.3	73.3	73.3
Non-disabled	12	26.7	26.7	100.0
Total	45	100.0	100.0	

Source: Field Study 2019/20

A growing number of statistical evidences presents the complexities of risk factors for disability prevalence in any kind of socio-economic and status groups. A person's health conditions are believed to be associated with health factors that cause disability (World Report on Disability 2011). From the field study, we have learned that almost three out of four among research respondents (73.7%) have found with different kinds of disabilities (small or bigger), only one out of four (26.7%) of research participants have reported as non-disabled. This fact proves that aging is, more or less, associated with disabilities- as age increases prevalence of disability also increases too. Secondly, aging is associated with lots of hitches, which is normal according to the ages.

Dependency

Senior Citizen Act of Nepal (2008) refers to old age people as dependent, who have no basis of income, and old age as dependent age as it demands the provision of food, clothing, shelter, and social securities and services. In some society, people tend to live active even in old age and maybe not taken as totally dependent age (Beall and Goldstein 1982). Whether the state or the immediate family members where, there is weak provision of social security, like Nepal.

Old age has a perfect association with the decrease of working capacity, active living, self- reliance, and independence though it is actively associated with industrialized society. There is mutual cooperation between older aged people and others, children, younger adults, and middle-aged members of a family. Old age has been referred to as an illness state of life-course (Higgs and Jones 2009). It has been the tendency of viewing old age as less productive age connecting with dependency in all typed of society, especially in capitalistic society. Social Security or income support schemes at old age are crucial for independence and economic self-sufficiency, as for large segment of aging people is associated with dependency and vulnerability (UN 2015). In old age, people need not only social security but also rear and care, in all types of society. In Nepali society, aging people who are forced to live in dissociation with children and grandchildren, are demanding, “we just need love and care from our children, we don’t need anything more than that.” We have found that women have strongly dependent either with their husband or their children even in a younger age, which is associated with their poor or nil educational attainment and ownership over the familial property in younger age, and more dependent than other family members. However, husbands are more dependent on wife for their care and support in aging. There is well-known saying in Nepali that mentions “it is difficult to rear wifeless father-in-law than husbandless mother-in-law.” This statement explains that dependency cannot be explained just on the basis of material gain or ownership over means, but on ownership over care and support.

Income support or non-contributory pension can be very good scheme for economic independence and self-sufficiency in aging (UN 2015; Khanal 2020). The Universal Declaration of Human Rights (1948) and Agenda of Sustainable Development (2015) reflected the need of ensuring social protection and social security to guarantee the minimum standard of living. However, this provision lacks guarantee of love and care. As human being is emotional being, state should guarantee the emotional supplies to aging as well as children.

The Government of Nepal has begun the provision of non-contributory pension to the aging people aged of seventy-five and over from the fiscal year 2052/53 BS; recipients were granted 100 NRS on monthly basis. Currently, government of Nepal is providing 4,000 NRS as non-contributory pension to aging people aged over sixty-eight and over, however, it is not enough to manage basic coverage and extremely necessary things. However, this scheme is highly politicized in Nepal. On the one hand life-expectancy is increasing and remuneration age is decreasing year by year.

Table 4: Living Status of Research Participants

Livieng with	Frequency	Percent	Valid %	Cumulative %
Son	24	53.3	53.3	53.3
Daughter	11	24.4	24.4	77.8
Alone	5	11.1	11.1	88.9
Others (Grand Children)	1	2.2	2.2	91.1
Old-age Home	1	2.2	2.2	93.3
Daughter in Law	3	6.7	6.7	100.0
Total	45	45	100.0	100.0

Source: Field Study 2019/20

Moreover, old age is associated with the deterioration in mental as well as bodily functional capacity and well-being (Saito, Kai, and Chalise 2010) and high risk of morbidity, mortality, and disability; however, nothing is absolute, a decrease of functional capacity and healthiness and well-being as well as dependency is varied by various factors, and groups (Lowsky, Olshansky, Bhattacharya, and Goldman 2014). As almost half of the respondents are disabled, they need to rely on other family members for their daily functioning.

**CASE
STUDY**

Narayan Koirala [name changed for privacy reason] is 98 (during the time of collecting data, but he is alive even today, who has already crossed the border of centenary) by his biological age and his Hari Maya [name changed for privacy reason] is 94. Narayan is quite healthy. He eats beaten rice as snacks almost every day. He has difficulties to chew something and ill health of stomach- gastrointestinal disease. He can see well, listen well, and talk well. He has served society for many years in many ways, even in recently history. Hari Maya is quite sick; she cannot listen well and see well. She has BP, Asthma, and other diseases they like to meet someone from outside so that they can pour out their past doings and feelings on them. Narayan and Hari Maya live with their retired son; he is 69 by his physical age and a retired professor. He and his wife, who is 65- a retired banker, take care of their parents. Son's family has got some advantage of the ages. Narayan and Hari Maya's son and his wife get contributory pension, but they must take responsibility for their parents as well. They have grandchildren and great-grandchildren as well. They live with grandson and great grandchildren. Their grandson and granddaughter-in-law are professional medical practitioners. There are three dependent generations live together in the same family. A family with good economic background may handle it, but it is not easy for others.

According to data (Table 3), only one in ten, based on the field study, are living alone without getting support from any family members. About three in five respondents (60%) are living with either with son, or with daughter in laws. Other one in four (24.4%) respondents are living with daughters. Majority of aging people (approximately 87%), in this scenario, living with other immediate family members, whether they are son, daughter, daughter in law, and grandchildren.

A case study presented above tells us many things. It is related to multiple dependent generations living under one roof and household. There are two consecutive old generations who are dependent, though one generation receives contributory pension. If we count small children as dependent generation, dependent generations become three. From field visit by the writer of this article it has discovered that there are two dependent generations in the same household. With the increase of life expectancy at birth hundreds of, maybe even thousands of families have emerged, which have two dependent generations. Not only is this but the society facing one dependent generation depending on another dependent generation.

With the rise of materialistic society or economic society, family structure has become so complicated. People run after material affluence above then familial relationships. This has affected both emerging younger generations as well as older generations. However, dependency should be understood from multifaceted eye as it is a multidimensional and complex issue. It is socially constructed issue. In Nepal, family members of all age group can play important role that ultimately can support each other and family system as a whole.

Discrimination and Ageism

Discrimination is defilement against human rights, however older people are routinely discriminated; prejudices, ageism, and stereotyping based on a person's age are few examples of defilement against those rights. Social ageism is a specific prejudice according to the people's age (Fredvang and Biggs 2012). Old age has been referred to as an equated as illness state of life-course (Higgs and Jones 2009). It has

Table 5: Types of Social Discrimination

Discrimination	Frequency	Percent	Valid %	Cumulative %
Family	7	15.6	15.6	15.6
No Such	34	75.6	75.6	91.1
Political	1	2.2	2.2	93.3
Social	3	6.7	6.7	100.0
Total	45	100.0	100.0	

Source: Field Study 2019/20

been the tendency of seeing old age as less productive age connecting with dependency in all typed of society, especially in a capitalistic society. People give values on “Human Resource” and “productivity” in society, less productive is considered as less valuable and receives less social prestige. Adult members of the family, if the economic level of the household is low and independent family members have to sell their labor in the labor market, they might not see aging people who keep them staying at home are not seen respectfully.

Aging people have made great contributions in their productive age, which present younger generations cannot see. They were and made the foundation to bring society in the present context. They have unequal access, unequal opportunities, and unequal possession, causing age-based discrimination leading to frustration and psychological pressure and illness, and inviting more prevalence for chronic diseases as well as anomic situation in aging. That is why old and letter life is marginalized socially and economically. A higher probability of wealth in old age leads to a higher probability of survival and health. Studies demonstrate that there is a different age inequality theory that views age as a dimension of stratification. In aging people lose their jobs, opportunities, and privileges, so that they are at a higher risk of poverty, discrimination, and age-based hierarchy. Age inequality theory takes account on how aging is stratified based on “historical time” and “cohort” (Hooyman, Kawamoto, and Kiyak 2015), because

different cohort has different shared experience in the life course and on aging physically, economically, technologically and socially.

Our social mechanisms are discriminative, and discrimination has multiple forms. In material society, people's value is measured on material production based on their productive roles. Statistics from the field study has revealed that one in four respondents (25%) are facing different types of discrimination- discrimination from family members, means to say, by own son (s), and daughter (s) in laws, and even from grandchildren. Remaining three out of four (75%) of research participants have responded that they have not faced any kinds of discrimination from family and society. Among those respondents, who are facing discriminations, majority (three out of five persons) are discriminated by their own family members, other 2.2 percent respondents are facing political prejudices and other three out of seven are discriminated from society, due to witchcraft and caste discrimination. Second, discrimination in society (in society aging people are discriminated in the name of old age disability- not being able to perform well physically and mentally, as well as discrimination in the name of caste; some people are experiencing social discrimination in the name of political and religious affiliation).

Diseases

Health care and medicine serve as an important social institution in today's society (Khanal 2020). The world Health Organization (WHO) defines health as "a state of complete physical, mental and social wellbeing, and not merely an absence of morbidity or infirmity." Health matters with society and society matters with health; it fits with cultural more and people in society and our own neighborhoods think that a competitive way of life is healthy (Macionis 2018). Our personal health is matters with many social and cultural factors, like cultural patterns, economy, activity, job or occupation, technological advancement, etc. (Khanal 2020).

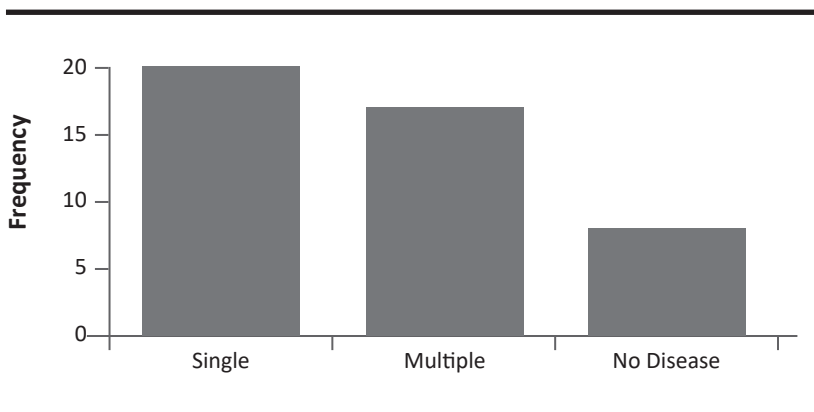
Everyone in a society, almost without exception, attempts to become healthy (Khanal 2020). Talcott Parsons says, becoming healthy is

functional need to fulfill his roles in society. Some conscious research participants are living very active life to maintain their healthiness, as it is said, “Busy hands are happy and healthy hands.” Most of the female research participants are found to engaging in household activities.

Healthiness of a personal can be measured in diverse forms. It can be measured based on infirmities that they have, the availability of nutrients, the way of life and activities, smoking and non-smoking habits, settlement standard, love, care and affection by the family members, availability of health care facilities, etc. A field study of the researcher of this article discovered that over 80% of respondents have been facing and living diverse types of non- communicable diseases, like diabetes 29%, blood pressure 50%, and asthma 20% among other diseases like, thyroid, heart diseases, uric acid, Alzheimer, kidney, etc. among them 35.5% respondents have responded that they are suffering from multiple types of chronic diseases.

People’s personal health is determined many behavioral and social factors, though our existing world is drastically improved in the areas of bio-medical and technological development. Fueled by the innovation of medicine, both birth and death rates have been collapsed dramatically, and life expectancy at birth has significantly decreased

Figure 3: Prevalences of non-communicable diseases



Source: Field Study 2019/20

by the time. As a result, number and proportion of aging people increasing rapidly. Health seeking behavior is crucial for living longer life and healthier life. According to the research only about 50% people suburb of Kathmandu visit doctors frequently despite of profound facilities on medicine. Talking about proper food and nutrients, food habit has been identified as a major risk factor for major diseases (Link and Phelan, 1995; Khanal 2020).

Aging people require adequate food supplements which is helpful in aging population in development of their proper immune system and bodily and mental health. Field study rediscovered that only one out of five (20%) respondents get regular food in their daily life, whereas four out of five (80%) of them have prevalence of malnutrition. Most of them are relying on biscuits and noodles like poor nutritional food for their snacks, which cannot provide them the immune in their bodies

Table 6: Health Status of Spouse by Sex

biological sex	Health and Status of your Spouse				Total
	Health	Sick	Expired	Separate	
Male	9 (37.5) (69.23)	4(16.67) (78.45)	11(45.83) (23.53)	0	24
Female	4(19.04) (30.77)	3(14.28) (21.43)	13(61.90) (76.47)	1(4.78) (100)	21
Total	13(28.89)	14(31.11)	17(37.77)	1(2.22)	45

Source: Field Study 2019/20

they demand. On the other hand, according to the field study, only like less than one out of five respondents (17.8%) have admitted that they do not have any kind of non-communicable disease, whereas large number (about 50%) respondents have said they have multiple non-communicable diseases, like blood pressure for maximum respondents with diabetes, cardiovascular, asthma, uric acid, nerve and others. 45% respondents have found with single chronic diseases.

In addition, personal health is determined by social and familial settings. Spousal health also can act as independent variable that may cause ill-health on another spouse. Men respondents were discovered more luckiest comparing to their female counterpart in terms of having less spousal death (16.67% vs. 61.90%). Only about one out of eight (16.67%) male respondents have got their spouse died, whereas in regard to females, three out of five (61.90%) women have got their spouse died, which more than three times higher than their male counterpart. In contrast, one out of seven (14.28%) female respondents have found with their spouse sick, whereas about half of male respondents (45.83%) have discovered with their spouse sick. Approximately, two out of five (37.5%) male respondents got healthy spouse, whereas only about one out of five (37.5%) female respondents have got healthy spouse (Table 6). According to field study, respondents have less means of entertainment, less active, less performer of yoga and exercises, lack standard of housing settlement, etc. Moreover, 55% of aging people are found who have the history of using tobacco, whereas 11% of respondents are still found using tobacco and other substances relating to it. These factors, for sure, make different in sound health and well-being of a person, especially in aging.

CONCLUSION

Twenty first century is an aging society, the segment of the aging people has been drastically increasing in almost all the national societies of the world; above twenty percent of the world population is being turned to their old age. Additionally, birth rate (the door to new members of society) has been declining dramatically as members of society are embracing individualistic value. With the dramatic shift of socio-demography new problems, relating to aging people, have emerged relating to aging population, which was not imagined in previous social pattern. This paper explores how aging people are facing new set of problems in changing scenario of social patterns and relations, demanding for another step of change, and role of aging people is now need to be redefined.

In the last few decades, with socio-economic shift people of Nepal began to see new possibilities in the life beyond their territory that brought tremendous shift in traditional family values and in entire institutions that have affected the aging people the most in Nepal. In the old value system, children used to have considered security in old age. Old age people have found no preparation for aging life except giving birth to a son (or many), with hope and believe that he/ they will be their social security in aging life. Now, children have begun to follow opportunities rather than caring parents.

Additionally, aging people in Nepal are now feeling of inadequate social role given to them. As a country in transition, young people want to quickly replace aging people from their social roles and responsibility, but aging people are in a position to increase their superannuation age. But still, Nepal has nothing to do with superannuation age limit, since only 19% of people are estimated to have involved in service sectors. Some private service sector does not provide a contributory pension. Most of the people in aging rely on non-contributory pension (old age allowance), which is not adequate to cover the policy of the provision, which means to provide social security and protection in old age.

Since old age is associated with the prevalence of diseases, death and disability aging people from productive roles before they completely collapse and no longer be able to perform their roles in society and make vacant room for younger generation workers, who are more skillful, capable, and have both bodily and mental power to perform their social roles in society. Disengagement is also an opportunity for aging people to get leave from their job and enjoy pursuing their hobbies. However, as people's life expectancy has been increasing and the number of young people is decreasing, compulsory retirement age can be extended further for those who are competent. The extension of working age can be highly effective remedy for multiple problems, as ram ban, like inactivity, diseases, dependency, old age poverty, discrimination and more.

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