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Aging Experience and the Results of the West for Asia-A Sociological Perspective

Mohammad Taghi Sheykhi*

Professor Emeritus of Sociology Alzahra University, Tehran

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ABSTRACT

The present paper analyzes different demographic variables to reach the result of how population become aged in different parts of Asia. Policies and planning of population during the past decades have contributed to more life expectancy, leading to the aging of population in countries like Japan, China, South Korea, Singapore, Taiwan and to some extent Iran. Population in some countries aging without needs gradually emerging, being met. People usually at the age of seventy and over lose their normal strengths and potentialities. Many of their capabilities are lost. They gradually become dependent on other younger age groups. Western countries usually have made better policies and plans earlier, and because of that, their aging people have better immunity as far as their health, social and economic conditions are concerned. Many aging people in Asian countries are concerned about their needs during the age of 70 and over. Decline in birth rate is the most important factor positively affecting the aging of population after a few decades has passed. The same happened to Japan, China, South Korea etc. Many Western countries started narrowing their birth rates in the nineteenth century, whereas Asian countries started that since around 1950. Earlier, women used to give birth to 7-8 children, in which half or more of them died in infancy, and the rest who survived, had to face malnutrition, shortage of education, child-labor from the age of 7-8, maternal fatality of mothers and many more unfavorable conditions that affected their lives. While the average age of marriage is between 26-29 in the West, it is usually the age of 20 or below within many developing countries.

1. Introduction

Sociology as a comprehensive social discipline appraising and investigating various phenomena, will now analyze the state of childbirth worldwide. For almost all women childbirth is a natural and happy experience through which new life is brought into the world. But, for increasing number of women who live

in developing countries such as Niger, India, or Uganda, Childbirth are a risky endeavor. Though humanity has so far continued through childbirth, and a result of which has been continuity of generations among nations regardless of race, creed or religion, childbirth is facing complications because of science, technology, migration and organization around the world. Some countries that more scientifically developed, face less problems, so far as child

*Corresponding Author:

Mohammad Taghi Sheykhi,

Professor Emeritus of Sociology Alzahra University, Tehran;

Email: mtshykhi@alzahra.ac.ir; mtshykhi@yahoo.com

bearing is concerned. One of the risks of pregnancy and childbirth is associated with pregnancy-related deaths of women/ mothers. Repeated and back-to-back pregnancies can deplete the mother's essential nutrients, giving the mother the risk of anemia and other complications including death. The babies of such mothers are at the risk of low birth weight and preterm birth. In the countries where mothers give birth of 7-8 babies, mother remains at very high risk. However, there is a clear connection between high fertility rate and maternal mortality rate. UNICEF indicates that women in countries like Niger, Afghanistan, Sierra Leon, Chad, Angola and many more, are at high risks of pregnancy-related diseases and other complications.

According to UNICEF lives of the newborns as well as the mothers could be saved simply through right medications, improving health measures, educational development for the girls and the like. All such measures strongly save maternal deaths. In case women and girls are provided a low status in the society, their health needs are more often neglected.

2. Method of Research

Methodology used in the present article is of qualitative type. In that, various paradigms have been used to find out facts regarding divorce. Qualitative research usually studies people or areas in their natural settings. In finding facts for the research, the researcher engaged in careful data collection and thoughtful analysis of what was relevant. In the documentary research applied in the present article, printed and written materials were widely regarded. The research was performed as a qualitative library type in which the researcher had to refer to relevant and related sources. In the current research various documents were thoroughly investigated, and the needful inferences were made. The data fed by the investigator in the present article is hopefully reliable. Though literature on childbirth is very limited, yet the author tried to investigate many different resources in order to elicit the necessary information to build up the text.

2.1 Birth Rate

Childbearing comes into being through fertility achievement, and via male-female connection. According to United Nations, "Natural Fertility is the fertility which exists in the absence of deliberate birth control" [21]. According to the same source, controlled fertility is the fertility that involves a deliberate use of birth control [21]. On the other hand, the term birth control is used in a broad of sense to include international abortions, sterilization and complete

abstinence from coitus. Contraceptive method is sometimes taken as identical with birth control method. though it is a part of it. However, most persons use contraception and birth control in the same sense. Contraception, as is clear by the term is opposite of conception. Fertility refers to the actual reproductive performance applied to an individual or a group [21]. Fertility can be measured through birthrate. So, a woman who has given birth to a live child is considered fertile. On the other hand, those who have not produced a single child are considered sterile. The total number of children born by one couple are known as "Family Size". The physiological limits of childbearing capacity and period are known as "Theoretical Maximum Fertility". Similarly, abortions and still birth are classified as reproductive wastage. All those concepts are understood as the trends and causes of childbirth and fertility.

Table 1. Average age of first birth in selected developed nations by age, 2015

US	26.4
Latvia	26.5
Poland	27.0
Slovakia	27.1
Estonia	27.2
Iceland	27.5
Hungary	27.9
Czech Republic	28.2
Canada	28.5
France	28.5
Belgium	28.7
Slovenia	28.7
UK	28.7
Finland	28.8
Norway	28.9
Austria	29.2
Denmark	29.2
Sweden	29.2
Germany	29.5
Portugal	29.5
Ireland	29.5
Netherlands	29.7
Greece	30.2
Luxembourg	30.2
Switzerland	30.6
Japan	30.7
Spain	30.7
Italy	30.8
South Korea	31.4

Note: All statistics are based on OECD countries available.

2.2 Maternal Mortality vs Birth Rate

Maternal mortality is unacceptably high more because of increasing childbirths among the women with the special reference to the developing countries. Majority of such deaths or about 90% occurring in low-infrastructural countries, and most could have been prevented^[20]. Similarly, South Asian countries, and Sub-Saharan countries in Africa, approximately involved 254000 or 86% of the world maternal deaths in 2017. Risk of maternal mortality is highest for adolescent girls under the age of 15 years old and the complications in pregnancy and childbirth are higher among girls 10-19 as compared with age groups 20-24^[6].

Such catastrophes leave behind increasing issues for the remaining children in different stages of their lives. Such mother-less children cannot easily access education, proper socialization, and alike. Eventually, they get into child-labor; a situation which will impact next generation as well.

In high income countries one in every 5400 die as a result of maternal death, while one in 45 happens in low income countries. Women die as a result of complications during and following pregnancy and childbirth. However, most of such complications are treatable, if infrastructure is available. In case clinical management is maintained, a large number maternal deaths among the women in developing countries could be prevented^[15]. Poverty distance to facilities, lack of information, inadequate and poor quality services, and finally cultural beliefs and practices are known as the main causes of maternal deaths^[16].

In countries like Poland, Iceland, Norway and ... there are only three maternal deaths versus every 100,000 births; Leaving behind golden opportunities for children so far as socialization and education are concerned.

2.3 Health Policy vs Childbirth

During the past three decades many organizations have been engaged with progressive and planning toward childbirth in increasing number of countries. In that, private providers have been active in low and middle- income countries in an effort to improve the reproductive behavior in the process of fertility^[5,23].

In some countries public and private health facilities both act simultaneously based on the choice of the clients, and quality and cost^[7]. But currently the available data do not show the increasing and in-depth interfere of the private sector so far as maternal health across countries is concerned. In some cases, mothers who refer to a facility for delivery care, they may choose the private facilities. Though in many countries the public facilitates is the

main and first choice, yet for some reasons, some women may choose the private facilities. Literature on facility choice has found a wide range of determinants. Evidence through Asia has shown that socio- demographic groups most often of higher education contribute to private facilities choice by the women^[3,19]. Other relevant factors like ethnicity and caste status are highly associated with the use of private facilities in India. Besides that, quality of income in the family plays a determining part in the choice.

Table 2. Average number of lifetime births in selected developed nations by age, 2015

Iceland	2.3
US	2.2
Norway	2.1
France	2.0
Sweden	2.0
Slovakia	1.9
UK	1.9
Finland	1.9
Hungary	1.9
Estonia	1.9
Czech Republic	1.8
Canada	1.8
Netherlands	1.8
Poland	1.8
Slovenia	1.7
Portugal	1.7
Switzerland	1.6
Austria	1.6
Germany	1.5
Italy	1.5
Spain	1.5
Japan	1.5

Note: All statistics are based on OECD countries available.

2.4 Birth Rate in East Asia

Birth rates have widely fallen below 2.1 with the special reference to South Korea where it has impacts on economic growth, cultural stability and other characteristics (Demeny, 2015). Declining fertility rate and contraction of labor force on the one hand, may have negative effects on economic growth and on the other hand, it has increased the wages of the current labor force. Facilitating pensions, education, health care services etc.^[9,22]. South Korea has been experiencing a dramatic decline in birthrate since 1916 when six children were born to per woman, and

now it is known as one of the countries with the lowest birthrate in the world^[13]. While the number of kids and the youth declines, and the proportion of aging people increases, such a decline, in work force will ultimately impact the countries economic vitality, with regard to increased costs of health's and social care services^[12].

Industrialization is known to be a driving force for the decline in fertility in developing countries where technological and financial help for birth control is provided by international organizations. In addition, the decreasing birthrate is associated with norms, values and attitudes regarding marriage, lifestyle, parenthood, gender role, attitudes, gender quality values etc...^[1,2]. Similarly, higher rate unemployment of young adults, nuclear family formation, gender equality issues and the like all helped change in family patterns in South Korea. The phenomenon has been continuing to the recent time.

Population planning in South Korea has widely helped the country to grow up its industries, economy, international trade and overall its GDP per capital as compared with other Asian and developing countries. Currently, right after Japan, South Korea is counted as the most developed country in Asia.

2.5 East Asian Marriage and Family

East Asia is known as symbol of population policy and planning during the past half-century. Family behaviors and patterns widely changed in china, Japan, South Korea and Taiwan. These countries pay much attention to the family lineage and ancestor worship particularly Pronounced in Chinese culture^[17]. A great value in Chinese family is that children or grandchildren must respect for the parent or grandparents [18,Whyte, 2004). It happens so with South Korean families and perhaps to a lesser degree with Japanese Families^[8].

China declared its one- Child Family in 1979; a plan that highly changed the family values and norms, brought more employment for the women, gave them more economic independence, gave them better health and so on. Single- child family continued in china until 2015, when the family was permitted to have a second child then. Pressure of labor and employment caused the marriage age and childbearing to increasing; the phenomenon that caused total fertility rate (TFR) to decline, and even many families remain childless in their lives. The whole scenario has contributed to the increase of the elderly people in those countries. Aging of population is also penetrating into the other developing countries too.

The social and demographic changes entered the above four countries, will continue within the emerging generations in the years to come. Such milestones will remain

and even switch to other generations contributing to further social changes in future. The demographic scenario will lead to shortage of babies which must be compensated by electronic man force.

Table 3. % of women who never gave birth in selected developed nations, 2015

Czech Republic	9%
Hungary	11%
Denmark	12%
Portugal	12%
Slovakia	12%
Norway	13%
Slovenia	14%
US	14%
Sweden	14%
France	14%
Belgium	16%
Netherlands	18%
UK	18%
Ireland	19%
Austria	19%
Switzerland	19%
Finland	20%
Spain	21%
Italy	21%
Germany	23%

Note: All statistics are based on OECD countries available.

2.6 State of Childbirth in Africa

Childbirth in Africa is very poor and heartbreaking - most often it causes the death of mother in the family. Pregnancy and childbirth complications are very common in developing countries, but much more wide in African countries. Yet, women are known as source of wealth and health in their communities, and without them family will not continue. In Africa, as found out, an amazing one woman in every 22 women dies in pregnancy- related complications, there as in UK one in every 8000 deliveries leads to a maternal death. Traditions and norms contribute to repeated and continued births within the African women. Shortage of access to quality facilities transportation, and trained midwives escalate the problem.

Many women in remote areas have to deliver their babies just at home where they are likely to catch diseases or die. But, if there is a mother or grandmother beside her the chance of having a healthy baby and the unlikeliness of maternal death increases. On the other hand lack of transport and having to walk to the delivery center increases

the chance of maternal death in African society.

Women undervalued and highly vulnerable, they try to have more sons, a motion that increases their total fertility rate (TFR). However, newborn health and survival are much linked to the care the mother receives before and during pregnancy, childbirth and postnatal period. Throughout the continuum of care, the period of highest risk of disability and death, there are threats for both mothers as well the newborns. Labor, in the first few hours after delivery is there. Complications at this time are very likely for both mothers and babies with grave consequences^[14]. So, African countries need more investments and infrastructures to improve the situation so far as the maternal mortality and vulnerability are concerned.

Table 4. State of maternal mortality in selected industrial countries, 2015

Sweden	4
Norway	5
Switzerland	5
Austria	6
Germany	6
Canada	7
Netherlands	7
France	8
UK	9
New Zealand	11
US	14

Note: All statistics are based on OECD countries available.

2.7 Causes of Low Fertility in Asia

Social modernization has caused increasing social change in many parts of Asia, among which low fertility is an effect. Social modernization as increased schooling, extended average age of marriage, decreased marriage events and those occurred in later ages, get the chance of fewer child bearings. Besides, as marriages happen late, many families cannot reach their son preference that they really wish for. So many of such countries will later face the imbalance of sex ratio. Low fertility though not an issue at the time being, it will be problematic later. So the high most causes of decreasing is the rise in Women education levels and employment rates.

Currently, the four Asia's most prosperous economies - Japan, Singapore, South Korea and Taiwan, now have the lowest birthrates in the world despite the reported statistics, Survey results declare that all the young women in this societies wish to marry and have children. But, actually speaking lack of childbearing in many parts of

the world. Results in aging of population and shortage of young man-power.

However, despite maternity leave and children leave from work, assistance with childcare through daycare centers after school programs provision of housing facilities, medical insurance, expenses related to pregnancy and childbirth, women do not accept regular marriage and child baring.

As sociologically observed, fertility in East Asian countries will remain low at least foreseeable future. Economic competition within the societies concern^[4], will retain population growth at very low rate for the coming years.

3. Conclusion

Sociology as a multi- Dimensional discipline evaluates childbirth from different angles. This natural event is under social, economic and political decisions of governments. It is also under the quality of poverty and affluence of governments in different countries of the world, Countries with fast growing economies the initiative of lowering the birthrates by any means. Similarly, as lifestyles of the youth is ever changing by education, employment, and other patterns, they marry late in their lives and get fewer children or none at all. Also, as death rate has maximally declines, increasing number of young families do not have the motive to plan for large families. Change of standards like high quality of life, better education, better nutrition, and many more, have motivated young couples towards smaller families. In countries where male, female connections have been liberalized, family formation happens late, and the child is not anymore a value within many families. Birth control being highly used, it has lower TFT or total facility rate among many women. While the average TFR is 4.1 in the least developed countries, it is 1.6 in developed countries. This means that in developed countries 1.6 people replace two who die, and in this way Population in these crimes gradually shrinks, While in African countries the situation is reversed, and in that, population size annually boosts. The Phenomenon that leads poverty and lower quality of life. Increasing childbirth highly affects maternal and infant mortality rate. Many developing countries need to introduce effective policies to plan the population. In this way, they help themselves as well as the world as a whole.

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