

# Geriatric Health in Nepal: Concerns and Experience

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## ABSTRACT

Ageing is a natural phenomenon and an inevitable process. Population ageing is pervasive since it is creating humanitarian, social and economic problems in many countries of the world including Nepal. Nepalese society is in a phase of modernization. There is modification in the cultural norms and traditional family support systems for elderly in Nepal which have placed substantial strain in caring elderly people. In Nepal, there were 1.5 million in 2001 and 2.1 million in 2011, elderly inhabitants, which constitute 6.5 percent and 8.1 % of the total population in the country. During the years 1991-2001, the annual elderly population growth rate was 3.39 percent, higher than the annual population growth rate of 2.3 percent. Growing numbers of elderly people are suffering problems in different aspect, but there are limited studies in relation to general morbidities as well as specific in this group of people. The government of Nepal has formulated a National policy, act and regulations on ageing and the problems of elderly; however, this has not been operationalised because of limited resources. In this background of problems that elderly people are facing and government slow initiatives, this paper is illustrated with the objective to explore the different dimensions of ageing and health and health related services for aging people in Nepal using different information for the purpose of further concrete steps in the benefits for elders.

**Keywords;** Elderly Population, Government, Nepal Country

## INTRODUCTION

Due to combined effect of declining fertility, mortality and improvement in public health interventions, population ageing has been a world-wide phenomenon. People today are living longer and generally healthier lives. Population ageing is pervasive since it is creating humanitarian, social and economic problems in many countries of the world including Nepal.

In Nepal, individuals over 60 years of age are considered elderly.<sup>1</sup> According to the 2011 census of Nepal, there were 2.1 million elderly inhabitants, which constitute 8.1 percent of the total population in the country. Percent of elderly inhabitants during the years 1951 (5.0%), 1991 (5.8%), 2001 (6.5%), and in 2011 (8.1%) which shows that there has been a sharp increase in the number of elderly persons between 2001 and 2011.<sup>2-4</sup> This indicates the starting of the ageing dynamics in Nepal, which will have adverse effects on Nepalese social structure and economy in the long run.

Modernization, increasing migration of young people from rural to urban areas and to big cities or foreign countries due to the expectation of high income and better education resulting disaster problems for the elderly in developing countries like Nepal.

Over the past decades, Nepal's health program and policies have been focusing on issues like population stabilization, maternal and child health, and disease

control. However, current statistics for the elderly in Nepal gives a prelude to a new set of medical, social, and economic problems that could arise if a timely initiative in this direction is not taken by the program managers and policy makers. There is urgent need to highlight the problems that are being faced by the elderly people and explored the strategies for bringing about an improvement in their quality of life. Present paper is an attempt to explore the different dimension of ageing and health and health related services for aging people in Nepal.

## COUNTRY SITUATION

### Socio-demographic situation: (Table-1)

According to recent statistics related to elderly people in Nepal, in the year 2001 there were 1.5 million and in 2011, 2.1 million elderly inhabitants, which constitute 6.5 percent and 8.1 % of the total population in the country.<sup>2,3</sup> During the years 1991-2001, the annual elderly population growth rate was 3.39 percent, higher than the annual population growth rate of 2.3 percent. A comparison of the elderly population growth rate and size with the national population suggests that both have been rising for the past 5 decades.<sup>5</sup> If this elderly population growth rate continues at the current rate, the population of the elderly will double in 20 years. In all southern Asian countries the growth rate of the population aged 60 and above exceeds that of the population total.<sup>6</sup>

**Table-1:** Demographic situation of ageing Nepal, 1952/54 – 2011

Census Year	Population (60+)	Population growth rate		Percent of elderly(+60)			Percent of elderly(+60)	
		Total (%)	Elderly (%)	Rural	Urban	Total	Male	female
1961	489346	1.65	1.79	5.22	5.23	5.2	4.8	5.6
1971	621529	2.07	2.42	5.63	5.12	5.4	5.3	5.9
1981	857061	2.66	3.26	5.74	5.11	5.7	5.9	5.5
1991	1071234	2.1	2.26	5.95	4.99	5.8	5.9	5.7
2001	1504311	2.24	3.4	6.6	5.7	6.5	6.4	6.3
2011	2154410					8.1	6.8	7.1

Source: CBS, 2003, census report, 2001.

The elderly dependency rate computed for different time periods shows an increasing trend from 7.5% in 1911, 12.01% in 2001 and 14.28 % in 2011.<sup>7,8</sup> Also the aging index of Nepal is 20.3 in 2001 and 23.30 in 2011 which mean the population of Nepal is moving towards to elderly age.<sup>5,7</sup>

In Nepal, life expectancy was 31 years in 1961, which almost doubled and reached 61.5 years in 2001.<sup>8</sup> The marital status of the elderly is important for their support systems and their well-being. In 1961, only 73.17% and 32.13% of the elderly males and females were married. This increased to 88.3% for males and 71.7% for females in 2009. Among those aged 60 and above, the death rate among males is significantly higher than females.<sup>5</sup> Study that shows the living arrangements of the elderly, more than 62 % are living with their sons; only 2.7 % are living with their daughters, with spouse 16.9 % and 15% with others.<sup>5</sup> Study in these factors is important as they are responsible for the better physical, mental and social health for the elderly people. In recent days, depleting socio-cultural value system, diversification in occupation from agricultural to non-agricultural, higher mobility of economically active persons for seeking job and better education, and replacing existing joint family system by nuclear family system have been causing problematic for the security of aged people in Nepal.<sup>9,10</sup> Social, economic and demographic developments have all caused changes at the individual, family and societal levels, all of which influence the lives of elderly people.<sup>11</sup>

### MEDICAL PROBLEMS:

Rapidly increasing growths of elderly people in Nepal possess a serious challenge to the overall available health services. Due to physiological and biochemical changes in the elderly, increased incidence of diseases is observed. There are limited studies in relation to general morbidities as well as specific in this group of people. Available studies covered only in focused areas of problem with limited coverage.

Study conducted by Institute of medicine stated

the prevalence of depression according to Geriatric Depression Scale (GDS) is 53.2% which includes 34.2% of mild and 19% of severe depression.<sup>12</sup> An elderly patient suffering from depression often has a combination of psychological, physical and social needs. Common mental disorders among elderly psychiatry out-patients were mood affective, anxiety and substance use disorders. A significant number of elderly psychiatry out patients had physical co morbidity.<sup>13</sup> In relation to intestinal parasites the prevalence found to be 41.7%, out of which 30.6% had multiple parasitism. Males (43.8%) had slightly infection rate than females (40.4%) ( $P > 0.05$ ).<sup>14</sup>

Nutritionally inadequate diets can contribute to or exacerbate chronic and acute diseases and hasten the development of degenerative diseases associated with aging. The research conducted in Pharping found that 31% of elderly people were malnourished, and a further 51% were at risk of malnutrition.<sup>15</sup> Needs assessment done in Pharping found in relation to perceived health problems about three-fourths of the elderly males (59%) had of physical pain (joints, knee, back, stomach, etc.) followed by respiratory problem (39%), eye problem (30%), gastric (29%), blood pressure and teeth problem (22% each), and dementia/Alzheimer (16%). Most of the elderly who felt having any disease are also found diagnosing the disease by doctor/health worker.<sup>16</sup>

Study done at Dhulikhel Municipality showed that 68% of the elderly utilized health care service in the past year and the respondents with chronic diseases accounted for 83.5% of those utilizing health services. Marital status, dependence on others for activities of daily living, existence of chronic diseases, and elderly already on medication showed significant association at 95% level of confidence ( $p < 0.05$ ).<sup>17</sup>

The study done in three old age homes in Kathmandu in 2010 under Geriatric Center Nepal explored that more than half of the residents were diagnosed with at least

one chronic health problem (Hypertension, gastritis and arthritis) and all old age homes faced a lack of trained human resources and financial constraints. The study highlights the urgent need of developing fundamental guidelines to improve the care services.<sup>18</sup>

The elderly are also prone to abuse in their families or in institutional settings. A study that examined the extent and correlation of elder mistreatment among 400 community-dwelling older adults aged 65 years and above in Chennai found the prevalence rate of mistreatment to be 14%. Chronic verbal abuse was the most common followed by financial abuse, physical abuse, and neglect. A significantly higher number of women faced abuse as compared with men; adult children, daughters-in-law, spouses, and sons-in-law were the prominent perpetrators.<sup>19</sup> However, study in this regard is lacking in Nepal.

Projections made by the World Health Organization (WHO) suggest that by 2015 deaths from chronic diseases such as cancer, hypertension, cardiovascular diseases, and diabetes will increase by 17%, from 35 million to 41 million.<sup>20</sup>

#### **GOVERNMENT INITIATIVES:**

International Plan of Action on Ageing<sup>21</sup> was adopted by the United Nations (UN) in Vienna, Austria in 1982. Twenty years later, the Second World Assembly on Ageing was held in Madrid, Spain in 2002<sup>22</sup> and it outlined an action plan in the assembly at national and regional levels to increase awareness of ageing issues and develop concrete plans of action for ageing. After this advances have been few and far between in much of the developed world and developing countries like Nepal. The government of Nepal has formulated a National policy on ageing and the problems of elderly have been addressed at a level in various act and their regulations.

#### **SOCIO-LEGAL PROVISIONS:**

The Civil Code 1963 has provisions for elderly people in its section on property rights distribution. In Local Self Governance Act 1999 there is a provision for protection and development of orphan children, helpless, women, older people and disabled. Senior Citizen Policy 2058 has envisaged incorporating economic benefit, social security, health service facilities and honor, participation and involvement, and education as well as entertainment aspects to support the elderly people in having prestigious livelihood. Following the Madrid Plan of Action on Ageing, 2002, the Government of Nepal has formulated National Plan of Action on Ageing 2062. The Government of Nepal enacted the Senior

Citizen Act, 2063 to ensure the social, economic and human rights of the elderly citizens. The Senior Citizens Regulations 2065 provides guidelines for the effective implementation of the Senior Citizen Act. The regulation has tries to bring the Old Age Homes, Day Care Centers and Geriatric Centers under certain terms and conditions conducted by the various sectors.<sup>9</sup>

Various programmes have been launched for the welfare of the elderly. An Old-Age-Allowance (OAA) which came into effect as a step towards the fulfillment of the Directive Principle of the Constitution and the commitment expressed in the international forum on ageing. For the first time, the government provided an old age allowance of Nepali Rupees 100 per month to senior citizens aged 75 years and above in 1995 as social security. Then in 2006-2007 the amount was raised to Rs 200 per month and in fiscal years 2008-2009 the government increased the amount to Rs 500 per month for senior citizens and reduced the age to 70 years and above.<sup>10</sup>

#### **HEALTH:**

The government has adopted the *Jyeshtha Nagarik Swasthya Upachar Nirdeshika* (Senior Citizens Treatment Guidelines) 2061 to deliver health care services to the elderly People and also establish Jeshtha Nagarik Swasthopachar Kosh (Senior Citizens Health Facilities Fund) in each district. The government allocates some fund each year for each district for the purpose. According to the guideline, poverty affected elderly people are provided free medicine and treatment up to NRs.2000 at a time in all 75 districts. The current fiscal year (2066/67) budget also has provision to establish one health center for the elderly "Aarogya Aashram" in each of the five development regions of the country. The Government has proclaimed through the budget speech of fiscal year 2066/67 that the government will provide free health service for heart and kidney patient of 75 years and above age.<sup>8</sup>

GoN announced the free Health Care Service Program for target groups in fiscal year 2006/07 in hospitals and primary health centers for inpatients and emergency services and was made free for all citizens in all health posts and sub-health posts from fiscal year 2007/08.<sup>8</sup> Different ministries are made responsible to ensure proper implementation of the provisions made. The Ministry of Women, Children and Social Welfare, MoHP, the Ministry of Local Development, the National Planning Commission, and the Ministry of Finance are the main agencies responsible for taking care of the health needs of the ageing people. The government has been supporting and promoting individuals, NGOs and the private sector

organizations that are coming up to work for ageing population.<sup>8</sup> Currently government has taken step to start Geriatric ward in selected regional hospitals.

### **OLD-AGE HOMES**

There is the only one shelter for elderly people run by the government (Pashupati Bridrashram) which was established in 1976 as the first residential facility for elders and has the capacity for only 230 elderly people.<sup>8</sup> Nepal has not been influenced by the first conference on elderly people in Vienna but once the UN declared 1999A.D. as the international year of elders, Nepal has shown interest in this sector from the part of NGOs and civil society.<sup>23</sup>

Now there are about 82 organizations registered with the government spread all over Nepal. These organizations vary in their organizational status (government, private, NGO, CBO, personal charity), capacity, facilities, and the services they provide. Most of them are charity organizations. About 1,500 elders are living in these old-age homes at present.<sup>24</sup> These private organizations are providing services to elderly out of the individual's initiatives. The services and care, virtually, do not include aspects that are essential to cater elderly in old age home. The survey done by Geront World Nepal in 2007 indicated that in number of respects elderly homes are favorable for the residents and the society as a whole despite of some problems, particularly for those who are uncomfortable in their family.<sup>23</sup>

### **GAPS AND EXPERIENCES**

Nepal is a developing country experiencing a rapid increase in the elderly population. Because the traditional family support tree is breaking down as family members are migrating out of country for the good opportunity, elderly people left at home are facing health and social problems. Despite the development of plan and schemes in favor of elderly people, the government is severely limited by the available trained human resources and the fund for effective and efficient implementation of the legal and institutional provisions developed so far and also the coverage of scheme is very limited. The focus of the country in relation to health is on maternal and child health and other sector; health care for elderly people is neglected. Health workers that are the first point of contact for elderly people are inadequately trained and equipped to care for them. Few secondary and tertiary care institutions have separate services for elderly people.

In the background of problems that elderly people are facing and government slow initiatives, looking forward to establish the solid comprehensive institution and programme to provide comprehensive package services for needy elderly people,

step has been taken privately by establishing and running the Residential Health Care Home<sup>25</sup> for elderly people for Nepal in 2011 catering small group which would be represented from any part of the country. In this path of service it is viewed that though people have problem to provide care at home for elderly people in this competitive world and broken traditional family, they couldn't digest the process of keeping the parents in residential care home as bounded with traditional society. Also in spite of having money people hesitate to expense for elderly people than for their children. In developing country where there is absence of government health insurance, expense of money for elderly people thought to be wastage. In this scenario we have to advocate the people that in this changing trend of demography and family structure to provide better care for this group of people making their remaining life comfortable within the capacity, time has come to accept the suitable facilities for them.

### **WAY FORWARD**

The welfare for the elderly people must be the agenda in three levels. First is obviously the government, second the society/family and third by non-government agencies/private. In present scenario of world where the problem and action for that is moving ahead targeting elderly people, people at all three levels needs to be coordinated and produce the combined efforts for the benefit of this group of people. Nepal government made policy, act and planning for senior citizens, now the time has come to operationalise them with coherent and aggressive programme measures to combat the issues of elderly as well as welfare for all in Nepal, for which people at all levels needs to be combined and precede action. Upgrading self reliance of elderly people for their continuous participation at all levels within their capacity is due important so this aspect needs to be focused respecting their experience and skills.<sup>26</sup>

Family cohesion is coming under pressure of generation gap between parents and children especially in urban areas in our country.<sup>27</sup> This reality further intensifies the issue whether the family or some other institution should take care of the senior citizens of a society. Targeting this issue, Elderly homes is one of the best alternative but such shelters in terms of their physical and social environment should not be like a compulsive refuge. Criteria for a model residential care home (like permanent building, necessary infrastructures and space, appropriate catering system, regular health care and medicines, provision for mental and physical relaxation such yoga, pilgrimages) should be set up and strictly followed. For such homes to develop the existing effort of government and non-government sectors is not sufficient; private sector involvement has been necessary. Health care services should be based on the "felt needs" of the elderly population. This would

involve a comprehensive baseline morbidity survey and functional assessment in health areas that are perceived to be important to them.<sup>28</sup> Hence national population based survey need to be conduct to study different dimensions of elderly people. Since maximum percent of the elderly reside in rural areas in this country, it is mandatory that geriatric health care services be made a part of the primary health care services which is the heart of Nepal health care delivery system.

Based on the reviews on the present status of senior citizens, it can be stated that there is need to build the capacity at all levels for effective design and implementation of programs related to ageing population. This would require the support from the national and international institutions in the government and non-government sectors including the donor community such as WHO, ILO, UN Agencies. In addition for the development of root there is need to revise and strengthen the existing curriculum of formal health education system of the country to incorporate subjects of Gerontology and Geriatrics with higher emphasis.

**REFERENCES**

1. Senior Citizens Act, 2063 (2006). www.lawcommission.gov.np
2. Central Bureau of Statistics. Population census 2001, National Report. Kathmandu: His Majesty's Government National Planning Commission Secretariat, 2002.
3. Central Bureau of Statistics. Population census 2011, National Report. Kathmandu: His Majesty's Government National Planning Commission Secretariat, 2012.
4. Central Bureau of Statistics. Population monograph of Nepal 2003, Volume 1. Kathmandu: His Majesty's Government National Planning Commission Secretariat, 2003.
5. Chalise HN. Demographic situation of population ageing in Nepal. *Kathmandu Univ Med J* 2006; 4: 354-62.
6. De Silva WI. Family transition in South Asia: provision of social services and social protection. *Asia-Pacific Population J* 2005; 20: 13-46.
7. Study on Developing Information base on Elderly Population of Nepal. Nepal Public Health Foundation with support from WHO. March 2013.
8. Geriatric Center Nepal (GCN). Elderly People (60+) in Nepal on Health, Nutrition and Social Status Focusing on Research Needs. March 2010; Ramchandra Marg; Battisputali-9; Kathmandu, Nepal.
9. Pawan A. The Situation of Population Ageing and Social Security for Elderly People in Nepal Health Prospect 2011; 10: 61-3.
10. Dhakal MR. Ageing and health in Nepal. Regional Health Forum 2012; 12: 12-6.
11. Mustafa G, Ginneken JKV. Trends in and determinants of mortality in the elderly population of Matlab, Bangladesh. *Soc Sci Med* 2000; 50: 763-71.
12. Khattri JB, Nepal MK. Study of depression among geriatric population in Nepal. *Nepal Med Coll J* 2006; 8: 220-3.
13. Shakya DR. Psychiatric morbidities of elderly psychiatry out-patients in a tertiary-care hospital. *J Coll Med Sci-Nepal* 2011; 7: 1-8.
14. Shakya B, Rai SK, Singh A *et al*. Intestinal parasitosis among the elderly people in Kathmandu Valley. *Nepal Med Coll J* 2006; 8: 210-13.
15. Malnutrition: Elderly People in Nepal .Gemma Lyons, September 2012.
16. Health and Social Care Needs Assessment of Elderly: The Context of Piloting Service Developments and Care of Elderly in Pharping, Kathmandu, Nepal. Central Department of Population Studies Tribhuvan University, Kirtipur and Ageing Nepal Kathmandu, Nepal. August 2012.
17. Sanjel S, Mudbhari N, Risal A, Khanal K. The Utilization of Health Care Services and their Determinants among the Elderly Population of Dhulikhel Municipality. *Kathmandu Univ Med J* 2012; 37: 34-9.
18. Khanal S, Gautam KM. Prevalence and Management of Health Conditions in Older People's Homes: A Case Study in Kathmandu. Nepal Geriatric Centre, Kathmandu. 2011.
19. Chokkanathan S, Lee AE. Elder-mistreatment in Urban India: A community based study. *J Elder Abuse Negl* 2005; 17: 45-61.
20. Preventing chronic disease: A vital investment. Geneva: WHO; 2005.
21. United Nations. International plan of action on ageing. World Assembly on Ageing, Vienna, Austria, 1982.
22. United Nations. Second world assembly on ageing. World Assembly on Ageing 8-12 April 2002, Madrid, Spain, 2002.
23. Acharya P. Senior Citizens and the Elderly Homes: A Survey from Kathmandu. *Dhaulagiri J Soc Anthropol* 2008; 2: 211-8.
24. Adhikari S. Health, Nutrition and Care for Senior Citizens of Nepal in Twenty First Century. *J Health Allied Sci* 2013; 3: 73-5.
25. Health Home Care Nepal Private Limited. www.hhcn.com.np or www.hhcn.biz
26. Raikhola PS, Kuroki Y. Aging and Elderly Care Practice in Japan: Main Issues, Policy and Program Perspective; What Lessons can be Learned from Japanese Experiences? *Dhaulagiri J Soc Anthropol* 2009; 3: 41-80.
27. Yadav RK. Ageing population in Nepal: challenges and management. *A Multidisciplinary J* 2012; 2: 48-53.
28. Ingle GK Nath A. Geriatric Health in India: Concerns and Solutions. *Indian J Community Med* 2008; 33(4): 214-8.