Ageing and health in Nepal

Megha Raj Dhakal*

Abstract

The combined effect of lowered fertility and improved health and longevity has generated growing numbers and proportions of the elderly throughout the world. This desk-review study is based on available secondary information from published and unpublished sources including web searches. The dependency ratio is showing an increasing trend in Nepal because of youth migration. Therefore, a holistic package including a special geriatrics programme is needed to ensure the welfare of senior citizens.

Background

Nepal, like many other countries in South-East Asia, has been successful in lowering the fertility and mortality rates and increasing the life expectancy of people in the interest of national development. According to the Nepal Demographic Health Survey 2011, the total fertility decreased to 2.6 from 3.1 in 2006. However, a continued increase in the percentage of aged persons in the population is creating humanitarian, social and economic problems in many less developed countries like Nepal. Past high fertility rates, combined with the decline in mortality has resulted in substantial growth in the number of old persons and, in conjunction with the subsequent fertility decline, to an increasing share of the elderly in the overall population. Following the migration of younger people from less developed to developed countries along with mitigation from rural to urban areas, rural older people are feeling isolated, lonely and deprived of care. Policy-makers, planners and demographers in Nepal are trying to analyse the dynamics of ageing in order to re-address the ageing policy and its related programmes. Thus, the objective of this paper is to review the current status of the ageing population including the policy, programmes and the institutional mechanisms needed to improve the well-being of the elderly.

Current practices and their implications for ageing

According to the Community-based Survey of 2001, the total population of Nepal was 23.1 million, living in an area of 147.181 square kilometres. The population of the elderly was 1.5 million, which constituted 6.5% of the total population. During 1991-2001, the annual elderly population growth rate was 3.39%, which was higher than the annual population growth rate of 2.3%. The 2001 census data showed that 85% population lived in villages whereas the urban population was only 15%. Children under 15 years constituted 39% of the population and the elderly accounted (>=60 years) for 6%. The elderly dependency rate computed for different time periods shows an increasing trend from 7.5% in 1911 to 12.01% in 2001. The elderly population growth rate per year has always been more
than the total population growth rate in Nepal. This rapid increase in the proportion and absolute number of the elderly among the total population will have an impact on socio-economic and health policies and culture in future. In Nepal, life expectancy was 31 years in 1961, which almost doubled and reached 61.5 years in 2001. Life expectancy which was 55 years for males and 53.5 years for females in 1991, reached 61.8 years for males and 61.9 years for females in 2001. 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. The death rate of males among the age group 60 to 64 is 17.96%; while in the same age group for females the death rate is almost 4% less, i.e. 14.02%. The death rate among the elderly above 75 years is very high among males (80.41%) while it is low (62.13%) among females of the same age group.

Traditionally, Hindus followed the practice of Banasram (settling in the forest) after attaining the age of 50 years by handing over all rights and properties to their heirs. This was perhaps meant to minimize the negative impact of ageing in the social order. Also, till recently, many old Nepalese went to Banaras and Badri Kedar, in India, very holy places for Hindus, to spend their last years. The higher the age of a person, the higher his/her social status. The eldest person in the household was considered the household head, irrespective of the authority that the elder person could have used in making household decisions along with the community. Almost all social and religious activities are guided as well as performed by him. His views and words are taken as the rules and regulations to be followed by the community/family members. Also, individuals who survive more than 75 years are considered as those who have attained “godhood”. In Nepalese society, elderly persons are felicitated as gods when they attain a certain age through a special ceremony (called Janku and chaurasi). This reflects the high respect shown by the Nepalese towards their elderly. Pancha debal, now called Pashupati Briddhashram, Kathmandu, an old people’s home was established by the late King Rajendra Bir Bikram Sahdev in 1981 to provide accommodation (living arrangement) for old people.

The government fixed 58 years for retirement in general administration cadre, and two years more for the health services. It is 63 years for the judiciary and university services, and 65 years for the Chief Justice and other members of constitutional bodies. However, in the agricultural and political sectors such a distinction for retirement age is not evident. Demographically, the age of senior citizens can be classified into two clusters (a) active life (b) care life. Active life is productive age recognized up to 75 years and care life is 75 and beyond. There is no retirement age for members of political parties, social workers and consultants. Thus, many retired persons are practising as consultants to maintain their capacity and health. Generally in Nepal, individuals over 60 years are considered elderly.

**Acts and regulations: social security, policy, strategy and programme for ageing**

The Directive Principles of the Interim Constitution of Nepal 2006 (2063 Nepali fiscal year) state that the State shall pursue the policy of making a special provision for education, health and social security and for the protection and progress of children, the helpless, women and the old, disabled and weak. Moreover, the Civil Code has provisions for the elderly people in its section on property rights. The Local Self Governance Act 1999, carries the provision for protection and development of orphans, the helpless, women, older people and the disabled.
A separate sectoral policy for the elderly was first developed in the ninth five-year plan. The current three-year interim plan (2011-2013) has adopted the following vision, mission, strategy and interventions for senior citizens.

**Vision:** To provide an opportunity for comfortable, secured and satisfactory lifestyle of senior citizens by ensuring their fundamental rights.

**Mission:** Expansion of the advocacy programme to create an appropriate environment for healthy, secured, honourable and comfortable life of senior citizens.

**Strategy:** Several strategies have been developed like: utilize experience, skills and knowledge; establishment of geriatrics ward in all zonal-level hospitals; old age homes in every developmental region for the elderly with support of NGOs and private organizations; income generation programme for the elderly according to their wish and skills; and utilizing the experience of the elderly in different development programmes. Recently, emerging issues of senior citizens were recognized by the Second Long Term Health Plan (SLHP, 1997-2017). In Nepal senior citizens are assets of the nation because they carry social values, tradition and culture. The Senior Citizens Policy and Working Policy-2058 (2002), the Health Care Implementation Guidelines for older people, (2005), the National Action Plan for Senior citizens (2006), and the Senior Citizens Act (2007) have been formulated.

Various programmes have been launched for the welfare of the elderly. For the first time, the government provided an old age allowance of Nepali Rupees (Rs) 100 per month to senior citizens aged 75 years and above in 1995 as social security in the eighth national plan. Since then this old age allowance programme has continued. 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. A special subsidiary policy has been formulated for the Karnali area (the remote area of Nepal) that provides 500 Nepali rupees each to those above 60 years. The government has adopted the Jyeshtha Nagarik Swasthya Upachar Nirdeshika (Senior Citizens Treatment Guidelines) 2061 to deliver health care-services to the elderly.

Recently, the Ministry of Health and Population (MoHP) conceptualized an ageing survey to explore the various issues for evidence-based planning for the elderly. Moreover, the MoHP has also conceptualized specialized geriatric programmes and home visits for the welfare of the elderly and expanded the advocacy programme all over the country through local-level population management programmes.

**Institutional mechanism**

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. According to the directory of elderly people-related institutions in Nepal (2004), there are 52 government-registered and currently functioning institutions, 82 government-registered but currently defunct and seven elderly-related institutions not registered but currently functioning in the country. In addition, there are seven government-ministries/committees (ministries of women, children and social welfare; health and population; education and sports; information and communication; local development: labour and transportation; and social welfare committee) together with partners.

**Challenges of an ageing population**

While improvement in technology has contributed to increasing life expectancy, the financial burden on an individual as well as the community is also increasing due to the
higher cost of treatment of elderly people. Therefore, the new challenge is how to bring efficiency in medical treatment of the elderly. Moreover, the growth of the older segments of the population will lead to a reduction in the size of the workforce and a simultaneous growth in the percentage of the population over retirement age. Because of this, the dependency ratio of ageing people is high in Nepal.

Furthermore, young people are much more interested to work in the formal sector rather than in the informal or agriculture sector. Migration from rural to urban areas and to big cities or foreign countries is increasing due to the expectation of high income and better education. In such situations, the elderly are unable to manage their land and household activities. As a result, agriculture production is decreasing, raising questions of food security and nutrition problems. Various surveys show that though the number of people living below the poverty line is showing a decreasing trend, it is characterized by greater spatial inequalities, poverty, stagnant economy, illiteracy and poor health status. Thus, the challenge is how to enable them to lead a productive life.

The dispersal of family members, leading to the breakdown of the large/joint/extended family and the new status and role of women is making the caring of the elderly population very difficult. It is imperative that the elderly are not deprived of their independence, their sense of responsibility, their personality and their feelings. They should not feel that the family and community are neglecting them. Any breakdown of these basic components can affect their mental health, which, in turn, can reduce their physical and psychological activity, leading to rapid deterioration in health and untimely death. Again, another challenge is how to bridge the gap between senior citizens and the young?

In the traditional family support system, sons are considered as the means of security in old age. Due to the breakdown of the traditional large family system in Nepal the traditional family support system for the elderly parents is being eroded. Sons consider taking care of their parents as a burden rather than their moral obligation.

In fact, the elderly people are the pride of the nation. They are the living history. They are assets of the nation. They are rich in experience, knowledge and skills that can be useful for the younger generation to learn from and provide continuity to the traditional skills. Thus, the additional challenge is how to utilize their experience productively. The offspring sometimes help financially if they are earning well but faced with hardship they may be unable to help and thus the parents are left alone to fend for themselves. It is generally felt by the elderly that once the children leave home for education or employment they do not return permanently.

Older people from all classes, ethnic, caste and gender backgrounds share a common view: love, affection, care and protection are as important for them as warm clothes in winter. Almost all the elderly like to live with their families. The elderly who live in old age homes get health care, timely food, freedom and other facilities but still suffer from psychological depression. The major challenge is how to change junior citizens’ feelings towards senior citizens.

Health economists argue that as individuals grow older, the overall stock of health begins to depreciate and thus, there is a direct relationship between age and demand for medical care. However, this concept is not taken seriously by policy-makers and planners.

Various programmes have been conceptualized for the welfare of the elderly. Among these programmes, geriatric care programmes for older persons have not been developed well due to the poor knowledge among clinical staff and policy-makers. Thus, there is a need for capacity development at various levels.
Conclusion and recommendations

It is high time for the younger generation, who will be the future elderly, to be aware, and to understand the challenges facing the elderly. They should start immediately to save for future security, develop a positive attitude in children towards the elderly, so that they may not have to face the same situation as today’s destitute and vulnerable elderly who need to depend on others.

The elderly have long and rich experience and are an inseparable part of society. Therefore their needs, problems and prospects require a holistic solution and not a fragmented approach. However, the changing lifestyle in Nepal from traditional ways to modern ways may pose a serious problem for the elderly in the decades to come. Therefore, there is a need to revise and strengthen the existing curriculum in the formal and informal education system of the country to incorporate subjects of gerontology and geriatrics.

Moreover, activities such as poetry and essay competitions at different levels (school, community, district and national) should be organized in order to raise people’s awareness on the health needs of the elderly.

Policies and programmes to promote the role of private insurance companies in financing health services to attract the young and healthy individuals who have low probability of using services should be pursued. There is a need to review/assess the present provision for compulsory retirement and to increase the retirement age, as continued employment provides a sense of worth, dignity and financial independence to older persons. Relevant documents published by the UN and its agencies on the subject should be translated and adapted to the country context. There is an urgent need to make a concrete plan and policy to change the attitude of family members, policy-makers, planners and professionals in the community towards the elderly people.