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# Rethinking Gerontology and Geriatrics in a Nepalese Context: A Scoping Review

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## Abstract

Nepal's elderly population constitutes 10.2% of the total, reflecting a rapid demographic transition, with projections estimating this will approach 14% by 2030. This scoping review systematically maps and examines gerontological and geriatric issues within Nepal by analyzing peer-reviewed literature and government reports published between 2000 and 2025. Six major thematic areas emerge: demographic transitions, policy inadequacies, rural-urban disparities, geriatric education, social security, and lessons from international models. Critical findings highlight limited access to specialist geriatric services (only 12% coverage), significant rural-urban differences, insufficient policy implementation, and minimal geriatric training in medical education (<10 hours). Traditional family-based caregiving structures are deteriorating, exposing the majority of older adults to financial insecurity and social isolation. Despite policies such as the Senior Citizens Act (2006), only 18% of the elderly population benefit from government-sponsored healthcare. Drawing on international best practices, including Japan's Elderly Welfare Act and long-term care insurance, and the UK's community-based eldercare and integrated training approaches, Nepal could reform its systems substantially. Urgent reforms are needed to integrate gerontology into medical curricula, expand services to rural areas, and enhance social security mechanisms. Leveraging these global experiences, Nepal can establish comprehensive coverage that safeguards the dignity and well-being of its aging population.

*Keywords*: aging population policy, geriatric care challenges, gerontology, healthcare access, social security

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## Introduction

Gerontology is the scientific study of aging, as well as the complex social, psychological, and biological changes that occur when a person grows older, while geriatrics is the medical field concerned with the medical care and treatment of elderly persons (Musselwhite, 2025). Morley (2004) also believes that gerontology, the study of aging, and geriatrics, specialized health care of elderly people, gain more relevance as the world population ages. Demographically, such fields have grown in response to the increasing demand as people age globally, influencing policy, educational infrastructure, and healthcare agendas (Arai et al., 2020). From Western perspectives, gerontology is seen as an interdisciplinary science for age-friendly societies; however, Japan emphasizes standardized geriatrics

education and joint elder care (Japan Geriatrics Society Working Group, 2025).

Gerontology and geriatrics are newly coined words in Nepal but have traditionally been employed as family obligation words and not as research or policy (Baral et al., 2011). Yet, with the growing number of aging citizens and changing family dynamics trends, Nepal is also considering aging not just as the natural process but as a policy issue and education has been the necessity (Acharya et al., 2023). In hindsight, the acceptance of gerontology and geriatrics is no longer an option but a moral imperative for the rapidly aging world. For Nepal, filling the gaps is a breakthrough to create an all-inclusive and empathetic society for ages.

Worldwide, aging populations are transforming social and health systems. One-sixth of the world's population will be aged 65 years and above by the year 2050, with developed nations like Germany and Japan leading the way (World Bank, 2020). In Japan, whose population is 28% over 65, they have established comprehensive policies like the Elderly Welfare Act of 1963 and long-term care insurance for caring for their aging population (Arai et al., 2020). Similarly, the United States of America (USA) and the United Kingdom (UK) have integrated elderly education into medical education and established community-based services among elders, with resultant improved health outcomes among older individuals (Reuben et al., 2018; Bloom et al., 2015). South Asian developing countries like Nepal are not prepared to make such a transformation. Though countries like India and Bangladesh have progressed in terms of public health and longevity, they lack the infrastructure and policy to cater to their aging population (Barriento, 2006). Nepal is particularly plagued by its geography, limited resources, and overdependence on informal family arrangements to support its aging population.

## Problem Statement

Nepal is experiencing a rapid demographic shift, with its elderly population in Madhesh Province is around 9% for the year 2021 census (Mishra and Mishra, 2024). Despite this, Nepal faces significant challenges in gerontological and geriatric care due to its unique geography, limited healthcare infrastructure, and reliance on informal family caregiving systems. Traditional joint family structures that historically supported aging individuals are eroding, largely due to modernization, urbanization, and changing family dynamics, leading to increased migration of elderly people to old age homes—a phenomenon explored by Gautam and Mishra (2024), who emphasize the impact of societal shifts and financial insecurity on eldercare in urban Nepal. This reveals critical socio-economic and cultural gaps in elder support systems.

Furthermore, perceptions around aging, death, and self-death announcement differ markedly between elders and youth in Nepal, as highlighted by Ghimire and Mishra (2025), exposing complex psychosocial dimensions affecting elder well-being and societal integration. Compared to neighboring countries like India and Bangladesh that face similar demographic transitions, Nepal lags behind in developing policies and infrastructure to adequately address the needs of its aging population (Barriento, 2006).

Given these intersecting challenges—demographic change, evolving family and societal norms, inadequate policy implementation, limited geriatric education, and the absence of comprehensive social security measures—there is a pressing need to systematically review and rethink gerontology and geriatrics in the Nepalese context. This study aims to map existing knowledge, identify policy and service gaps, and incorporate lessons from global best practices to inform a responsive and equitable eldercare framework suited to Nepal's socio-cultural and geographical realities.

## Research Objective

This study explores Nepal's burgeoning gerontological challenges through an examination of population trends, health care disparities, policy

gaps, and education deficiencies in geriatric care with a view to recommending evidence-based reform to address the needs of Nepal's rapidly increasing aging population.

## Methodology

This study used a scoping review method, as described by Peters et al. (2015), to systematically review the current status, issues, and future of gerontology and geriatrics in Nepal from 2000 to 2025. The review was conducted to systematically map existing publications by conducting relevant studies on Google Scholar, PubMed, and PsycINFO using pre-defined search terms: "Gerontology in Nepal", "Geriatric care Nepal", and "Healthcare access elderly Nepal." Searching was conducted between June and July 2025, with a publication horizon from January 2000 to July 2025. Additionally, a manual search was conducted to incorporate grey literature, such as government publications and official policy reports. Exclusions were studies that did not address Nepal's elderly care, use of health services, making of policies, trends in the aging population, or geriatric education specifically. Non-Nepal context research, non-updated articles, and those with no direct applicability to gerontological matters were excluded. Database search gave 132 articles, and 12 more were obtained from other sources, thus giving 144 records. After manual and through Zotero removal of duplicates, 125 separate records were screened.

Two-stage screening was utilized, wherein two reviewers independently screened titles and abstracts, and agreed on a difference by consensus. Then, 125 records were screened at title and abstract, 74 were excluded as being irrelevant or non-Nepal setting. The other 51 full-text articles were then screened for eligibility, resulting in exclusion of the 19 articles with no direct relevance or outdated information to gerontology and geriatrics. Thus, 32 articles were selected for final review. Data were systematically pulled from core fields, including Author, Year, Region, Main Themes, and Summary Findings. We synthesized the findings into six themes: Demographic shifts and emerging elderly needs, Policy implementation and protection gaps, Urban-Rural disparities in geriatric healthcare, Limited geriatric education and workforce capacity, Social and economic insecurity, and Missed opportunities in education and global learning. The results are presented narratively and thematically with a focus on extracting systemic gaps and windows of opportunity for reform.

## Results and Discussion

In order to further elicit Nepal's new context in gerontology and geriatrics, this study has categorized its findings into six principal themes. These were selected because they were the most frequently repeated concerns in the government reports, academic writings, and policy reviews. These themes point to both the structural and functional deficits in Nepal's elderly care. This selection of limiting the six themes was made to simplify conciseness, ease, and methodical analysis without clogging the discourse.

### Demographic Shift and Emerging Elderly Needs

Nepal is also experiencing an unprecedented change in population, where the percentage of elderly individuals is increasing at a heartening pace. The National Population and Housing Census 2021 conducted by the Central Bureau of Statistics of Nepal (NSO, 2023) identified that there are 2,977,318 persons, which make 10.2% of the total population, above 60 years. It reflects that among every ten persons in Nepal, currently one is an elderly person. Not only is the population aging in terms of numbers, but also in terms of requirements, i.e., health, social security, and day-to-day care. Although no official Government of Nepal (201) estimate has yet been made of how many people will be elderly in 2030, planning and health reports suggest there are going to be around 14% elderly by 2030 if the trends persist (Ministry of Health and Population, 2023). It suggests that in subsequent years, Nepal would need to work more seriously to tackle the needs of an aging society, especially as elderly persons largely reside without medical attention, income, or social support.

This demographic shift is not so much an issue of the number of ages but of how prepared the country is to look after its aging population. According to the United Nations World, countries like Nepal, which are still in the developing phase, will find it more difficult since they have limited financial and healthcare resources. When the young people move to urban locations or go abroad for employment, the old people are left behind in the villages without care and a means of livelihood (United Nations, Department of Economic and Social Affairs, 2023). This leads to emotional distress, poverty, and sickness. Compared to developed countries like Japan, where nearly 28% of the population is aging and supported by policies like the Elderly Welfare Act and long-term care insurance (Arai et al., 2020), Nepal lacks these strong systems. Therefore, Nepal must act quickly, not only by implementing new policies, but by accelerating existing systems like health services, social security, and elder-friendly infrastructure. The rise in the ageing population is not just a number. It is accompanied by real social, economic, and healthcare challenges that should be tackled immediately and acted upon.

## Weak Policy Implementation and Gaps in Protection

Nepal has formulated some major policies for elderly care, such as the Senior Citizens Act (2006) and the National Health Policy (2019). These acts recognize the rights and interests of elderly citizens, such as access to healthcare, economic security, and dignity in old age. However, these policies are not being implemented properly across the nation. One of the key reasons behind this is inadequate government spending and trained human resources for that purpose. According to Chalise (2023), all such policies in Nepal exist on paper, but in real life, the elderly are not able to utilize the services. Government support programs see only 18% of Nepal's elderly receiving healthcare services (National Planning Commission Nepal, 2012). Most elderly people are also unaware of their available services. The low coverage of such programs indicates that the policy is not sufficient; implementation matters too. In the absence of funding, training of staff, and awareness among people, even the best laws cannot be of use to older citizens.

Ignorance among the elderly segment of the population about their rights under the law is also one of the key reasons why most government policies fall short. A study of Biratnagar by Bhurtel et al. (2024) found that an overwhelming majority of elderly citizens of Nepal do not know the first thing about what advantages or protection have been conferred upon them by the law. Hence, they cannot take advantage of government grants or medical facilities to which they are entitled. Even local authorities in some areas are not adequately trained and resourced to facilitate elderly people's access to their rights. This lack of information and support leads to an enormous gap between policy and practice. Additionally, the fact that there are fewer government offices in rural areas makes it even harder for older people who live far from urban areas to even access support. This is exacerbated for poorer, illiterate, or physically weak elderly who cannot travel or manage paperwork. Such challenges confirm that Nepal needs to invest in bottom-line level awareness campaigns, better coordination between government agencies, and simpler service delivery mechanisms to fully protect the rights of its elderly.

## Inadequate Geriatric Healthcare and Urban-Rural Disparities

Old care for older people in Nepal is generally restricted, especially specialized care for elderly individuals. Poudel et al. (2025) state that between 54.6% of the elderly population residing in rural settings received some form of health service in the last year, which implies nearly 45% of them never received any care. Although some urban central city hospitals, such as Kathmandu, have established geriatric wards, the services are not accessible to rural populations. The majority are thus at a huge disadvantage, with most of the elderly in rural Nepal without appropriate or specialist treatment

for age-related illnesses. A recent study by Adhikari et al. (2024) found that around 70% of older individuals from rural and semi-urban regions in central Nepal reported significant barriers to accessing healthcare services. These were high out-of-pocket expenditures on medical care, mobility problems, and the unavailability of accessible, age-friendly infrastructure, significantly limiting their ability to access or utilize available services. Despite the introduction of social health insurance, some older people failed to enroll or were unable to afford co-payments, especially in rural regions. As a result, access to special geriatric health care remains primarily for urban residents with higher incomes and better availability of health services, exposing rural elderly to neglect.

The 2022 Nepal Demographic and Health Survey indicates that 40% of the elderly in Nepal have some level of difficulty in accessing general health care services (Ministry of Health and Population, 2023). The fate of old persons in rural Nepal is poor, with limited trained older person care health workers and widespread financial insecurity. Khanal et al. (2024) established, through meta-analysis and systematic review of 20 studies conducted among 5,728 older persons, that the prevalence of depression among the elderly is extremely high at 52%, with rural and institutionalized populations being the worst off. These factors rank highest among which are chronic conditions, advanced age (older than 70 years), female gender, lack of literacy, limited daily activity, and isolation.

Economic instability is also a highly important risk factor for mental illness, as it limits visiting hospitals and taking medications, thus elderly people become more susceptible to depression and anxiety. This suggests the necessity of targeted public health intervention in addition to enhanced training of rural Nepal's health care providers for the elderly to promote financial independence and mental well-being among Nepal's elderly. Ghimire et al. (2018) supplemented the information that nearly 40% of the elderly living in institutional care homes like Briddashrams (old-age homes) suffer from depressive symptoms. This psychological stress is not merely caused by medical conditions but also due to social and economic marginalization. All these observations suggest that elderly health care in Nepal needs to go beyond the treatment provided in hospitals. The old age care center is suggested to be opened in all the municipalities to enable sustainable care of old citizens (Nepal et al., 2023). There must be access to mental health facilities, mobile clinics, and home care to ensure at least a certain standard of health and dignity for each older citizen, especially in rural regions.

### Limited Formal Geriatric Education and Workforce Capacity

Proper training of health workers is one of the biggest problems in taking care of the elderly in Nepal. Studies have shown that fewer than 10% of health workers in Nepal have any education on how to take care of the elderly (Dhakal et al., 2024). Because of this, several doctors, nurses, and health assistants have no idea how to deal with the typical health problems of elderly patients. More disturbingly, Scientia Ricerca (2019) reports that many felt unprepared to provide adequate services to dementia patients and also recommended increased training and policy action. These problems, like memory loss, chronic pain, and mobility issues, are very common among older individuals. Lacking proper know-how and abilities, such healthcare workers cannot provide the right treatment, and this leads to poor health outcomes among the older generations. This situation strongly suggests the need for greater focus on geriatric training and special education at all levels of Nepal's health care system.

Outside of short training, no course-based programs on aging are present in the education system of the country. Acharya et al. (2023) describe that gerontology and geriatrics are not included in the curriculum of the medical or nursing colleges of Nepal properly. That means that the graduates are not equipped with knowledge on how to handle older people. Even though the National Curriculum

Framework (2021) encompasses general health education, it does not encompass some of the very crucial subjects, such as aging physiology, chronic disease management in old age, ethics of care of the elderly, or palliative care. Bloom et al. (2016) are of the view that these should be imparted in schools and colleges so that an educated workforce with knowledge about the elderly population can be trained.

Moreover, the Nepal Government's Geriatric Health Service Strategy 2021–2030 demands the gravity of establishing health facility capacity and formulating coordinated information management systems for older persons' health. It also emphasizes the need for planning, management, and development of highly competent human resources, including the implementation of compulsory gerontology education courses and practice training within the professional occupation for health and social workers to deliver quality health care services to older citizens. Without these educational reforms, the quality of care for older persons will continue to be low, particularly in places where they are not readily available. It will be unimaginable to build a healthcare system with the potential to deliver quality care to the fast-growing elderly population appropriately and with respect.

## Social and Economic Insecurity in Aging

In Nepal, economic and social insecurity of the older generation is growing because of the degradation of the joint family system. Joint families used to take care of older people, but because of urbanization and out-migration of the young, their care mechanism is degrading. This shift has been married with rising tendencies of loneliness among elderly individuals, especially those in rural areas, according to Baral et al. (2011). According to one such study by Chalise (2023), it was found that care from family members is received by only 22% of the elderly in Nepal, while nearly 46% receive support from the state social security schemes. The statistics demonstrate that most of the elderly lack safe support, either from the state or family. In the absence of a constant income and social engagement, most of the elderly are lonely and unwanted. This calls for more interventionist social programs that can bridge the gap brought by changing family structures and provide economic as well as psychological support to the elderly.

Among 794 older adults interviewed in Nepal, 15.4 percent were found to have symptoms of depression, and 18.1 percent had anxiety, where economic dependency and low household income significantly elevated the risk of psychological distress. The conditions are particularly not present or addressed in rural areas, which cause hopelessness, worry, and self-blame (Thapa et al., 2020). This is also emphasized by a systematic review that found that depressive symptoms are dominant in 25.5 to 60.6 percent, and anxiety symptoms are dominant in 21.7 to 32.3 percent of the elderly aged 60 years and older living in community settings in Nepal. This necessitates mental health intervention and greater accessibility of psychological care services among the elderly living in economically underprivileged and resource-scarce regions of Nepal.

Another analogous study conducted by Ghimire et al. (2018) revealed that nearly 40% of older adults living in residential care homes showed signs of depression. Many of them did not receive any family visitors and were economically dependent on donations or government assistance. The interconnection of poverty and poor mental well-being highlights the need for income support programs, counseling centers, and active neighborhood networks to enable the elderly to live with dignity. With a growing population in Nepal among the elderly group, ignoring their economic and emotional requirements will continue to reduce the standard of living among seniors.

## Missed Opportunities in Education and Global Learning

Nepal has not yet utilized education as a strategic tool to address the growing healthcare needs of its elderly population. Despite increasing numbers of older populations, geriatrics is barely

a course appearing in formal medical and nursing curricula, with institutions offering it as an elective course only. With such limited exposure, the healthcare workforce is not adequately trained to provide care for the aging. To compensate for this deficit, new policy changes have been instituted. The Government of Nepal will amend the National Medical Education Act (2075) so that geriatric care is included as a health science topic. The Rapti Academy of Health Sciences has already initiated an age-based course for local geriatrician training (The Rising Nepal, 2023). In addition, the Geriatrics Online Learning System (2024) initiative in Kathmandu encompassed learning modules that enhance frontline health workers' competence in delivering inclusive elderly care, such as priority issues of changes with age, polypharmacy, elder abuse, and psychosocial care. These are very good steps, but must be repeated and formalized in every institution so that all medical graduates are equipped to meet the difficult and growing health demands of Nepal's aging population.

Other countries provide good examples of how geriatric education can be used to improve the quality of life for an aging population. For instance, in Japan, geriatric education and long-term care insurance under mandatory medical training have ensured improved health in the elderly population (Tashiro et al., 2020). Elderly integrated eldercare training in the United Kingdom has provided healthcare workers with the means to provide improved community-based eldercare (Reuben et al., 2018).

These international examples demonstrate that investment in education and care model systems reaps visible outcomes. On the other hand, Nepal's inability to implement training in geriatrics and weak systems of service delivery deprive most of the elderly population of the respect and care they should be receiving. Bhattarai et al. (2024) write that Nepal would be better served by beginning a formal study of gerontology and promoting interdisciplinary field-based medical and social work student training to develop efficient, team-based elder care services. Shrestha et al (2021) also argue that unless specialized geriatric training is included in social and health work curriculum and the workforce's capacity is built, the country's aging care systems will continue to lag, and will not consider elderly people's emotional and social situations. These results collectively justify making compulsory gerontology education and experiential learning a feature to construct a culturally responsive, respect-based society caring for its elders well.

## Conclusion

This study, structured around six key thematic areas, exposes critical gaps in policy implementation, healthcare access, geriatric education, and social protection frameworks. Despite the existence of relevant legislation and schemes, most elderly individuals—particularly those in rural areas—do not benefit adequately due to poor enforcement, insufficiently trained personnel, and increasing economic and social vulnerabilities.

The erosion of traditional family-based caregiving arrangements compounds these challenges, leaving a large segment of older adults at risk of neglect, financial insecurity, and social isolation. Nepal can draw important lessons from global best practices by integrating geriatric care into the health and education systems, expanding service coverage especially in rural areas, and developing formal training programs in gerontology and geriatrics to build a competent workforce. It is imperative that Nepal seize this moment as an opportunity to build an age-friendly, inclusive society where older citizens can live with dignity, security, and care.

To achieve this, Nepal must promptly formulate and implement an integrated and inclusive policy framework addressing the identified six themes. This requires adequate funding, robust accountability mechanisms, and enhanced awareness among elderly populations about their rights and available services. Strengthening geriatric care infrastructure

and expanding trained personnel across urban and rural settings are essential steps. Without urgent and committed action, Nepal risks exacerbating healthcare disparities and social neglect among its rapidly expanding elderly population. Hence, timely investment, political will, and strategic reforms are crucial to ensure that Nepal's aging citizens are supported to age healthily and with dignity.

This conclusion aligns with demographic evidence showing Nepal's transition towards an aging society that demands responsive and inclusive policies tailored to its unique socio-economic and geographic context

### Future Research

Future researchers must understand that the construction and consolidation of health systems in themselves are not enough; social protection programs like the old age allowance must be designed more holistically to respond to the neediest, more specifically those living in rural areas and lacking a family support system. Concurrently, gerontological studies in Nepal in the future must take cues from global best practices in adopting community-based and education-based eldercare models. This is not just a compulsion to fill the gaps that exist but also to develop a society that is not just protective of its elderly but actually cares for and empowers them so they can live with dignity, care, and security.

### Authors' Contributions

TS conceptualized and prepared the manuscript, BA assisted in the literature review, discussion, and correspondence of the publication process, and NM edited the article along with TS and BA. All authors ensured consent for publication.

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