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Assessment of Obstacles to Elderly Healthcare in Nepal

Padam Acharya
Tribhuvan University
Corresponding Author: aacharyapadam767@gmail.com
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Abstract

This paper examines problems and challenges faced by the senior citizens due to their health hazards in Nepal. Indeed, Nepal is undergoing swift population ageing: the percentage of individuals aged 60 and above climbed to 10.2% according to the 2021 Census, leading to increased demands on the healthcare system. This document offers a narrative overview of elderly healthcare in Nepal, compiling demographic trends, existing policies and strategies, service provision (such as geriatric units and community programs), prevalent health issues among seniors, deficiencies in service delivery, and suggestions for improvement. Key discoveries indicate (a) a growing population of older adults, (b) acknowledgment in policies (Senior Citizens Act and new geriatric service initiatives) but insufficient large-scale execution, (c) a shortage of adequately trained geriatrics professionals and resources, and (d) significant shortcomings in long-term care, financial security, and community-based support. The article concludes with suggestions for policies and programs to enhance elderly care throughout Nepal. Whatever the programs and policies have been launched and implemented across the country do not seem compatible to the requirement of the elderly citizens of the country.

Keywords: aging, senior healthcare, geriatric care, Nepal, health regulations

Introduction

This paper scrutinizes the status of elderly people and the obstacles they are facing due to poor health and health services that the government of Nepal is entitled to provide. Global population ageing is a phenomenon that has significant effects on health systems. Nepal's senior demographic has grown swiftly: the 2021 National Population and Housing Census noted nearly 2.97 million individuals aged 60 and older, constituting around 10.2% of the population — a significant rise from earlier decades. This demographic change heightens the need for health services suitable for different age groups (e.g., chronic illness management, rehabilitation, mental health support, long-term care). The government has acknowledged the problem via the Senior Citizens Act and later geriatric health initiatives, yet implementation gaps persist. This document examines the present condition of

healthcare for the elderly in Nepal and suggests practical recommendations (censusnepal.cbs.gov.np). Nepal is undergoing a slow demographic transition marked by an increasing older population. National census data shows that life expectancy has raised while fertility rates have fallen, leading to a higher percentage of individuals aged 60 and older. Elderly individuals occupy a significant cultural, social, and economic role in Nepali society.

Historically, Nepalese households adhered to a joint family structure in which elderly parents resided with their grown offspring and received their support. The elderly were honored for their wisdom, cultural insights, and authority in making decisions. Nonetheless, this trend has been evolving in recent years due to modernization, urban migration, overseas jobs, alterations in family size, and the increasing move towards nuclear families. Consequently, numerous elderly individuals are currently encountering difficulties concerning healthcare access, financial insecurity, isolation, and insufficient social support. The movement from rural to urban areas has resulted in numerous older individuals residing alone in rural regions, frequently lacking sufficient care. Moreover, poverty and insufficient pension coverage result in a considerable percentage of Nepal's elderly relying on family assistance or government social security benefits.

The Government of Nepal acknowledges the requirements of elderly individuals through legislation, policies, and welfare initiatives—like the Senior Citizens Act (2006), Old Age Allowance, and programs for geriatric health care—however, shortcomings persist in execution, healthcare facilities, and long-term care options. The context of older adults in Nepal shows a shift from traditional family support to growing social and economic challenges, positioning elderly welfare as a rising national concern.

Objectives of the Study

1. Review existing policies and national strategies for elderly health
2. Assess current service availability, workforce capacity, and gaps
3. Provide policy and program recommendations

Methods

This is a narrative -based literature review. It comprises of existing knowledge on healthcare facilities provided to the elderly people. The paper is based on the secondary sources of data. The approach implemented so far is the mixed one. Essential Nepali governmental documents (census findings, national health strategies, and elderly health service plans), peer-reviewed studies, and reports from NGOs and academia released up to 2025 were examined and combined to create a comprehensive overview. Focus was given to nationally representative demographic information and national policy documents to

identify gaps between policy and practice. For significant factual assertions (demographics, primary policies and strategies, and recent service evaluations), official and peer-reviewed sources were utilized (censusnepal.cbs.gov.np).

Review of Literature

Polodori et al. (2018) have highlighted the significance of promoting geriatric education so that healthcare providers anticipate increasingly older patients and possess the necessary knowledge for their treatment. It is essential for students and healthcare professionals for elderly patients to understand the concept of CGA, which represents the person's multidimensionality. Trainees should understand that even the most sophisticated therapy, when properly applied and indicated faces a significant risk of failure or may even be counterproductive in older age if the risk or occurrence of geriatric syndromes, psychosocial issues, or functional needs is not evaluated interactively. To reach its objective, this study will concentrate on the elements hindering effective CGA performance, and it will argue that suitable CGA education is crucial not just in undergraduate and postgraduate medicine, but also in various medical fields and non-medical careers involved in the team evaluation and care of elderly patients (p. 79).

Annette L. Fitzpatrick (2004) has explored that persons at greatest risk of confronting barriers are those with the lowest income, those in the oldest age group, females, the less educated, and those lacking insurance beyond Medicare. Racial disparities may play less of a role in health care access when these other factors are carefully controlled. Finally, our data suggest that access to care may be affected by more than socio-economic factors such as income and age.

According to Fitzpatrick, despite the belief that older Americans have better access to health care due to Medicare, recent research has shown a different outcome. 10–15 Cost seems to be a significant factor linked to limited access to care. From 1995 to 1997, around 11% of Medicare beneficiaries indicated that they postponed care due to costs or lack of a designated care provider.13 Out-of-pocket costs represent the most significant financial strain for Medicare recipients, concerns about expenses among the elderly mainly stem from insurance coverage that supplements Medicare. (2004, p.1788)

The majority of participants (93%) consistently visited the same doctor for treatment. Being female, belonging to the White race, and having insurance coverage were linked to the likelihood of seeing the same doctor, though the actual differences were minimal. More than 87% had a physician they could communicate with by phone. Individuals from minority groups and those with lower incomes or lacking additional insurance were less inclined to access a physician via telephone. (Fitzpatrick, 2004, p. 1790)

Individuals most likely to face obstacles are those with the lowest earnings, seniors, women, the less educated, and those who do not have insurance aside from Medicare. Racial inequalities might have a reduced impact on health care access when these additional factors are meticulously managed. Ultimately, our findings indicate that access to care might be influenced by factors beyond just socio-economic aspects like age and income. (Fitzpatrick, 2004, p. 1793)

Sabnam Acharya (2019) has stated that aging is linked to various chronic conditions (4, 5). Older age is a standalone risk factor for cardiovascular disease (CVD), respiratory issues, diabetes, hypertension, and so on (6–8). Long-term illnesses and multiple health issues present a major challenge to healthcare services and are linked to increased usage trends and disproportionate direct healthcare expenses (4, 5, 9). In later life, the need for health services and their utilization rises (10). In the United States, seventy-five percent of overall health care expenses are associated with managing chronic illnesses (9). Nepal is undergoing both epidemiological and demographic changes (11). The rise in chronic conditions and the aging population indicates a growing demand for health care and the necessary delivery of geriatric health services in the future (10). Older adults are especially susceptible to fluctuations in healthcare utilization, which encompasses both excessive and insufficient use of healthcare services, potentially leading to unnecessary personal and financial damage (12, 13).

Socio-demographic factors comprised age, gender, ethnicity, religion, marital status, education level, family type and size, main income source, and annual household earnings, all reported by the individuals themselves. The age reported by the individual was confirmed with the date of birth from a legal document, usually a citizenship certificate. For ethnicity, the classification from the Nepal Health Management Information System was utilized; relevant categories were merged to create two ethnic groups: privileged encompassed Upper Castes, and underprivileged included Janjatis, Dalits, and minorities. The educational status was categorized into two groups: literate and illiterate. (Acharaya, 2019)

For elderly individuals aged 70 and older, the Government of Nepal offers complimentary health checkups via public hospitals and health facilities, along with treatment subsidies for serious health issues like cancer, heart disease, uterus prolapse, and kidney disease. Nevertheless, private healthcare institutions were favored over government health facilities in this study as well as in previous research from Nepal and other Asian nations (8, 23, 24). In Nepal, private health facilities, though fewer in number and concentrated in more affluent areas, are highly sought after due to their superior quality of medical services, greater accessibility, reduced waiting times, and availability of the

necessary technology and equipment to diagnose and treat a broad range of illnesses (14, 25). The use of private facilities directly depends on a person's capacity to pay for the services. (Acharaya, 2019)

The senior citizen demographic in Nepal is growing swiftly. Enhancing access to health care is essential for attaining better health quality in older adults. The public health system needs to create successful approaches to engage this segment of the population. The study indicates that a strong reliance on private health facilities will result in increased out-of-pocket health expenses. The advantages of routine health screenings need to be communicated to the senior population. The importance of preventive care services in the prompt identification and management of illnesses, as well as in lowering overall health care costs by offering economical treatment during initial phases, must be highlighted. Information about the free health services offered by the government of Nepal to the elderly should be shared. It is suggested to implement awareness programs aimed at disadvantaged ethnic communities and low-income families. Various approaches to disseminating details about the newly implemented social health insurance could enhance access to healthcare services. Developing quality and affordable health care services for older adults to ensure equity in accessibility will be a major task for the public health system in Nepal. (Acharaya, 2019)

In Nepal, the elderly is defined as a senior citizen who has reached the age of sixty years. In 2011, the elderly demographic in Nepal constituted 8.1% and is experiencing growth, with an aging population increase rate of approximately 3.5%. The Help Age International 2015 Global Age Watch Index declared Switzerland as the best country for the elderly to reside, while Nepal is positioned 70th out of 96 in the index. The growing elderly population and the ongoing change in age demographics present various challenges to health services and policymakers in addressing different health issues among the elderly in Nepal. Awareness regarding the issues faced by the elderly in Nepal is lacking. Social protection is insufficient, and many of the elderly's needs remain unaddressed due to a lack of awareness and sensitivity towards their rights. (Poudel et al., 2022)

This research identified a noteworthy percentage of older adults experiencing chronic health conditions that existed prior. In health issues, circulatory problems had the highest prevalence, and various health conditions were frequent among the elderly. The research revealed that 68.1% of older adults experienced challenges in accessing health care, with only 61.7% having visited a health care facility in the past year. Moreover, just 35.5% had routine doctor visits, while 8.9% reported that they had never accessed a health facility during the study period. (Poudel et al., 2022, pp. 9—10)

Issues such as circulatory disorders, digestive issues, musculoskeletal conditions, and psychological challenges, as indicated in this research, are prevalent among the elderly population. In addition, cardiovascular diseases rank as the primary cause of death worldwide. The frequency of eye issues indicated by our research was greater than that of a study conducted in Bhaktapur but less than the results from studies performed in Dharan and India. In this study, 29.8% of the elderly reported hearing impairment, similar to findings from Dharan, but differing from a study in India that indicated a higher prevalence. (Poudel et al., 2022, p. 10)

Several significant government initiatives, including monthly allowances, pensions, and free healthcare, have specifically aimed at elderly individuals. However, the majority of health care facilities and providers are privately operated and focused on profit, and there is a widespread absence of adequate governmental health and social security systems for the elderly in the nation. Typically, Nepalese communities are made up of neighborhood-based and religious-based groups that offer emotional and spiritual assistance to older individuals and help facilitate access to healthcare when necessary. Nonetheless, the impact these groups may have on the health and social wellness of seniors is still not fully comprehended. Conventional family-oriented support networks might only be practical for certain families, whereas for others it may create financial and emotional strain. (Shrestha et al. 2021, p. 1)

The Government of Nepal has recognized the necessity for care to meet the individual needs of elderly individuals on paper, but this is not reflected in practice. Policies regarding elderly care, for instance, have focused on a limited number of welfare programs that primarily involve offering pensions and allowances; however, these programs may prove ineffective because of inadequate implementation. (Shrestha et al. 2021, p. 2)

Due to most health care providers and institutions being privately owned and profit-driven, there is a widespread deficiency in adequate governmental health and social security systems for the elderly in the nation. The focus of the governmental health system is on other health sectors, and a moral dilemma arises regarding the fair distribution of limited resources among various age groups and whether those elderly individuals in most need should take precedence in the allocation of resources. In Nepal, the elderly, viewed as the most in-need demographic for health care, are frequently overlooked in specific public health initiatives like health screenings, cancer prevention efforts, lifestyle changes, or mental health services. From this perspective, it is essential for Nepal's public health system to prioritize the creation of quality and affordable healthcare services for older adults to guarantee equitable access.

The rise in male migration for work opportunities overseas has undoubtedly sparked worries about who will look after the elderly parents remaining in rural regions. The rising number of young people migrating and the growing workload among the elderly population that remains may result in various psychological effects. A recent study by Thapa et al. revealed that older adults, women, lower-income families, and families with adult children who have migrated were more prone to report depressive symptoms; for these groups, receiving financial support, social assistance, and engaging in social activities were noted to have protective benefits. (Shrestha et al. 2021, p. 4)

Findings

According to the 2021 census, there are 2.97 million individuals aged 60 and above in Nepal (10.21% of the total population), reflecting a 38% rise since 2011, and the population of seniors is expanding more swiftly than that of the general populace. There is significant variation at the regional and district levels, and differences between rural and urban areas influence access to healthcare and social assistance. These demographic shifts lead to increasing demands for chronic illness management, extended care, and social security.

- *Service availability and fairness*: Geographic disparities result in rural seniors frequently missing out on suitable care for their age. Expenses and financial obstacles continue to be significant for managing chronic diseases and hospital stays (censusnepal.cbs.gov.np).
- *Labor shortage*: Insufficient qualified geriatric specialists and restricted undergraduate/postgraduate training in geriatrics. Disjointed implementation: While policies and strategies are present, coordination among federal, provincial, and local levels is erratic, hindering expansion.
- *Insufficient long-term care framework:* Established long-term care and social assistance services do not meet the increasing demands.

Policy and Legal System

Nepal's Senior Citizens Act (2063/2006) grants legal acknowledgment to individuals aged 60 and above, requiring social protection initiatives and the establishment of welfare funds and local committees. Recently, the Ministry of Health and Population created a Geriatric Health Service Strategy (spanning 2078/79–2086/87 BS / 2022–2030 CE) to direct the expansion of age-friendly services, which includes the need for geriatric units in major hospitals and community outreach programs. The National Health Policy (2019) promotes inclusivity, yet the execution for elderly-specific requirements is still developing (UNFPA Nepal).

Condition of health and primary health requirements

The research highlights significant health challenges faced by older adults in Nepal: a high occurrence of non-communicable diseases (hypertension, diabetes, cardiovascular issues), musculoskeletal conditions (arthritis, mobility difficulties), sensory deficits, malnutrition, rising mental health concerns (depression, dementia), and multimorbidity. Functional impairments and falls are prevalent and lead to disability and reliance. Obstacles to access (location, financial hardship, out-of-pocket expenses) exacerbate these clinical challenges (SpringerLink).

Discussion

The Geriatric Health Service Strategy mandates that public hospitals with 100 or more beds set up geriatric units and advises the incorporation of geriatric care into primary health care and district hospitals. In practice, geriatric-specialized units are few, geriatrics as a formal specialty is rare, and numerous older adults obtain care in general outpatient and internal medicine clinics lacking age-specific strategies. Numerous private hospitals and a few NGOs provide geriatric packages and mobile clinics, yet coverage is inconsistent.

There is a lack of qualified geriatricians and interdisciplinary groups (geriatric nurses, physiotherapists, occupational therapists, social workers). Medical education offers minimal formal training in geriatrics, and opportunities for ongoing professional development in geriatric care are not broadly established. This shortfall restricts the ability to perform thorough geriatric evaluations, manage polypharmacy, facilitate rehabilitation, and provide dementia treatment.

There are several community-oriented models available: health camps, mobile clinics to senior residences, and outreach and screening initiatives led by NGOs. Nonetheless, primary care services frequently lack the organization to tackle multimorbidity, conduct frailty assessments, or implement preventive geriatric measures (such as falls prevention and home care). Social protection provides monthly payments for qualifying seniors, yet these are frequently inadequate to completely cover healthcare expenses.

The number of old-age homes and care centers has risen but is still constrained. The majority are small, frequently managed by private entities or philanthropy; a limited number obtain government funding. Family continues to be the main provider of long-term care, while formal long-term care systems (such as nursing homes and community-based day care) are still in their early stages. Nepal has identified aging as a key public policy focus — legal frameworks and a national strategy for geriatric health services are significant advancements. However, converting policy into fair services necessitates enhancing primary

care integration, increasing workforce capacity, investing in long-term care facilities, and bolstering financial protection. Global frameworks (holistic primary care for long-term conditions, community-focused rehabilitation, caregiver assistance programs) provide flexible strategies. Crucially, collaboration across multiple sectors (healthcare, social services, and local authorities) and planning for age-friendly communities will be key to addressing the needs of older adults.

Conclusion

The research has explored that Nepal experiences an increasing need for healthcare for the elderly due to swift population ageing. Although policy recognition is present—such as the Senior Citizens Act and a Geriatric Health Service Strategy—significant implementation challenges remain: insufficient workforce, inconsistent service availability, fragile long-term care systems, and restricted financial protection. Immediate, stepwise measures are required to incorporate geriatrics into primary care, increase the number of trained personnel, enhance long-term care, and bolster data and funding to promote healthy aging for Nepal's senior citizens. Enhance primary care for elderly individuals: Incorporate geriatric evaluations, management of multiple chronic conditions, and preventive measures into primary health care packages; educate primary care personnel in geriatric services. The study has shown that the governments including local, provincial and federal need to increase workforce capability by integrating geriatrics components into undergraduate medical and nursing programs and by creating in-service training and brief certification courses in geriatric care. Similarly, they should enhance long-term care services: Back community-oriented day facilities, at-home care initiatives, and licensed senior residences; offer incentives and monitoring for quality assurance. Besides, they need to enhance financial safeguards by assessing and expanding social pensions along with specific subsidies for vital elderly care services to lower devastating healthcare expenses.

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