



Demographic Situation of Ageing in Nepal

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Article History: Submitted 12 May 2018, Accepted 23 July 2018, Published 15 October 2018

DOI: xxxxxxxxxxxxxxxxxxxxxxxxxxxxx

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Abstract

Ageing is a natural phenomenon; yet medical and quality of life advancements have increased lifespans in recent years. Combined with the declining fertility rate in most countries, there is a surge of elderly population, internationally and in Nepal. The population of the elderly is increasing both absolutely and as a fraction of the total population. If the state and welfare organizations need to be equipped to provide care for aged people, they need to be aptly prepared for the economic burden and possibilities of usefulness of the elderly population. The Government of Nepal has brought forth many laws, provisions and programmes; still, these are not enough. This paper sheds light on the situation from a demographic standpoint, utilizing secondary census data of the past decades.

Keywords: Ageing, Population, Fertility, Mortality, Life expectancy, retirement age,

Introduction

Ageing is the decisive indicator of biological and demographical activities in an individual and the population at large. There is very little care paid to the dynamics of ageing in human beings. The regular increase in the percentage of aged persons creates different kinds of problem i.e. social, economic, cultural, technological etc. in the many developed or developing countries. Therefore, in last few decades, demographers and social scientists are trying to explore the dynamics of ageing. Simply, ageing states to the increasing inability at the body to maintain itself and to perform the function it once did. Ageing is the process of becoming old and the natural outcome of a demographic conversion from high fertility to low fertility and high mortality to low mortality.

Ageing is found to be a major worldwide matter of consequences in the 21st century. The human races are observing a speedy demographic transfer towards an ageing

population. People are living longer because of the advances in technology, education, medicine, balanced diet, and hygienic situations. Thus, population ageing is everywhere, regardless of a nation's level of growth (Kinsella, & Phillips, 2005).

Ageing is the progressive growth and changes with time that are associated with or responsible for the ever-increasing susceptibility to disease and mortality which go together with advancing age. These time-related changes are accredited to the ageing process. The nature of the ageing process has been the subject of significant assumption. Gathering evidence now indicates that the sum of the lethal free radical responses going on continuously through the cells and tissues creates the ageing process or is a major indicator to ageing (Harman, 1981). Evolution and ageing began with the deceptive impulsive beginning of life. Ageing is somehow called as the collection of more or less casual varied changes with time. Some of the changes of ageing are transferrable, whereas the majority increases the chance of disease and death with the increase of age. Together these ageing changes ensure evolution (Harman, 2001).

Population old age is a symbol of lack of wealth and morality. The solutions required for this may include intergenerational strategies to meet social needs and adventure the unexploited potential of older adults to generate health improvements for older adults. Despite the will of many older adults to remain socially engaged and productive, the creation of productive roles has embraced (Glass, T. A., Freedman, M., Carlson, M. C., Hill, J., Frick, K. D., Ialongo, N., & Wasik, B. A. (2004).

Aging the population is in many ways a constructive development, with an increase in life expectancy and more years of active and enjoyable living for many. However, to meet the positive potential of long lives, the ageing of the population requires social change towards people's needs as they age (Gergen, and Gergen, 2001). Social exclusion is increasingly considered a multilateral concept involving older people more than mere material harm. The social exclusion process can run at different factors and different levels, including individual, domestic, group, community, country and global (Walsh, Scherf, & Keating, 2017). As we age, there are many general changes in the human body: hearing and vision loss, reduced muscle strength, soft tissues such as skin and blood vessels become less flexible, and the body tone decreases overall. Aging is the ultimate sign of biological and demographic activities in individual human beings and populations to a large extent. Old age refers to the body's growing inability to sustain itself and perform the functions it once performed. Human life is divided into different stages, such as infant, child, adult, youth and old.

Theoretical Concept in Ageing Theory of Modernization

Modelling or modernization theory are used to explain the process of modelling within societies. Modernization refer to a model of progressive transition from "pre-modern" or "traditional" society to a "modern" society. The theory of modelling began with the ideas of Max Weber (1864-1920), who undersized the paradigm of modelling developed by Harvard psychologist Talkot Parsons (1902-1979). This view looks at a country's internal factors while assuming that traditional countries can be brought to the development in the same way as more developed countries. The main problem is the different ways in which change affects the old and different dimensions of their status of old aged people such as health, authority, economic freedom, domestic conditions, etc.

Social Ageing Theory

The theory of social ageing is used to help us understand what happens throughout our lives: it is an aid to understanding and interpretation. The theory of social aging usually shapes the actions and interventions used to overcome the processes determined in the theory. Methods, explanations, and context often mean that theories change or are criticized, so they can evolve very differently from each other (Bengtson, Gans, Putney, and Silverstein, 2009). They are often related to different levels of society, whether at the macro level, how social processes and political forces relate to older persons, or at the micro level, where individuals experience and adjust to the ageing process. This theory has undergone a three-word evolution: function, the role of the individual, to ensure social functioning. Conflict theories tend to emphasize differences and differences within societies, as well as cultures and identities based on self-created identities and life opportunities (Phillipson, and Barths, 2007).

Activity theory

Activity theory, also known as recessive aging theory, normal aging theory and the basic theory of aging, it proposes that when older people remain active and social interaction, they will successfully age. It believed that while older persons were still active in society, the ageing process was delayed and the quality of life improved. The theory of activity reflects the functional theory that the balance developed by the individual in middle age should be maintained in later life (Lenot, Lenot, 1996). The theory predicts that older people facing loss of roles will replace their previous roles with alternatives. Different countries have their own basis for defining ageing or old population. Demographers consider 65 years of age as the old age for international comparison of elderly people. The UN has provisioned 60 years as the boundary of old age. Sometimes it is defined by the country on the basis of their social or economic structure, some use 'retirement age' or the age at which people are eligible

for social security benefits. In demographic analysis, generally 65+ years is considered as older population. Thus the majority of the countries regard 65 years as the cutting point for defining older population.

Methodology

This paper also deals with how the age structure of Nepal's population will change in the coming decades, and focusses on the important issue of age and gender of the elderly population. The size and structure of the ageing population is important for public and private interests socially and economically. This paper has been prepared based on secondary data sources collected and refined by researchers: Central Bureau of Statistics (CBS), Nepal Living Standard Survey (NLSS) and UN agencies. Ultimately, these data are collected by reliable way through valid techniques and tools. Basically, these data are quantitative in nature and both descriptive as governmental and non-governmental organizations. The nature of analysis of data is descriptive, which is suitable in exploring and describing various research issues regarding changing structure of elderly population of Nepal. Both types of quantitative and qualitative methods are used to explain content paper as of norms of methodological pluralism. The achieved data and sources are explained with thematic topic and sub-topics by citing tables, paramedical diagram and statistical tools also.

Result and Discussion

Transition of Ageing Demography

As the population ages throughout the decades, the distribution on the basis of age is not equal or linear. With changes in the life expectancy being so drastic from 1961 to 2001 in Nepal's case, the population has seen an explosive growth. Although this growth has slowed down in the recent census in terms of overall population, the ageing population is still increasing rapidly.

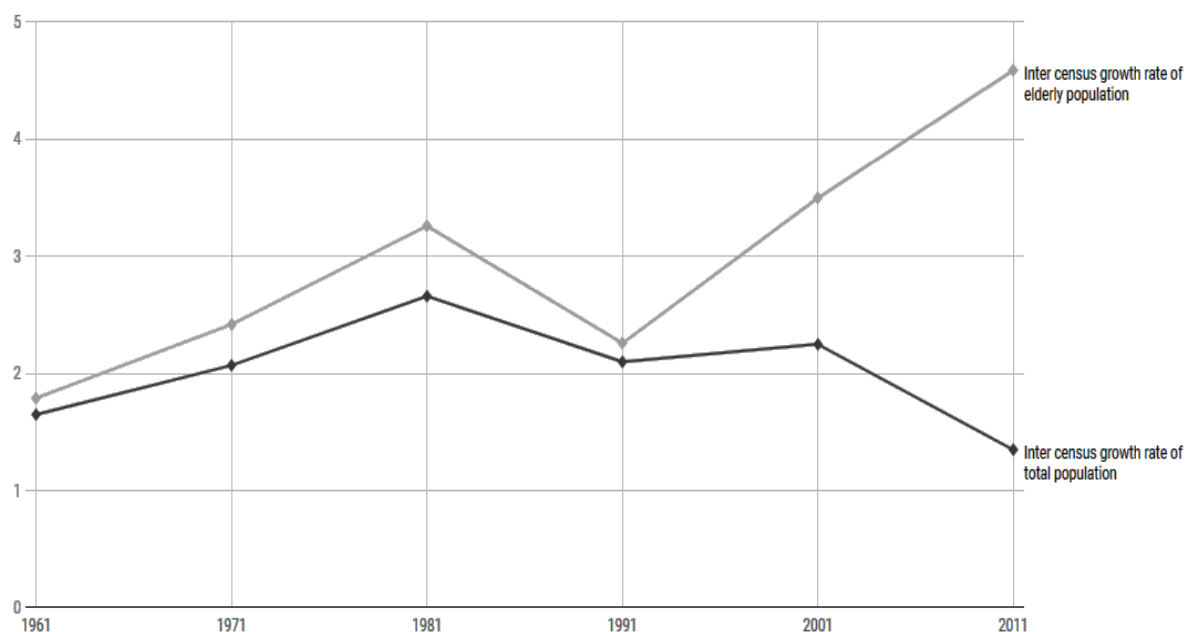
Table: Transition of Ageing Population 1961-2011

Census Year	Total Pop ⁿ	Total Ageing Pop ⁿ .	Increased Ageing Pop ⁿ	Increase d (%)	Ageing People (%)	Growth rate of Ageing	Life expectancy
1961	9,412,996	489,346	N/A	N/A	5.2	1.79	31
1971	11,555,983	621,597	132,251	27.0	5.4	2.42	37
1981	15,022,839	857,061	235,464	37.9	5.7	3.26	45
1991	18,491,097	1,071,234	214,173	25.0	5.8	2.26	54.4
2001	23,151,423	1,504,311	433,077	40.4	6.5	3.50	60.8
2011	26,494,504	2,154,410	650,099	43.2	8.1	4.59	67.7

Source: National Population Censuses of Nepal 1971-2011

In the above table, we can see the numbers reported in the decade-wise census starting from and 1961 till 2011 in Nepal. The total population growth is startling in the earlier years, but the growth rate peaks in 1981, then decreases after. However, the growth rate of ageing population has kept on increasing after a slight dip in 1991. It is at a high of 4.59 in the year 2011, when the total population growth rate is about 1.36. This means that the percentage of ageing population in the total population is also increasing, at 8.1% in 2011.

Graph: Total population growth rate and elderly population growth rate of Nepal, 1961-2011



Source: National Population Censuses of Nepal 1961-2011(compiled data)

The above graph can help to illustrate a noticeable trend is present since 1991, when looking at the growth rates of the entire population and that of only elderly population. The difference between the two lines is increasing, attributable to two major factors. Firstly, the birth rate has slowed significantly due to many socioeconomic upheavals. But the end result in terms of demographics is the youngest populations occupying smaller and smaller percentages of the total population each year. Secondly, the average life expectancy has also greatly increased due to medical interventions and improved quality of life, among other things. So the far end of the elderly population is also stretching, instead of having only a few outlier population.

Table: Population percentage of 5 years age group, 1961-2011

Age group	1961	1971	1981	1991	2001	2011
0-4	14.18	14.68	15.41	14.64	12.12	9.69
5-9	13.98	14.68	14.58	15.18	14.12	12.1
10-14	10.39	10.36	11.36	12.59	13.11	13.12
15-19	9.37	8.71	8.84	9.69	10.51	11.07
20-24	8.85	8.78	8.89	8.58	8.87	8.9
25-29	8.94	8.26	7.73	7.43	7.59	7.85
30-34	7.77	7.72	6.49	6.24	6.55	6.55
35-39	6	6.25	5.95	5.56	5.76	6.06
40-44	5.22	5.36	5.01	4.56	4.79	5.23
45-49	4	3.98	4.12	3.97	4.06	4.43
50-54	3.88	3.42	3.61	3.24	3.37	3.8
55-59	2.21	2.37	2.3	2.52	2.65	3.09
60-64	2.69	2.71	2.45	2.33	2.29	2.86
65-69	1.21	1.24	1.26	1.46	1.7	1.49
70+	1.3	1.45	2	2.01	2.51	3.76

Source: CBS (1961, 1971, 1981, 1991, 2001 and 2011) compiled data.

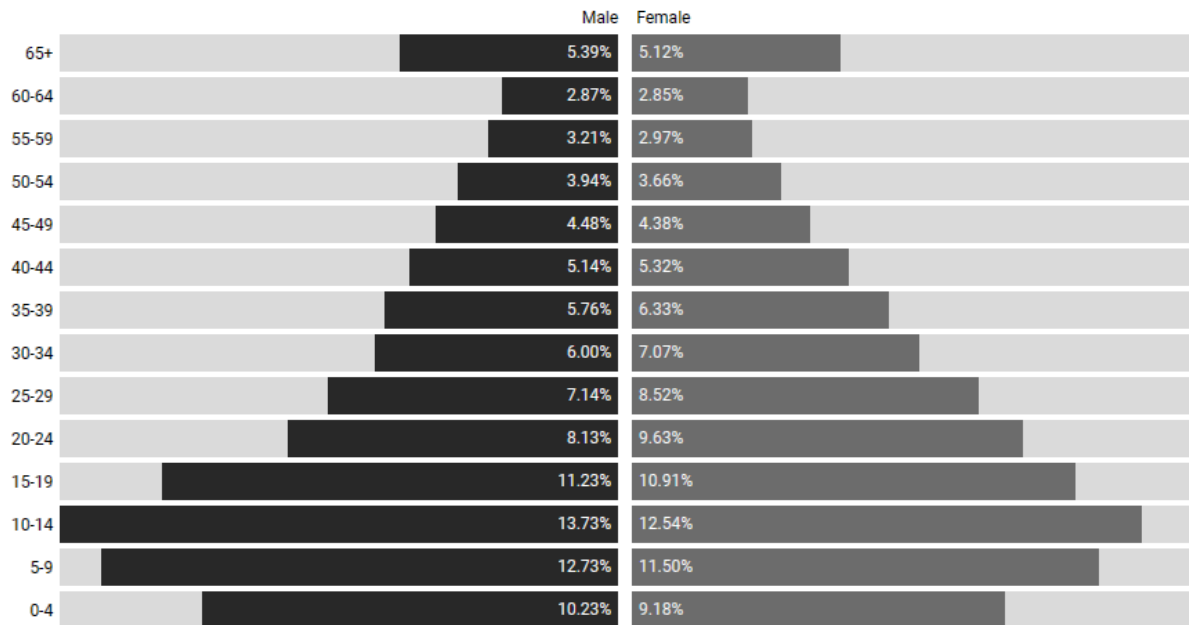
The above table breaks down the population percentages occupied by age groups of 5-year interval. This again reinforces the previous statement of fewer births since 1991 and longer lifespans throughout the entire study interval. There also seems to be a population wave present in the age groups 5-9, 10-14 and 15-19 in 2011. Another thing of note is the steady increase in the percentage of 70+ population through the census years.

Table: Gender wise population percentage of 5 years age group, 2011

Age group	Male	Female	Total
0-4	10.23	9.18	9.69
5-9	12.73	11.5	12.1
10-14	13.73	12.54	13.12
15-19	11.23	10.91	11.07
20-24	8.13	9.63	8.9
25-29	7.14	8.52	7.85
30-34	6	7.07	6.55
35-39	5.76	6.33	6.06
40-44	5.14	5.32	5.23
45-49	4.48	4.38	4.43
50-54	3.94	3.66	3.8
55-59	3.21	2.97	3.09
60-64	2.87	2.85	2.86
65+	5.39	5.12	5.25

Source: CBS (2011).

The above table shows the percentage population distribution of different 5-year age groups contrasted with the reported male and female population of the most recent census in 2011. There is a higher population of females than males in the age groups 20-24, 25-29, 30-34 and 40-44. In the youngest and oldest populations, the male population has a slight lead. The latter age group is interesting since average life expectancy for females, however, is higher than males. The potential causes for this apparent phase shift of sorts in terms of sex ratio in age groups remains to be explored.



Implemented programs and policies in Nepal

Various programs and policies regarding the elderly have been formulated in Nepal. The Constitution of Nepal has a special provision by law for the protection and development of the senior citizen in part 3, article 18, right to equality (3). Part 3, Article 41: Rights of Senior Citizens, says that senior citizens shall have the right to special security and social security from the State. Similarly, the Senior Citizens Act, 2063 (2006) has been enacted to provide security and social security to senior citizens. This Act emphasized the definition and details about the execution of the above-mentioned undertakings.

The Senior Citizens Act defines 'senior citizens' as citizens of Nepal who have reached the age of sixty years. With a context of mainization and care of senior citizens, there are a lot of appeals for senior citizens. Notable include exclusive lying for property transactions; A senior citizen has the right to transact all their assets and do not make income subject to division in the way they see fit. The other is the ability of the government or other legal agencies to collect services from specially qualified or experienced senior citizens, providing them with the appropriate customs and facilities for such services. Some facilities and benefits are offered to senior citizens; The government also promised to provide facilities and assistance in any public vehicle, public institutions, medical services as well as religious public places. The Government of Nepal may also provide other timely facilities by a notification in Nepal Gazette.

Senior citizens are lawfully awarded priority and representation in lawsuits, and are subject to the possibility of rebates from sentences of imprisonment. The law also has provisions for the formation of central/district senior citizen welfare committees in the local level, as well as a senior citizen welfare fund, and provisions for establishment and operation of care centers, day service centers, etc.

Social Security Programme and Activities

Nepal is a developing country, one where the elderly are more likely to need state support in their old ages. In lieu of this necessity, the Government of Nepal has formulated a number of schemes and programmes for their social security and welfare.

The Universal Old Age Allowance Programme was introduced in the fiscal year 1994/1995 as noncontributing social assistance to old people. Its allowance rate during introduction was Rs.100 and then it was increased to Rs.500, Rs.1000 and currently Rs. 2000 to all elderly persons above 70 years of age. This policy has seen widespread popularity and more than 400,000 senior citizens have benefited from it. Accordingly, the old beaters who have been beaten, or their widows and servants, are the plan of the three. It is given to the battered qulluqs, the qulluqists, the police workers and the general. The pensicle age of the three of the currently beaten qulluqs is 58-year-old. However, the pensiya age of the administrators in the university is 63, the number of police workers is 46-48, and the age of the school teacher is 60.

In public transportation, the elderly above 60 years of age are legally provisioned with a 50% discount and specially reserved seats. The government has also established senior citizen welfare funds at the central level as well as District Senior Citizen Welfare Committees in the leadership of District Development Committee and Village Development Committee/Municipality.

Regarding health care, social service for the elderly has been started in government hospitals and geriatric wards in those hospitals to provide regular health check-ups. Free health services and care is provided for the treatment of some diseases. Efforts are also assured for the provision of concession in the fees for treatment in private nursing homes and clinics for the elderly. Old age homes and day care centers such as Pashupati Briddhaashram are being built in various places. The government also has the agenda of mobilizing NGO and civil societies, and coordinating with local and international organizations for the welfare of senior citizens of Nepal.

The records of all senior citizens are maintained through local units of government. A national level survey on ageing is going to be conducted in Nepal. The Government of Nepal has shown strong commitment to the Madrid International Plan on ageing and other International Plans of Action and Declarations.

Recommendations

After reviewing the socio-demographic trends and the current plans, policies, schemes and provisions afforded by the government to the elderly, certain recommendations can be provided.

Firstly, the level of educational attainment of the elderly population is currently significantly lower than that of the younger population. Education of older adults has been a severely neglected area in Nepal's case. Similarly, social protection is authoritative to provide income security during old age, where income disparities are worsened. The current population wave that is ageing, combined with the lack of adequate social security measures is likely to increase poverty among the elderly. Older women seem especially vulnerable to poverty.

The marital status and living arrangements of elderly people are some important features to consider for their welfare. Older people tend not to migrate far or often, generally remaining in the same district or locality they have settled in during their adult years. In many traditional societies of Nepal, the extended family was primarily responsible for their elderly, but newer urban family structures are changing the picture. As such, the role of the state and other charitable organizations has become paramount.

With the ageing population, common problems such as pension crisis and burdening of healthcare systems arise. After the retirement age, an individual ceases to engage in employment, thus seeming a dependent part of the society, taken care of by the rest of the society. Stakeholders should be well aware of the economic burden exacted by a strong system that takes care of the aged.

Conclusion

Ageing is a universal process, with a direct role in demography and socioeconomic conditions of a society. The role of the elderly has changed with time, finding dependent status in most modern societies. Developing countries such as Nepal are seeing a surge of elderly population due to improved life expectancies and slowing fertility rates. While traditionally care and welfare of the elderly has been handled by extended families in Nepal, this role is leaning more towards the state and social welfare organizations in recent times.

The Government of Nepal has certainly brought on many policies and programmes to benefit the elderly, some of which have seen public enthusiasm. Yet, the infrastructure and financial systems seems woefully insufficient to handle the rising elderly population that needs social welfare. More attention needs to be diverted to the proper execution and monitoring of these schemes, as well as decentralization of such policies. With proper planning, the elderly can be supported and cherished.

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