

Aging and Social Security Situation of Nepalese Elderly

Bal Krishna Thapa Magar^{1*}, Dr. Sumita Sarkar², Dr. Hom Nath Chalise³

¹ Co-Guide, Patron/Founder President of SeniorCitizen Chautari, Thecho, Lalitpur, Nepal.

² Research Supervisor, Faculty of Sociology, Department of Art., Arunodaya University, India

Email: sumi.sarkar36@gmail.com

³ Co-Guide, Arunodaya University, India

Email: hellonepal2003@gmail.com

Abstract - The World Population is aging rapidly. The old population has also increased rapidly in Nepal in the last couple of years and now reached 10.21% of the total population. There is not much research done in the issues of older people in Nepal. This paper discusses aging trends and some aging issues of Nepal and social security in the changing social context of Nepal.

Now the fertility of Nepal has started to decline and reached around replacement level. The Elderly Population is continuously increasing. Life expectancy also increasing. The average family size is decreasing. Traditional living arrangements and care of the elderly are also in crisis. Aging has resulted in problems in the social-cultural, economic, demographic, labor, health, and care of the elderly. The social security of the elderly is a major concern with an aging population. However, the government has not given adequate priority to the issues of the elderly and their social security as well. The government needs to identify the issues of the elderly and need to develop sustainable policies for the quality of life increasing aging populations.

Keywords: Aging trend, Elderly Population, Social security, Quality of life, Health Issues, Social-cultural issues, Nepal

-----X-----

BACKGROUND

The world's population is experiencing a dramatic demographic shift: we're getting older. Population aging is one of several major trends, alongside factors like urbanization and migration, that will have lasting impacts on how societies function and develop [UN, 2019a]. The United Nations projects a more than doubling of global seniors by 2050, with every region witnessing a significant rise in older adults [UN, 2019a]. This "aging revolution" is affecting all countries, regardless of their development stage [Chalise, 2021]. Notably, South Asia is anticipated to see a particularly rapid increase in its elderly population in the coming decades [UN, 2019b].

Interest in studying and supporting older adults has grown steadily in recent decades. The 1982 International Plan of Action on Ageing marked a significant turning point, and the Second World Assembly on Ageing in 2002 further emphasized the need for national and regional plans to address aging issues [UN, 1982; UN, 2002]. However, progress has been uneven, with some developed nations lagging

and developing countries like Nepal facing even greater challenges [Chalise, 2006].

The rapid rise in global senior populations presents a unique set of obstacles, including a changing burden of disease, increased healthcare and long-term care costs, potential labor shortages, and concerns about retirement security [UN, 2019b]. Social security of Nepali older people is also a major concern in the recent decades (Chalise et al, 2022).

In Nepal, interest in elderly issues has grown in recent years, with the government recognizing October 1st as the International Day of Older Persons. Research efforts on aging have also increased [Chaudhary, 2004; Chalise & Shrestha, 2005; Maharjan et al, 2018]. With the population rapidly aging, Nepal is likely to experience significant social, economic, and logistical changes

related to living arrangements, caregiving, and social security for older adults [Chalise, 2021]. This paper

will analyze the situation of elderly people in Nepal using existing published data.

METHODOLOGY

This paper has utilized the published paper easily available through Google search using the keywords-“aging in Nepal, older people of Nepal, Health status of Nepalese elderly, Quality of life of Nepali elderly, social security of Nepali elderly, the demographic transition of Nepal”. This paper has utilized many published articles by one of the coauthors of this article. Data from latest census data are also utilized here.

RESULTS

Fertility, Mortality, and Life Expectancy

Table 1 shows the fertility, mortality, and life expectancy trends in Nepal from 1952 to 2021. Crude Birth Rate (CBR), Total Fertility Rate (TFR), Crude Death Rate (CDR), and Infant Mortality Rate (IMR) are decreasing rapidly. In the last 70 years, CBR decreased from 45.0 to 20.0 live births per thousand population. CDR decreased from 36.7 to 6.3 per thousand population.

IMR also decreased rapidly from as high as 250 to approximately 23 per thousand live births in a year. The family size of Nepalese people also decreased from 5.4 to 4.4 i.e., by one member in the last 70 years. The life expectancy of Nepalese was around 27-28 years in 1952 which increased to nearly 72 years in 2021. It shows the life expectancy of Nepalese increased by 42 years in the last 70 years. In other words, Nepalese gain life expectancy by 2 years in every 3.5 years. If the latest life expectancy from 1991-2021 is analyzed, in the last 30 years it has increased by nearly 16 years.

Table 1. Decreasing fertility, mortality, and increasing life expectancy in Nepal

Census Year	CBR ¹	TFR ²	CDR ³	IMR ⁴	Family size	Life Expectancy	
						Male	Female
1952	45.0	-	36.7	250	5.4	27.1	28.5
1961	47.0	-	27	-	5.3	37.0	39.9
1971	43.0	6.3	21.4	-	5.5	42.1	40.0
1981	44.0	6.3	13.5	117	5.8	50.9	48.1
1991	41.6	5.6	13.3	97	5.6	55.0	53.5

2001	34.0	4.1	10.3	64	5.4	60.8	61.0
2011	24.0	2.5	7.3	40.5	4.9	66.6	67.9
2021*	20.0	1.8	6.3	23	4.4	71.0	73.0

*Some data for 2021 are estimated from different sources

¹Crude Birth Rate, ²Total Fertility Rate, ³Crude Death Rate and ⁴Infant Mortality Rate

The growth rate of the population and older population of Nepal

Table 1 shows the trajectory of population growth and the increase in the number of older individuals in Nepal over the past seven decades. Both the total population and the elderly demographic have exhibited continuous growth. The total population has surged by 253%, while the older population has experienced a notable increase of 627%. Conversely, the growth rate among the elderly population stands notably higher at 3.29%. Moreover, the difference between these two population groups is at its peak over the past 70 years, with a substantial margin of 2.37% (3.29 - 0.92 = 2.37).

Additionally, the proportion of individuals aged 60 and above continues to rise steadily. In the preceding decade, the older population exhibited a remarkable surge of 38%. Current data highlights that the percentage of older individuals stands at 10.21% in Nepal, marking the highest figure recorded in Nepal's history.

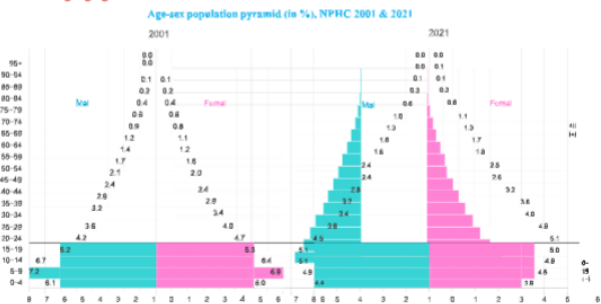
Table 2. Total population size and elderly population size and growth rate of Nepal, 1952-2021

Census Year	Population		% of older Population	Population growth rate	
	Total	Elderly		Total	Elderly
1952	8256625	409761	5.00	-	-
1961	9412996	489346	5.20	1.64	1.79
1971	11555983	621597	5.40	2.05	2.42
1981	15022839	857061	5.70	2.62	3.26
1991	18491097	1071234	5.80	2.08	2.26
2001	23151423	1504311	6.50	2.25	3.40
2011	26494504	2154410	8.13	1.35	3.59
2021	29164578	2977318	10.21	0.92	3.29

Nepal's Demographic transition and aged society

Due to the declining fertility rate, declining mortality rate and increasing life expectancy, the young population under 15 is decreasing but the relative size of the population in the 15-59 age group is increasing.

Changing age and sex structure



Source: Gurung, Y. Population and Development 2080.

Comparison of the population pyramid of the Nepal (2001-2021) clearly shows that the new cohorts in recent years are shrinking. So there is no doubt that Nepal is in a demographic transition and stands to gain its demographic dividend. On the other hand the proportion of older population is increasing continuously. UN data shows that Percentage of older persons (65+) was 1.9 percent in 1950, 3.3 percent in 1980, 3.8 percent in 2000, 5.0 percent in 2010 and 5.9 percent in 2017 (UN, 2015). UN projection shows that Nepal will reach in aging society (7% elderly 65+) in 2028 and aged society (14% elderly 65+) in 2054. It will take 26 years for Nepal, to reach from aging society to aged society (Chalise, 2018).

Filial Piety and Transformations: Elder Care in Nepal

In Nepal, the family serves as the primary pillar of support for the elderly. Traditionally, family members are responsible for all aspects of care, from daily activities to emotional well-being (Khanal & Chalise, 2020; Chalise, 2021). This emphasis on filial piety is deeply rooted in Nepali culture and religion.

Hinduism's Influence on Elder Care: The majority of Nepalese people are Hindu (CBS, 2014). Hinduism, with its concept of four life stages (ashramas), prescribes duties for each stage: Brahmacharya (sexual abstinence or the life of a student), Grihastha (Marital life or householder), Vanaprastha (life in the jungle) and Sannyasa (asceticism) [2,20]. Each life stage prepares for the next stage, with the final goal of attaining redemption, moksha, from the cycle of rebirth. The final stage, "sannyasa," emphasizes detachment from worldly concerns (Chalise, 2007). However, the concept of "dharma," which refers to fulfilling one's duties based on life stage, encourages adult children to care for their aging parents (Chalise, 2021). This creates a strong cultural expectation of filial piety.

Traditional Caregiving Roles: Nepali culture places a high value on respecting and caring for elders,

particularly men (Chalise, 2021). Traditionally, the sole responsibility for elderly care falls upon sons, with neglect being considered a moral failing (Khakal & Chalise, 2020; Chalise, 2021). This practice is often seen as a way to accumulate good KARMA ("punya") (Chalise, 2021).

Shifting Dynamics: While these traditions remain influential, Nepali society is changing. Studies suggest that motivations for caregiving go beyond simply fulfilling obligations. The hope of achieving a better future life through caring for loved ones is another significant factor (SSWR, 2016). Furthermore, caregiving appears distinct from "sewa," the Hindu concept of selfless service (Chalise, 2021; SSWR, 2016).

The Changing Landscape of Caregivers: Traditionally, caregiving fell primarily to wives and daughters-in-law. Daughters, upon marriage, often move in with their husband's family and take on caregiving responsibilities there (Khanal & Chalise, 2020). However, the lack of a formal elder care system means many families still view children, especially sons, as their primary source of support in old age (Malakar & Chalise, 2018; Chalise et al, 2007).

The trend towards smaller families and out-migration for work is challenging these traditional norms. Increasingly, daughters are assuming caregiving roles traditionally held by sons (Khanal & Chalise, 2020). This highlights a shift in the caregiving landscape, driven by social and economic changes.

Living arrangement of Nepalese Elderly: Balancing tradition and change

In Nepal, the living situation of older adults depends heavily on the support network they have (Chalise & Brightmant, 2006). Especially for frail or very old individuals, having a spouse or child to care for them is crucial for their well-being (Chalise et al, 2007). Traditionally, Nepalese elders rely on their children, particularly sons, for financial and emotional security during their later years.

A recent study on Nepalese communities revealed that the most common living arrangement for the elderly is with a son or daughter-in-law (66.3%) (Singh et al, 2021). This is followed by living with a spouse (11.6%), living alone (6.2%), and other arrangements (16%). Notably, the study also found that the likelihood of living alone increases with age, being from a higher caste (Brahmin/Chhetri), and having a lower income.

Common reasons for living alone include having no children, children living far away, lack of support from children, a daughter's marriage, spousal death, or even a personal preference for solitude (Singh et al, 2021).

Traditionally, Nepalese culture views having children as a form of "old-age insurance." However, a robust social security system is still lacking, despite recent government initiatives (Malakar & Chalise, 2019;

Chalise, 2021). With less than 7% of seniors receiving government pensions, living alone or solely with a spouse can be very challenging in terms of receiving adequate support during old age (Chalise, 2006).

Modernization, international labor migration, and the trend of younger generations pursuing higher education abroad are all likely to further disrupt the traditional living arrangements with children. This could lead to an increase in the proportion of elderly individuals living alone or only with their spouses.

Social Security in Nepal

The concept of social security revolves around a state's responsibility to protect its citizens from various life challenges. The specific definition varies across countries, influenced by social legislation, cultural norms, and guiding principles (Social Security, n.d.). Generally, it involves a community pooling resources to support members facing hardship beyond their personal means (Malakar & Chalise, 2019). This system aligns with the ethical ideals of human dignity and social justice (Ahmed, 1991).

Traditionally, Nepali society emphasized respect for elders through values like "Matridevo Bhava" (mother as god) and "Pitridevo Bhava" (father as god) (Chalise, 2007). Additionally, older individuals are generally accorded social respect.

Nepal's largely agricultural economy, with over 70% of the workforce in this sector (CBS, 2014), presents challenges for the elderly. While agriculture provides food, income, and employment (contributing roughly 31.7% to GDP) (Wikipedia, n.d.), most elderly people tend to work informally, lacking a regular post-retirement income. Studies by Chalise and Brightman (2006) suggest less than 7% of seniors receive a pension, primarily former security personnel. The majority rely on family support, personal savings, or continued work. Subedi (2003) highlights that despite their age, a significant portion (54%) contributes non-economically to households.

In 2017, Nepal introduced a contribution-based social security program through the Labor Act and Social Security Act (ILO, 2018). This scheme is funded by employee and employer contributions. Employees contribute 11% of their basic salary, while employers contribute an additional 20%. Notably, workers can participate from their first day of employment without a probation period. However, claiming specific benefits requires mandatory contributions for a set period. For instance, medical benefits require at least six months of regular contributions. Implementation remains challenging, with many private sector entities reluctant to participate.

Sustainability of Old Age Allowances

According to Senior Citizens Act- 2063 individual 60 years and older are considered elderly. According to 'Rights of senior citizens' a fundamental right, the senior citizens shall have the right to special protection

and social security from the state (Senior citizen Act, 2063). The government of Nepal has made the provision of providing allowance to senior citizens. The objectives of the Old Age Allowance (OAA) or Senior Citizen's Allowance programme are social security allowances in Nepal (including the old-age pension, single woman's pension, the child grant, disability grant, and endangered ethnicity grant) aim to assist groups considered socially and/or economically vulnerable (Malakar & Chalise, 2019).

Further, Political parties want to go with cheap political slogan to increase the old age allowances and lower the age to 65 years to provide the old age allowances. The decision will put an additional burden on the state offers on various kinds of social security to the citizens. If that happens government has to allocate more than 10% of the budget in the coming days. In such a situation this program may be a heavy burden to the government and it will be difficult to sustain. In such a situation government should go with an alternative model to make some contribution to participate in the old age allowances.

Old age home (Briddhashram)

There are currently 85 old-age homes, called Briddhashrams, operating in Nepal (Human Rights, Sambhak, Vol 10). While 13 are located in Kathmandu, the remaining facilities are spread throughout the country. Despite their presence, many residents struggle to receive proper care, support, and even basic necessities for a comfortable life (Chalise, 2021). Reports also indicate instances of elderly people being informally turned away from temples and monasteries seeking refuge. Determining the exact number of residents within these Briddhashrams is challenging due to constant fluctuation, but it's evident the number remains insufficient (Chalise, 2021).

Research suggests that living separately from their children leads to dissatisfaction among older Nepalese individuals (Chalise, 2021; Beall & Goldstein, 1982). This is particularly true for those who enter old-age homes after their children migrate abroad, leaving them feeling isolated (Khanal, Rai & Chalise, 2018). However, other studies point towards a breakdown of traditional social norms and values due to social change. This can impact living arrangements for the elderly and potentially contribute to chronic health issues (Chalise, 2021). Furthermore, factors like child migration (Khanal, Rai & Chalise, 2018) or a generally poor quality of life (Joshi, Chalise & Khatiwada, 2018) can lead to elder abuse (Rai, Khanal & Chalise, 2018). As a result, some elderly people are seeking alternative living arrangements during their retirement years.

Healthy Aging Initiatives a needed intervention

With the increasing life expectancy and increasing number of people in old age, United Nations has announced the year 2020-2030 as a UN decade of

healthy aging (WHO, 2022). Studies show that people aged 55 and over account for a much larger share of total health spending, despite being a smaller portion of the population. Several factors contribute to this rise in costs. As we age, we're more likely to develop chronic conditions requiring ongoing medical care and medications. Additionally, older adults might need more frequent doctor visits, hospital stays, and even long-term care (Chalise & Rosenberg, 2020).

CONCLUSION

The population of Nepal is aging slowly but it is faster than the socio-economic and health services development of Nepal. Traditional living arrangement and traditional care model to older people is also in crisis due to out migration of children and effect of globalization and cultural diffusion. Old age allowance is quite popular in Nepal. But, it has created large pressure on the government budget, and need to work on how this system can be made sustainable through some alternative way. On the other hand, Nepal government should focus on healthy aging and appropriate policies to make older people healthy to have a quality life when they need support.

REFERENCES

- Center Bureau of Statistics (CBS) (2014). Population monograph of Nepal. Government of Nepal. Central Bureau of Statistics (2021) National Population and Housing Census 2021. Central Bureau of
- Statistics.
<https://censusnepal.cbs.gov.np/Home/Index/EN>
- Chalise H N (2012). Socio-demographic and health status of Nepalese elderly. *Indian Journal of Gerontology*. 2012; 26 (2): 151-160.
- Chalise H., Ghimire-Risal PK (2018). Does Population Ageing Affect the Least Developed Country Like Nepal?. *OAJ Gerontol & Geriatric Med*, 3(4): 555618. <https://juniperpublishers.com/oajggm/pdf/OAJGGM.MS.ID.555618.pdf>
- Chalise H.N. (2021) Aging in Nepal. In: Selin H. (eds) *Aging Across Cultures*. Science Across Cultures: The History of Non-Western Science, vol 10. Springer, Cham. https://doi.org/10.1007/978-3-030-76501-9_13
- Chalise HN, Khanal B (2021). Functional disability on instrumental/activities of daily livings among rural older people in Nepal. *J Karnali Acad Health Sci*, 3. <https://jkahs.org.np/jkahs/index.php/jkahs/article/view/338>
- Chalise HN, Lamsal U (2017) Walking and Sleep Quality of Nepalese Older Adults Residing in an Old Age Home. *J Gerontol Geriatr Med* 3: 016.
- <https://doi.org/10.24966/GGM-8662/100016>
- Chalise HN, Laxmi Rai S (2013) Prevalence and Correlates of Depression among Nepalese Rai Older Adults. *J Gerontol Geriatr Res* 2: 130. <https://www.walshmedicalmedia.com/open-access/prevalence-and-correlates-of-depression-among-nepalese-rai-older-adults-49071.html>
- Chalise, H & Rosenberg, E. (2019). Social and health status of community-dwelling older adults in Nepal. *Advances in Aging Research*, 8 (4), 63–74. <https://doi.org/10.4236/aar.2019.84005>
- Chalise, H. N. (2019). Aging: Basic concept. *Am J Biomed Sci & Res*, 1(1), 8–10. <https://doi.org/10.34297/AJBSR.2019.01.000503>
- Chalise, H. N., & Basnet, M. (2017). Abuse of older adults residing in the community of Nepal. *Journal of Gerontology and Geriatric Research*. 6 (2), 415. <https://www.walshmedicalmedia.com/open-access/abuse-of-older-adults-residing-in-the-community-of-nepal-51581.html>
- Chalise, H. (2018). Demographic Window of Opportunity in Nepal. *Nepal Population Journal*, 18(17), 133-140. <https://doi.org/10.3126/npj.v18i17.26428>
- Chalise, H. N (2006). Demographic Situation of Population ageing in Nepal. *Kathmandu University Medical Journal*, 2006, 4, (3), 354-362. PMID: 18603935
- Chalise, H. N. & Rai, S.L. (2013). Prevalence and correlates of depression among Nepalese Rai older adults, *Journal of Gerontology and Geriatric Research*, 2 (4). <https://www.walshmedicalmedia.com/open-access/prevalence-and-correlates-of-depression-among-nepalese-rai-older-adults-49071.html>
- Chalise, H. N. & Rosenberg, E. (2020). COVID-19 and the elderly: Why does the immune system matter? *Journal of Infectious Diseases & Travel Medicine*, 4(S1), 000S1–003. <https://doi.org/10.23880/jidtm-16000S1-003>
- Chalise, H.N. and Shreshta, S. (2005) Situation of the Elderly in the Himalayan Kingdom of Nepal.
- Indian Journal of Social Work*, 66, 136-143.
- Chalise, H. N. (2014). Depression among elderly living in Briddashram (Old Age Home) in Nepal.

20. *Advances in Aging Research*, 3(1), (6–11). <https://doi.org/10.4236/aar.2014.31002>
21. Chalise, H. N. (2020). Provincial situation of elderly population in Nepal. *Am J Aging Sci Res* 2020; 1(1): 9-11. <https://doi.org/10.46439/aging.1.003>
22. Chalise, H. N (2010). Social support and its correlation to loneliness and subjective well-being of Nepalese older adults. *Asian Social Work and Policy Review*, 2010, 4(1), 1–25. <https://doi.org/10.1111/j.1753-1411.2009.00034.x>
23. Chalise, H. N., & Brightman, J. (2006). Aging trend: Population aging in Nepal. *Geriatrics & Gerontology International*, 6, 199–204. <https://doi.org/10.1111/j.1447-0594.2006.00347.x>
24. Chalise, H. N., & Paudel, B. R. (2020). Elderly abuse among community-living older adults of least developed country-Nepal. *Archives of Physical and Rehabilitative Medicine*. 2020; 1(1), 1–8. <https://maplespub.com/article/elderly-abuse-among-community-living-older-adults-of-least-developed-country-nepal>
25. Chalise, H. N., Saito, T., & Kai, I. (2007). Correlates of loneliness among older Newar adults in Nepal. *Japanese Journal of Public Health*, 54 (7), 427–433. PMID: 17763707 <https://pubmed.ncbi.nlm.nih.gov/17763707/>
26. Chalise, H.N. (2019) *Aging: Basic Concept. American Journal of Biomedical Science and Research*, 1, 8-10. <https://doi.org/10.34297/AJBSR.2019.01.000503>
27. Chalise, H.N. (2020). Provincial situation of elderly population in Nepal. *Am J Aging Sci Res*; 1(1), 9-11. <https://doi.org/10.46439/aging.1.003>
28. Chalise, H.N. and Brightman, J. (2006) *Aging Trend: Population Aging in Nepal. Geriatrics & Gerontology International*, 6, 199-204. <https://doi.org/10.1111/j.1447-0594.2006.00347.x>
29. Chalise, H.N., Bohora, P.K. & Khanal, T.R (2022). Older people and social security system in Nepal. *Gerontol Geriatr: Research*,
30. Chalise, H.N., Saito, T. and Kai, I. (2008) *Functional Disability in Activities of Daily Living and Instrumental Activities of Daily Living among Nepalese Newar Elderly. Public Health*, 122, 394-396. <https://doi.org/10.1016/j.puhe.2007.07.015>
31. Chalise, H.N., Saito, T., Takahashi, M. & Kai, I.(2007). Relationship specialization amongst sources and receivers of social support and its correlations with loneliness and subjective well-being: A cross-sectional study of Nepalese older adults. *Archives of Gerontology and Geriatrics*, 44 (3): 299-314. DOI: 10.1016/j.archger.2006.07.001
32. Chaudhury, RH (2004). Ageing in Nepal. *Asia-Pacific Population Journal* 2004, 19: 61–80.
33. *Fruzzetti, L. M (1982). The gift of a virgin: Women, marriage, and ritual in a Bengali society. Rutgers University Press.*
34. Goldstein, M.C., Beall, C.M. (1986). Family change, caste, and the elderly in a rural locale in Nepal. *J Cross Cult Gerontol*1, 305-16.
35. ILO (2018) Nepal Launches Contribution-Based Social Security Scheme. International Labour Organization, UN. https://www.ilo.org/kathmandu/info/public/pr/WCMS_651182/lang--en/index.htm
36. Joshi, M. & Chalise, H.N. (2021). Elderly abuse and quality of life: A study of community living older people in Nepal. *Journal of Medical Evidence, J Med Evid* , 2 (113-9). https://journals.lww.com/jome/fulltext/2021/02020/elderly_abuse_and_quality_of_lifea_study_of.3.aspx
37. Joshi, M. R., Chalise, H. N., & Khatiwada, P. P. (2018). Quality of life of Nepalese elderly living in rural Nepal. *Journal of Gerontology and Geriatric Research*, 7, 484. (1-6) <https://www.walshmedicalmedia.com/open-access/quality-of-life-of-nepalese-elderly-living-in-rural-nepal-2167-7182-1000484.pdf>
38. Khanal, B., & Chalise, H. N. (2020). Caregiver burden among informal caregivers of rural elderly in Nepal. *Journal of Health Care and Research*, 1(3), (149–156). <https://doi.org/10.36502/2020/hcr.6173>
39. Khanal, P., Rai, S., Chalise, H.N. (2018). Children's Migration and Its Effect on Elderly People: A Study at Old Age Homes in Kathmandu. *Am J Gerontol Geriatr*, 1(1): 1001.
40. Lai, S.L., Yip, T.M (2022). The role of older workers in population aging–economic growth nexus: evidence from developing

- countries. *Econ Change Restruct* 55, 1875–1912. <https://doi.org/10.1007/s10644-021-09370-4>
45. Maharjan B, Chalise HN, Thapa M (2018). Tuberculosis and Diabetes Mellitus Comorbidity among the Ageing Population: A Threat to the Public Health System of Nepal. *J Nepal Health Res Counc*, 16(2):110-117. PMID: 29983421. <https://pubmed.ncbi.nlm.nih.gov/29983421/>
46. Malakar, I., & Chalise, H. N. (2019). Perception of elderly towards social security allowance in Nepal.
47. *South Asian Journal of Social Studies and Economics*, 2(4), 1–9. <https://doi.org/10.9734/SAJSSE/2018/v2i430008>
48. Miltiades, H. B. The social and psychological effects of an adultchild's emigration on nonimmigrant Asian Indian elderly parents. *Journal of Cross-Cultural Gerontology*, 2002, 17(1), 33–56
49. Mishra S & Chalise, HN, (2019). Comparative Study on Health Status of Elderly Living in Government and Private Old Age Home in Nepal, *Asian J. Biol. Sci.*, 11: 173-178. <https://doi.org/10.3923/ajbs.2018.173.178>
50. Mishra S, Chalise HN (2019). Health Status of Elderly Living in Briddaashram (Old Age Home). *Int J Pub Health Safe* 4 (1): 172. <https://www.hilarispublisher.com/open-access/health-status-of-elderly-living-in-briddaashram-old-age-home.pdf>
51. National Human Rights Commission (2018). Elderly Special Issue-2075 Sambahak, December, National Human Rights Commission, Nepal
52. National Planning Commission (NPC), 2022. Preliminary Report of National Population Census 2021. <https://censusnepal.cbs.gov.np/Home/Details?tpid=1&dcid=0f011f13-7ef6-42dd-9f03-c7d309d4fca3>
53. Rai S, Khanal P, Chalise HN, 2018. Elderly Abuse Experienced by Older Adults Prior to Living in Old Age Homes in Kathmandu. *J Gerontol Geriatr Res* 7:460. <https://www.walshmedicalmedia.com/open-access/elderly-abuse-experienced-by-older-adults-prior-to-living-in-old-agehomes-in-kathmandu-2167-7182-1000460.pdf>
54. Rinsky-Halivni L, Hovav B, Christiani DC, Brammli-Greenberg S (2022). Aging workforce with reduced work capacity: From organizational challenges to successful accommodations sustaining productivity and well-being. *Soc Sci Med*, 12:115369. <https://doi.org/10.1016/j.socscimed.2022.115369> PMID: 36162364.
55. Singh, S.N., Upadhyay, A. and Chalise, H.N. (2021). Living arrangement of older people: A study of community living elderly from Nepal. *Advances in Aging Research*, 10, 133-142. <https://doi.org/10.4236/aar.2021.106008>.
56. UN (2019a). World Population Ageing 2019: Highlights (United Nations, 2019).
57. UN (2019b). Population Dynamics. World Population Dynamics. World Population Prospects 2019 Revision (United Nations, 2019)
58. United Nations (2002). Second world assembly on ageing. World Assembly on Ageing 8–12 April 2002, Madrid, Spain.
59. United Nations (2015). World population prospects: The 2015 revision.
60. WHO (2022). Aging and Health. <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>
61. Wikipedia. Economy of Nepal. https://en.wikipedia.org/wiki/Economy_of_Nepal Human Rights SAMBAHAK Vol 10 Page Nos 201,202, 203

Corresponding Author

Bal Krishna Thapa Magar*

Patron/Founder President of SeniorCitizen Chautari, Thecho, Lalitpur, Nepal.

Email: hellonepal2003@gmail.com