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Urbanization and the Silent Suffering of the Elderly in Nepal

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Abstract

Nepal has experienced significant changes following dramatic urbanization. However, this process has failed to meet the needs of the elderly population, leaving them marginalized socially, mentally, and systematically. As a result, the study focuses on identifying the social, health-related, and system-related barriers faced by elderly individuals in Nepal. It reviews published articles, newspaper reports, and annual health records and presents its findings based on these secondary sources published between 2020 and 2025. The primary findings reveal that the elderly is socially isolated due to shifts in family dynamics. They suffer from both physical and mental health problems, and the health system has largely neglected their needs. Therefore, it is crucial to address these issues promptly so that the elderly can live healthy and fulfilling lives.

Keywords: elderly, family dynamics, geriatric health, social isolation, urbanization

1. Introduction

Nepal is considered one of the fastest urbanizing countries in Asia (Bhattarai et al., 2023; HERD International, 2024). According to the National Population and Housing Census 2021, two-thirds of the Nepalese population resides in urban areas, with 66.1% living in urban municipalities (NSO, 2023). On the other hand, Nepal has experienced significant deviation in fertility and mortality rates, leading to a change in the population pyramid. One of the most profound results of the demographic shift is the increasing elderly population (Adhikari, 2024). The population aged 60 years and above has reached 2.97 million, which is 10.2% of the total population (NSO, 2023).

In this era of rapid urbanization, the elderly population is increasingly neglected across social, emotional, and systemic dimensions in Nepal. As a result, isolation, diminished cultural relevance, and inadequate care persist. If Nepal doesn't act timely manner with culturally sensitive interventions, there is a real risk of them becoming invisible in society. This paper aims to reflect on how urban transitions in Nepal contribute to the emotional, social, and systemic neglect of the elderly. We have mainly reviewed articles and reports from 2020 to 2025, however one article in included for discussion from 2006.

2. Changing Family Dynamics

Family is a social institution where serving each other regardless of age is the prime role and responsibility. Particularly, taking care of elderly family members, catering to their day-to-day needs, and offering various forms of social, economic, physical, and mental support is a basic activity of Nepalese people (Karmacharya et al., 2025). However, due to significant transformation of demographic dividend, it has accelerated migration trends among the younger population, leaving the elderly increasingly marginalized (Paudel, 2025).

Traditionally, families served as the cornerstone of community life, joint families living together helped each other in making decisions, and mutual caregiving was the norm (Gautam & Mishra, 2024). Elderly individuals are the core, invaluable members of society. They embody history, not only recalling it but also living proof of it. As loving caregivers to grandchildren, they pass on compassion, wisdom, and meaningful life lessons. Through their presence, families have found emotional grounding, moral clarity, and cultural continuity, nurturing harmonious and safe communities (Sigdel et al., 2023). With their deep life experience, they often guide others with gentle advice, advocate for time-honored healing practices, and serve as trusted advisors with both family and society.

However, family dynamics resulting from urbanization have gradually shifted this model towards nuclear households, focusing on individualism and diminishing the willingness to care for older family members (Gautam & Mishra, 2024). The younger generation in this transition often overlooks profound wisdom, lived experience, and cultural heritage embodied by their elders, who are the foundation of familial continuity and societal values. The generation gap, exacerbated by technological advancements, occupational diversity, and cultural pollution, has resulted in creating social and physical distance. In today's dynamics, the elderly is taken as a burden (Sigdel et al., 2023). As a result, many elderly individuals in urban settings experience isolation and seek alternative sources of care like old-age homes (Gautam & Mishra, 2024).

3. Socially Isolated Living

Urbanization has confined people to concrete buildings, making their lives sophisticated with advanced technologies and infrastructure; however, its direct impact is evident in the social isolation of the elderly population. They are isolated in terms of cultural and social backgrounds (Acharya, 2024). The use of advanced technologies and increased science-based education in the younger population criticizes the culturally centered ideas and practices of elderly people. The young generation wants immediate results, and that is why they do not believe in rituals, norms, and values carried out by the elderly. Also, these days' children are constantly occupied with technology and their friends, whereas their parents are busy with their jobs. This creates ignorance of elderly opinions and thoughts, which leads them to social isolation. In the newly structured modern families, the elderly are bought to be confined to the four walls of a room. Being a place new to them, their children often restrict them from going outside alone, so they must spend the entire day at home alone, with no one to communicate with and nothing to do, leading to loneliness (Acharya, 2024). The elderly lack social interaction to discuss their concerns.

4. Emergence of Health Problems

It is not just grey hair, wrinkled skin, broken teeth, low mood, or feeling sad, but the condition the elderly face today is a serious concern that needs immediate action (Gaire et al., 2021). One of the major consequences of social isolation is mental health issues. Elder abuse also exists in many families (Nepal et al., 2023). In older age, most of the population suffer from the loss of their loved one, their social circle confined to their homes as they live a pensioner life. Economic insecurity, increasing dependency, and physical weakness make them feel lonely (Gaire et al., 2021). In addition, the impact of changing family dynamics leads to other complex mental disorders like depression, anxiety, dementia, cognitive impairment, post-traumatic stress and Alzheimer's disease, and other related dementias. The biggest tragic thing is that these mental disorders are often undiagnosed and under-treated (Kunwar, 2021). These conditions are often ignored by saying that they are the signs and symptoms of ageing.

On the other hand, emerging health problems often observed among the elderly include polypharmacy. Due to multiple chronic illnesses like hypertension, chronic vascular diseases, chronic obstructive pulmonary diseases, hyperthyroidism, gastritis, arthritis, and other elderly related diseases, a person requires multiple drug treatments (Lohani et al., 2006). The increasing social marketing in urban areas has resulted in adverse drug effects, drug-drug interactions, making life more vulnerable. The choice of medications and an inappropriate prescription has further resulted in catastrophic illness among the elderly. When we flip the coin, the economic burden increases due to polypharmacy. The direct costs include increased spending on medications, physician consultations, laboratory tests for monitoring drug efficacy and toxicity, need for more frequent healthcare services due to adverse drug reactions, and indirect costs resulting from hospital admission, emergency room visits, and loss of functional independence (Sutanto, 2025). They are already ignored by the young generation, along with the harm they suffer to live a day longer is pathetic and unimaginable.

5. Negligence of the System

Although Nepal's constitution in 2015 declared free basic health care as a right of every Nepali citizen, the most vulnerable population is still deprived of access to quality healthcare services. Nearly two decades after the Senior Citizens Act came into force, the elderly continue to face systemic neglect, exclusion, and rights violations. Section 4 of the Act ensures family-based care and allows complaints against negligent relatives, but the enforcement is weak. Legal safeguards over inheritance are rarely enforced to protect them from exploitation (Humagain, 2025). Despite having geriatric health policies in place to provide affordable healthcare to older Nepali, economic constraints limit the financial resources to build appropriate care facilities and improve access and utilization.

The Old Age Allowance was implemented in 1994, giving NPR 100 to individuals aged 75 and above. During the FY 2021/22 budgetary allocation, this allowance was increased to NPR 4000 per month for those aged 68 and above, NPR. 2660 for Senior Citizens above 60 years who are Dalits, as well as for single women above 60 years, for social security allowance. In this FY 2024/25, the age has increased to 70 years and above (Khanal, 2022).

The Government of Nepal has emphasized on health insurance program for the elderly population to seek healthcare services to provide free basic healthcare services and certain medications in selected government health facilities. But there are no geriatric hospitals, inadequate geriatric units, and the geriatric workforce is limited. Geriatric nurses and other geriatric healthcare professionals are almost non-existent, and their exact number is not recorded (Dhakal et al., 2024).

Recently, in 2021, the Geriatric health service strategy was developed, outlining a decade-long framework for geriatric service delivery, offering free healthcare at government-run hospitals and health facilities, but the healthcare services provided by those health facilities

are doubtful on quality due to shortage of free medications and long waiting times in hospitals (MoHP, 2021). Above all, the majority of elderly adults are unaware of free and discounted healthcare services, leading to underutilization. Additionally, the absence of rehabilitation, palliative care, assisted living, and skilled nursing facilities contributes to the urgent need.

6. Future Directions

There is an urgent need to promote dignity, engagement, and holistic wellbeing among the elderly. A series of integrated community-based initiatives should be adopted. One promising approach is the co-location of elderly homes with kindergartens, where seniors can share cultural values, life stories, and traditions with children during festivals and special occasions, fostering intergenerational bonding. Establishing elderly-friendly clubs would further allow older adults to socialize through activities such as yoga, *Bhajan-Kirtan*, and pilgrimage travel, enriching their emotional and spiritual wellness. In recognition of the growing needs, the Government of Nepal should collaborate with local municipalities, NGOs, and the private sector to introduce a senior employment scheme. This initiative would create accessible opportunities for elderly individuals to engage in small-scale or part-time work that aligns with their abilities and interests. By promoting income generation and social participation among older adults, such programs would not only enhance their financial independence but also support their mental and physical wellbeing.

Actively involving elders in the family decisions and social gatherings not only reinforces their sense of belonging but also respects their lifelong contributions. To ensure they remain functional in the ageing process, regular health camps, targeted counseling, and free basic healthcare services should be made readily available. The government should also prioritize elderly health by organizing one-day health promotive workshops and mobilizing trained health professionals to provide routine checkups in the community, as well as in elderly homes, maintaining a ratio of one professional per sixteen residents. Furthermore, the elderly allowance provided but the Government of Nepal could be thoughtfully redirected towards nutritional supplements tailored to their needs, replacing the conventional monetary focus with a meaningful health-oriented impact. Such measures affirm not only the value of the elderly but also the strength they bring to the social fabric when empowered with care, respect, and active engagement.

7. Conclusion

Nepal's rapid urbanization has reshaped traditional family structures and social networks, leaving its growing elderly population increasingly marginalized. The Constitution of Nepal 2015 guaranteed free basic healthcare; however, legal safeguards are weak, financial allowance is insufficient, and geriatric service infrastructure remains scarce. Without timely and comprehensive action, elderly individuals will continue to face significant barriers to accessing quality care, hindering their ability to live with dignity, autonomy, and happiness. To address this, future efforts must focus on fostering dignity and engagement through intergenerational initiatives, elderly-friendly clubs, and senior employment schemes, while also improving healthcare access, quality, and awareness. Unanswered questions remain regarding the robust enforcement of legal safeguards, overcoming shortages in geriatric infrastructure and professionals, and effectively informing elders about available services to ensure their well-being and valued integration into society

8. Declaration

Conflicts of Interest

None.

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Authors' Contributions

JK conceptualized the theme along with RS, while BA supervised the process and corresponded with the publication procedures. All the authors provide final approval for the publication.

Disclaimer

AI tools are used for grammar checks and paraphrasing sentences.

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