Malnutrition: Elderly People in Nepal

RESEARCH BRIEFING NOTE

Gemma Lyons, September 2012

Research was conducted to determine the prevalence of malnutrition and its associated factors, among elderly people in Pharping, Nepal. This briefing note aims to summarise the key findings and suggest recommendations for advocacy and policy.

In Nepal the proportion of the population over 60 years is rapidly increasing and there are few policies or services in place to address this[1]. In fact, free healthcare is not yet widely available for elderly people, and the current provision is negligible in terms of coverage[2]. Malnutrition among elderly people in Nepal has not previously been studied and the need for this research was clear. A status report published by Nepal Geriatric Centre in 2010 highlighted the research gap regarding nutrition[1] and it recommended research to be conducted.

Malnutrition among the elderly: A global issue

As people get older various social and biological changes take place, and these can cause malnutrition; a concept known as the *anorexia of ageing*[3]. The main factors of ageing that affect nutrition are outlined in box 1.

The phenomenon is exacerbated in developing countries[4], where there are issues of: poverty, illiteracy, inequalities, food insecurity, political instability, high disease burden and a lack of access to health services.

Box 1: Anorexia of Ageing

The key factors contributing to the *anorexia of ageing*[3], are:

- **Loss of appetite** caused by: slower gut emptying; changes in taste and smell; depression
- **Difficulty eating** caused by: dementia; dental problems; limited mobility
- **Lack of support** caused by: social isolation; widowhood; financial dependence; inadequate services
- **Malabsorption of nutrients** caused by: burden of chronic diseases; medication usage

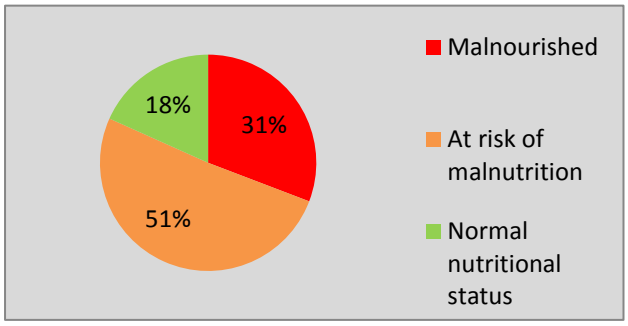
The research project

The survey was conducted in July 2012 as part of a wider project to assess the health needs of elderly people in Nepal. One aspect of the collaborative research was a Mini Nutritional Assessment[5] to determine whether participants were malnourished, at risk of malnutrition, or of normal nutritional status. The research took place in two areas of Pharping: Dakshinkali and Sheshnarayan. The response rate was high; 300 people agreed to participate in the research. This sample covers over 50% of the elderly people living in these two areas.

Key findings

Prevalence: The research found that 31% of elderly people in Pharping were malnourished, and a further 51% were at risk of malnutrition.

Figure 1: Prevalence of malnutrition



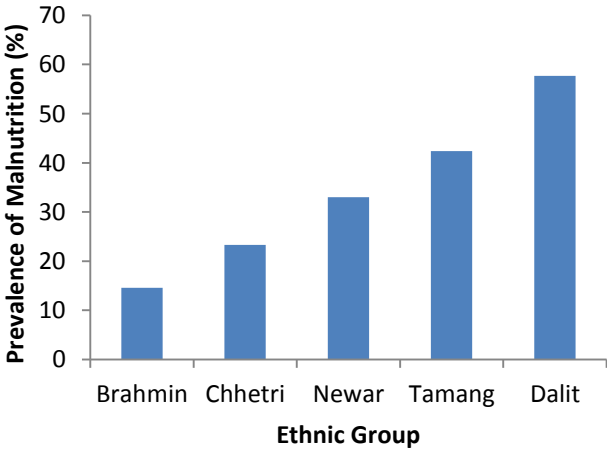
Associated Factors:

1. Elderly people with restricted **mobility,** who could not leave their house without support, were more likely to suffer from undernourishment than their mobile neighbours. Being immobile affects physical and mental health condition and also results in a dependence on others for support, affecting food choices and eating habits.

2. Those who perceived their **health condition** as poor or very poor suffered a greater chance of being undernourished than those who considered their health moderate or good. Poor health can cause malnutrition because of biological impacts, decreased appetite and medication usage.

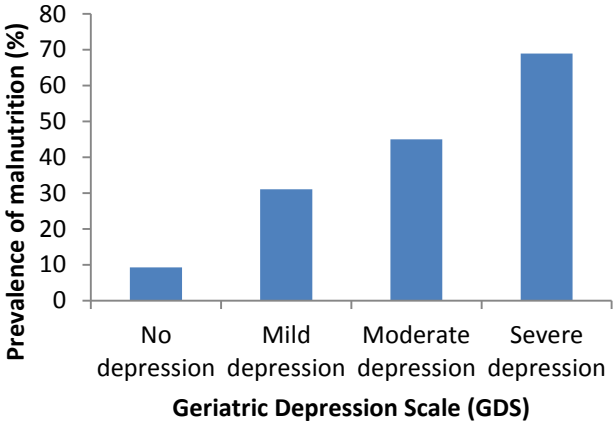
3. People within the lower **caste** groups were at greater risk of being malnourished. This is probably because of social, cultural, educational and economic differences.

Figure 2: Malnutrition prevalence by caste



4. Level of **depression** also had an impact. More severe depression was related to a greater prevalence of malnutrition.

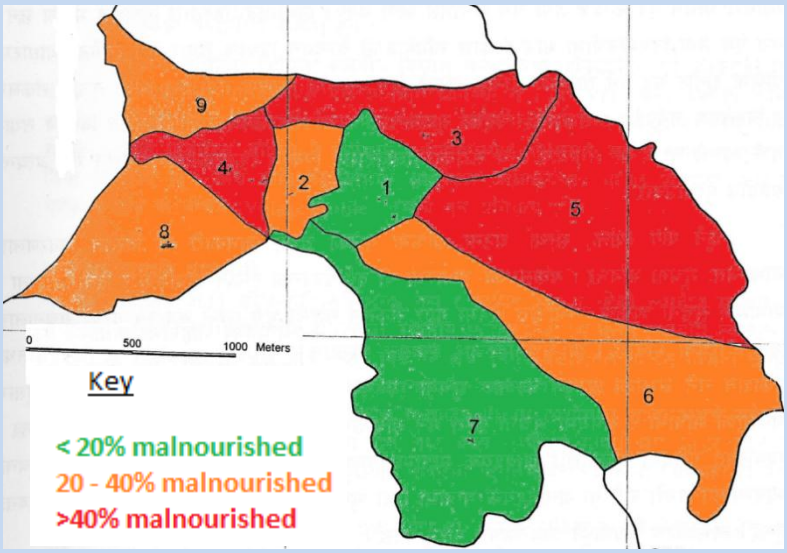
Figure 3: Malnutrition by level of depression



Box 2: Geographical variation of malnutrition prevalence

The map of Dakshinkali[5] displays the prevalence of malnutrition in each ward. It is evident that it varies substantially by location even on a small scale. Interestingly, this geographical difference is not explained by ethnicity.

The formation of policies or service provisions could be aimed at the areas suffering the highest prevalence of malnutrition.



Recommendations for Ageing Nepal

1. Provide information:

- **Training for health volunteers**: Information about malnutrition could be incorporated into the training manual and the two day training health volunteers receive about the elderly.
- **Information at health posts:** An information sheet could be provided to health posts to raise awareness of the issue and educate health post staff. Posters could also be displayed at posts.

2. Campaign and influence policy:

- **Counselling services** could be provided at health posts or in the community
- **Social care provisions** for elderly people who are immobile or live alone

3. Engage stakeholders

- **Engage other NGOs** such as HelpAge International, to influence and liaise at the National and International level

4. Empower elderly people

- **Facilitate support groups:** Engage elderly people to set up their own support groups which could help to prevent loneliness, isolation and depression
- **Provide nutritional information:** Raise awareness about malnutrition and ageing at community events, temples and workshops. Provide elderly people with nutritional information and advice, particularly targeting Dalit and Tamang communities.

Recommendations for Policymakers

1. **Trial health and social interventions:** Provide care, support and mental health services training services targeted to the wards with a high prevalence of malnutrition (box 2) and also Dalit and Tamang communities. Monitor and evaluate the impact on health, depression and malnourishment.
2. **Free healthcare:** Monitor and improve the coverage of health service and mobility provisions available for elderly people locally.
3. **Consider neighbouring country policies:** Look into the policies provided in India, Bangladesh and other South Asian contexts, to learn from their policies.

References:

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