

**Population Ageing in Bhutan:
Current Situation and Future Prospects, 2022**

**Thematic Report on Ageing
14th October 2022**

Population Ageing in Bhutan: Current Situation and Future Prospects, 2022

Table of Contents

Executive Summary	3
1. Introduction	8
1.1 Vienna International Plan of Action on Ageing	8
1.2 Madrid International Plan of Action on Ageing	9
1.3 Decade of Healthy Ageing 2020-2030	9
1.5 Rationale for the report	10
1.6 Objectives	10
1.7 Data sources	11
1.8 Definitions	11
1.9 Organisation of the report	11
2. Trends and Future Prospects of Population Ageing in Bhutan	12
2.1 Introduction	12
2.2 Population ageing and the demographic transition	12
2.3 Global and regional population ageing trends	12
2.4 Bhutan population ageing trends and projections	13
2.5 Median age	15
2.7 Ageing index	16
3. Socio-economic and Demographic Profile of the Older Population	17
1.2 Introduction	17
1.3 Age profile by five-year age categories	17
1.4 Sex composition and sex ratios	17
1.5 Marital status	19
3.5 Place of residence	20
3.6 Literacy status	21
3.7 Labour force participation rate	21
4. Headship, Household Composition and Living Arrangements	22
1.6 Introduction	22
1.7 Household composition	22
1.8 Living arrangements of older persons	23
1.9 Headship rate among older persons	24
5. Health Status of Older Persons	25
5.1 Introduction	25
5.4 Incidence of sickness among older persons	26
5.5 Health care utilisation by older persons	27
5.6 Incidence of hospitalisation among older persons	28
5.7 Disability by domain and degree of difficulty among older persons	28
6. Conclusions and the Way Forward	32
7. Recommendations	33

Executive Summary

Population ageing – the shift in the distribution of a population towards older ages – is a universal phenomenon and an inevitable consequence of the demographic transition. Increases in longevity reflect huge advances in access to improved nutrition, sanitation, medicine, health care, education and economic well-being. Older persons also make significant contributions to society and a shift in the population structure towards older ages can bring opportunities. Yet at the same time, population ageing presents a number of social, economic and cultural challenges to individuals, families, societies and the global community. Moreover, not all groups are affected equally by population ageing: in particular, older women as well as persons with disabilities among others often face increased discrimination and specific vulnerabilities. Forward-looking policies and programmes that take account of current and future population dynamics including population ageing are urgently needed to achieve sustainable development as articulated in the 2030 Agenda for Sustainable Development.

Various international action plans on population ageing exist. The Madrid International Plan of Action on Ageing (MIPPA) calls for changes in attitudes, policies and practices to ensure that older persons are not viewed simply as welfare beneficiaries but as active participants in the development process whose rights must be respected. Building on this, the year 2020 marks both the launch of the Decade of Action to achieve the UN's Sustainable Development Goals and the Decade of Healthy Ageing led by the World Health Organisation – a focused effort aligned with the last ten years of the Sustainable Development Goals that brings together

governments, civil society, international agencies, professionals, academia, the media, and the private sector to improve the lives of older people, their families, and the communities in which they live.

Against this backdrop, this report provides information on trends and projections of population ageing in Bhutan and brings together evidence about the conditions of older persons in the country. The aim is to provide baseline data to inform appropriate policies and programmes for the wellbeing of this segment of society. Specifically, it has four broad objectives, to:

1. Provide information on existing trends and future prospects of population ageing in Bhutan
2. Assess the current socio-economic situation of older persons in the country
3. Identify factors influencing the vulnerability of the older persons in Bhutan
4. Draw implications to inform policies and programmes for older persons in Bhutan

Bhutan has passed through the demographic transition and now has a higher life expectancy at birth compared to a few decades ago as well as low fertility, which has resulted in a shift of the population towards an older age structure. The share of the population aged 65 years or over was 4.7% in 2005. This increased slightly to 5.9% in 2017 and is projected to rise further to comprise 13.4% of the total population in 2047.

Linked with this, the old age dependency ratio is also projected to increase: in 2017, there were 8.7 older persons for every 100 persons of nominal working age in Bhutan while in 2047, there are expected to be 19.3

older persons per 100 persons of nominal working age.

Population ageing is also reflected in the median age, which is projected to rise from 26.9 years in 2017 to 40.2 years in 2047. Further increases in life expectancy at birth are also expected for both sexes: for females, from 72.8 years in 2022 to 78.5 years in 2047, and for males from 69.9 years in 2022 to 75.2 years in 2047. Life expectancy at age 65 (the average remaining years of life for a person born in a given year if age-specific mortality rates were to stay the same) is also projected to rise, from 16.9 years in 2018 to 18.5 years in 2047 among females and from 16.0 years in 2018 to 17.2 years in 2047 among males.

Older persons are not a homogenous group. Of the population aged 65 years and over, 34.0% are aged 65-69 years while 21.1% are aged 80 years and over. Approximately three-quarters of the older population were either married or living together in 2017, while approximately one in five older persons were widowed (19.8%). Rural areas have a higher proportion of their population at older ages (7.5% in 2017) compared to urban areas (3.3% in 2017), and while the proportion of older persons is projected to increase in both rural and urban areas, the proportion of older persons in rural areas is expected to exceed that in urban areas in all years. In 2047, it is projected that the share of older persons in rural areas (18.1%) will be almost double that in urban areas (9.9%).

In 2017, there were slightly more men aged 65+ years than women (103 men compared to 100 women) and this overall higher proportion of older men to women is projected to continue to 2047. However, in the oldest 80+ age group, women outnumber men. This feminisation of ageing at the oldest-old ages, linked to higher female life expectancy, is projected to continue to 2047

when it is expected that there will be 91 men for every 100 women aged 80+. Importantly, older women and men's experiences are likely to be different. Compared to men, older women often face greater gender-based discrimination; they are more likely to be widowed; more likely to be financially dependent; and are also likely to spend more years in poor health relative to men owing to their greater gap between life expectancy at birth and healthy life expectancy at birth. Special attention must be given to the vulnerabilities that many older women face.

The literacy status among older persons is low with only around one in five older persons in Bhutan (22.2%) is literate. This figure is higher among older men (35.2%), compared to older women (8.7%). Moreover, more than half (57.6%) of older persons in Bhutan were not working in paid employment in 2017. This proportion was higher among older women (65.3%) as well as those living in urban areas (82.2%).

Living arrangements of older persons are another important consideration because they provide a proxy indication of the potential support system available to older persons, and are also a key determinant of individual wellbeing, particularly in terms of loneliness. The two most common living arrangements are living with a spouse and children (more common among men than women) and living with children only (more common among women than men, probably linked to the higher incidence of widowhood among women). In 2017, 6.6% of older persons were living alone. The proportion of older persons living alone was similar among men and women and slightly higher in rural compared to urban areas. 13.9% of other persons were living with their spouse or partner only, and this was slightly higher in rural areas and among men. Bhutan has strong informal social security systems built

on family and community solidarity. Traditionally, family has held the exclusive responsibility for providing material and emotional support to older persons. The segment of the older population living alone may need additional support for their day-to-day needs. In addition, more than half of older men (52.5%) have the status of head of the household, which is higher than the proportion among older women (28.8%).

Health is another major concern for older persons. The gap of 7.9 years between life expectancy at birth and healthy life expectancy at birth indicates that not all years of life are spent in good health. The gap is larger for females compared to males, indicating that, on average, females spend a greater number of years of life in poor health compared to males.

One particular health concern in the country is non-communicable diseases (NCDs), the prevalence of which has risen considerably, such that NCDs now account for approximately 70% of the reported disease burden according to the WHO estimates. This increase is due largely to changes in lifestyle, dietary habits, global marketing of unhealthy products, and population ageing.

In addition, data on the incidence of sickness and injury in the last four weeks show that older persons had much higher incidence of sickness compared to the population of all ages. Among older persons, a slightly higher incidence was observed for older females compared to males, and for those living in urban compared to rural areas. The incidence of sickness or injury also increases with age within the older population.

Furthermore, information about seeking services from a health provider in case of sickness indicate that 67.4% of the older

population had contacted health providers, which is nearly the same level of health care utilisation as the general population in the country. Older women were slightly less likely to consult health care providers when experiencing sickness or injury and the same was true for those living in the rural areas.

The hospitalisation rate among older persons is higher than at all ages. Nearly 6% of the older persons were hospitalised during last 12 months prior to the survey compared to only 3.1% of general population. A slightly higher incidence of hospitalisation was also observed among higher older ages and those from urban areas.

In addition to health, various disabilities are experienced by not insubstantial proportions of the older population. 16.4% of the older population reported at least some difficulty seeing even wearing glasses, 20.5% reported experiencing at least some difficulty hearing, and 21.0% reported at least some difficulty walking or climbing stairs. 8.5% of older persons reported at least some difficulties in remembering, 15.3% reported at least some difficulties in self-care while only 3.7% reported at least some difficulty with communication. The prevalence of many disabilities increases with advancing older age, indicating the accentuated vulnerabilities of the oldest old population in the country.

Finally, it is important to address the experience of older persons in the context of the Covid-19 pandemic. Not only at a global level did older persons have higher mortality rates from Covid-19 than the general population, they (along with other marginalised groups) were more likely to experience a greater negative impact of the pandemic¹. Covid-19 brought disruption to

¹ UNFPA Asia Pacific Regional Office (2020) *Addressing Population Ageing in Asia and the Pacific*

Region: A Life-Cycle Approach,
<https://asiapacific.unfpa.org/sites/default/files/pub->

the daily routines, care and support received by older persons as well as their social networks and access to physical contact with others, and the way they are perceived in society². Paying particular attention to the needs of older persons, and the creation of opportunities to promote healthy ageing during current and future pandemics as well as other emergencies will be essential.

Based on the findings, the report provides the following recommendations for the wellbeing of the older persons in Bhutan:

Develop a national policy on older persons to promote active and healthy ageing

Policy measures are critical to address population ageing and for achieving the Sustainable Development Goals (SDGs). The policy should provide broad directions to ensure active ageing and provide a basis for specific programmes and interventions addressing various issues and challenges faced by older persons. To ensure a coordinated and focused response, the designation or creation a new department to oversee the planning, implementation and monitoring of programmes focused on active ageing and the situation of older persons could also be useful.

Mainstream ageing issues in existing policies and programmes

Noting the multidimensional nature of population ageing, a multi-sectoral response is required, incorporating dialogue and inputs from diverse stakeholders. Issues related to population ageing and older persons may be mainstreamed into already existing policies and programmes to ensure inclusion of ageing and the needs of older persons in all national development policies and programmes. Such an initiative should

encourage convergence and resource sharing between various programmes and government departments to leverage expertise from each other.

Address gender equality and women's empowerment in the context of population ageing

It is key that gender is mainstreamed into all policy measures aiming to address population ageing and the situation of older persons. This means carefully assessing the implications of any policy for women and men and making sure that the experiences of women and men resulting from any proposed policy are considered. Older women are often more vulnerable to gender-based discrimination and face a number of specific barriers. Special attention should be paid to the financial security of older women, to improve health and to address their social and emotional wellbeing,

Address the financial security of older persons

Financial security is one of the major concerns as people age. Therefore, it is important to establish a social protection programme, with social protection floors, that can be sustained over the long term to prevent poverty, reduce inequality, and promote social inclusion among older persons. Many countries in the region are implementing old age pension schemes for the lowest strata of the society and lessons can be learned to design appropriate programme for Bhutan. In addition, strengthening and sustaining traditional forms of social protection will be important. Alongside measures to establish and strengthen social protection programmes, policies and programmes that facilitate older

[pdf/201209_unfpa_a_life_cycle_approach_layout_v2-1.pdf](#).

² World Health Organisation, *Older People & Covid-19*, <https://www.who.int/teams/social->

[determinants-of-health/demographic-change-and-healthy-ageing/covid-19](#).

persons who wish work to continue to participate in the paid labour force could be helpful.

Ensure an adequate health system response

The health system can play a major role in ensuring healthy ageing. Preventative measures such as those that adopt a life-course approach to address NCD risk factors will be important, and various specific cost-effective measures to tackle NCD risk factors are outlined in the World Health Organisation's 'Best buys'. Alongside preventative measures, quality health care service as well as long-term care services will also be needed. This will require capacity building of health professionals for geriatric care, including long-term care and treatment as well as expanding hospital capacity and creating special facilities in the hospitals and health centres exclusively for older persons.

Ensure the social and emotional security of older persons

Evidence suggests that the older persons living alone (6.6%) or with a spouse or partner only (13.9%), approximately one-fifth of the older population altogether, is a sizable proportion. Those living alone are likely to be especially susceptible to social isolation and loneliness. The Government could devise interventions aiming to involve communities and local governance bodies to take care of older persons in remote areas. Special programmes such as community-

based day care centres, raising societal awareness of the needs of older persons and providing incentives and support for families to care for the older persons could also be initiated.

Conduct regular research on population ageing and the situation of older persons in Bhutan

To understand various aspects of the needs of the older persons as well as to monitor the implementation of the policies and programmes, high-quality, timely and regular data are key. This will enhance quantity and quality of data for systematic planning. There is also a need to build up better coordination among various data collection efforts so that relevant data can be collected, and analysis undertaken.

1. Introduction

Population ageing – the shift in the distribution of a population towards older ages – is a universal phenomenon. Despite differences in the scale and pace of this phenomenon, ageing is experienced by virtually all countries in the world today. Driven by increases in life expectancy and declines in fertility, population ageing is poised to become one of the most significant social transformations of the twenty-first century, with implications for nearly all sectors of society, including labour and financial markets, the demand for goods and services such as housing, transportation and social protection, as well as family structures and intergenerational ties. Indeed, along with population growth, urbanisation and international migration, ageing has been labelled one of the four ‘demographic mega-trends’³.

Ageing is a ‘triumph of development’: increases in longevity reflect huge advances in access to improved nutrition, sanitation, medicine, health care, education and economic well-being⁴. Older persons also make significant contributions to societies and a shift in the population structure towards older ages brings opportunities. Reflecting this, the seventy-sixth session of the UN General Assembly on 16 December 2021, adopted a resolution ‘[encouraging] Member States to intensify efforts towards identifying ageing as an opportunity, and recognising that older persons make substantial contributions to sustainable development efforts, including through their active participation in society’⁵.

Yet at the same time, population ageing presents a number of social, economic and cultural challenges to individuals, families, societies, and the global community. Key among various challenges are the health and wellbeing of the older population, challenges to care systems including changes to traditional family systems of care, old-age economic security and poverty, as well as issues of loneliness. Importantly, not all groups are affected equally by population ageing: in particular, older women as well as persons with disabilities often face increased discrimination and specific vulnerabilities.

Progress toward the achievement of the Sustainable Development Goals (SDG) is closely linked to demographic trends including population ageing. Forward-looking policies and programmes that take account of current and future population dynamics are needed to attain sustainable development as articulated in the 2030 Agenda for Sustainable Development, and to fulfil the pledge that no one will be left behind.

1.1 Vienna International Plan of Action on Ageing

Various international instruments on the issue of ageing exist. The Vienna International Plan of Action on Ageing was the first such international instrument for action on development issues of ageing, in 1982. It identified three priority areas: (a) the sustainability of development in a world where the population is increasing in age; (b) the maintenance of good health and well-being to an advanced age; and (c) the establishment of an appropriate and supportive

³ UNDESA (United Nations, Department of Economic and Social Affairs), Population Division. 2019. *World Population Prospects 2019: Highlights*. ST/ESA/SER.A/423. New York: United Nations.

https://population.un.org/wpp/Publications/Files/WPP2019_Highlights.pdf.

⁴ <https://www.unfpa.org/ageing#readmore-expand>

⁵ <https://www.unescap.org/sites/default/d8files/event-documents/Res%2075-152%20ageing.pdf>

environment for all age groups. The purpose of the ‘Vienna Plan’ was to strengthen government and civil society organisations’ capacity to deal effectively with population ageing, promoting cooperation at regional and international levels.

1.2 Madrid International Plan of Action on Ageing

The Second World Assembly on Ageing, convened in Madrid, Spain in 2002 adopted the Madrid International Plan of Action on Ageing (MIPAA). MIPAA reflects a global consensus on the social dimensions of ageing that evolved during preceding decades through multilateral activity and work conducted at the United Nations. Although not legally binding, governments agreed to integrate older citizens’ rights and needs into national economic and social development policies and programmes.

MIPAA sets the policy direction in three major areas: (a) ageing and development; (b) health and well-being into old age; and (c) enabling and supportive environments for ageing. It calls for changes in attitudes, policies, and practices to ensure that older persons are not viewed simply as welfare beneficiaries but as active participants in the development process, and individuals whose rights must be respected. It is also worth noting that at the regional level, Governments in Asia and the Pacific adopted the Macao Plan of Action on Ageing for Asia and the Pacific in 1999. This plan identified major areas of concern and priorities for action on ageing. It has been noted that there is a great concordance between the Macao and Madrid Plans of Action.

1.3 Decade of Healthy Ageing 2020-2030

Most recently, 2021 to 2030 has been proclaimed the United Nations Decade of Healthy Ageing (2021-2030)⁶. This represents a global collaboration, aligned with the last ten years of the Sustainable Development Goals (SDGs) that brings together governments, civil society, international agencies, professionals, academia, the media, and the private sector to improve the lives of older people, their families, and the communities in which they live.

The proposal was endorsed by the 73rd World Health Assembly on 3 August 2020 and was also welcomed by the UN General Assembly on 14 December 2020 (Resolution 75/131).

The Decade of Healthy Ageing will consist of 10 years of concerted, catalytic, sustained collaboration with older people themselves at the centre of the plan. It consists of four key action areas: Age-friendly Environments, Combatting Ageism, Integrated Care, and Long-term Care, and is based on the WHO Global Strategy and Action Plan on Ageing and Health (2016-2020), builds on MIPAA, and supports the achievement of the United Nations Agenda 2030 and the 17 SDGs.

1.4 Policy scenario in Bhutan

Bhutan is one among 160 UN Member States that has endorsed the ‘Madrid Plan of Action on Ageing, 2002’. Although the country does not yet have a specific policy focused on older persons, various existing policies address issues association with population ageing. For example, the Constitution of the Kingdom of Bhutan’s Article 7 (Fundamental Rights) and Article 9 (Principles of State Policy) guarantees social security for every Bhutanese individual,

⁶ <https://www.who.int/initiatives/decade-of-healthy-ageing>.

irrespective of age and economic status⁷. Related to this, the National Pension and Provident Fund Policy aims to ensure wider social security coverage, especially during old age and encourage the development of sustainable and affordable pensions and/or provident fund schemes. Such schemes aim to ensure that all Bhutanese citizens have access to a minimum benefit during retirement and other pre-retirement benefits.⁸ The policy provides that all employed persons, either on contract or regular employment, including the self-employed shall be covered by pension and/or provident fund schemes. This includes General Service Personnel (GSP), Elementary Service Personnel (ESP), and National Workforce (NWF) employees, as well as other categories of employees as may be defined by the Government from time to time. It also mentions that the Government shall provide non-contributory pension schemes for older citizens aged 60 years and above and that the Government shall develop eligibility criteria and determine the amount of this benefit.

In addition, Bhutan has a National Policy for Persons with Disabilities 2019 which covers disabilities of older persons. The policy states that the government shall promote programs for healthy ageing to reduce risk of disabilities due to old age and minimise the impact of existing impairments that may be compounded by old age.

In Bhutan, social protection for older citizens is largely the responsibility of family and community. The traditional old-age care and support system (based on filial piety) still exists. This informal care and support system rests on the principles of hierarchy, obligation, obedience, and commitment (*tha dhamtshi*).

1.5 Rationale for the report

This report provides the demographic foundation for the follow-up activities of the Second World Assembly on Ageing and the mandates of the International Conference on Population and Development (ICPD), the Commission on Population and Development and the Commission on Social Development. It provides information on trends and projections of population ageing in Bhutan and brings together evidence about the conditions of older persons in the country, to provide baseline data to inform appropriate policies and programmes for the wellbeing of this segment of society.

1.6 Objectives

Specifically, it has four broad objectives, to:

1. Provide information on existing trends and future prospects of population ageing in Bhutan
2. Assess the current socio-economic situation of older persons in the country
3. Identify factors influencing the vulnerability of the older persons in Bhutan
4. Draw implications to inform policies and programmes for older persons in Bhutan

⁷ National Statistics Bureau (2017) Understanding the Situation of Elderly Citizens in Bhutan. https://www.nsb.gov.bt/wp-content/uploads/dlm_uploads/2022/02/Understanding-the-situation-of-elderly-citizens-in-Bhutan.pdf.

⁸ National Pension and Provident Fund Policy OF Bhutan (2018) (Submitted to Cabinet) https://www.gnhc.gov.bt/en/wp-content/uploads/2019/08/3.-Final-NPPF-Policy_-MOF-Densa-Meet.pdf.

1.7 Data sources

The study is based on secondary data sources. In particular, it utilises unit level data from the National Statistics Bureau of Bhutan, including the Population and Housing Census of Bhutan 2017 (PHCB 2017) and the Bhutan Living Standard Survey 2017 (BLSS). The PHCB provides data on various characteristics of the older population, while the BLSS provides data on the health status and health care utilisation of older persons. In addition, the study presents population projections carried out until 2047 by the National Statistics Bureau of Bhutan to present various future scenarios of population ageing in the country.

1.8 Definitions

In this report, the measures of population ageing are based on chronological age. Typically, chronological age measures define older persons as those aged 60 or 65 years and above. In this report, age 65 year has been taken as cut off.

The old-age dependency ratio OADR is one of the most commonly used indicators for monitoring changes in the age structure of populations. The (OADR) is defined as the number of persons aged 65 years or over per 100 persons of nominal working age (15 to 64 years).

The ageing index expresses the number of persons above age 65 years for every 100 children below age 15 years.

The old-age support ratio provides an approximation of the number of people of nominal working to support each older person. In this report, the old-age support ratio is calculated as the number of persons aged 15 to 64 years divided by the number of persons aged 65 years or over.

The sex ratio at older ages is calculated as the number of males per one hundred females of a given age in a population.

Life expectancy at a specific age represents the average number of additional years a person of that age could expect to live if current mortality levels observed for ages above that age were to continue for the rest of that person's life. Life expectancy at birth describes the average number of years a new-born would live if current age-specific mortality rates were to continue. The life expectancy at age 65 describes the average number of years a 65-year-old person would live if current age-specific mortality rates observed for ages above 65 years were to continue.

1.9 Organisation of the report

Following this introductory section, **Section 2** describes the overall trends and prospects of population ageing in the world as well as projections of population ageing in Bhutan specifically using various indicators.

Section 3 provides a description of the socio-economic and demographic profile of the older population, including their distribution by age, sex, marital status, and place of residence, as well as literacy levels and rates of participation in paid work.

Section 4 focuses on household headship, composition and living arrangements of older persons in an attempt to analyse the social support system available to them in Bhutan.

The health status in terms of sickness among older persons, hospitalisation and utilisation of health services are then presented in **Section 5**. This section also describes the types and extent of disabilities among the older population in Bhutan.

Finally, **Section 6** aims to set the way forward for the wellbeing of older persons in Bhutan by providing a set of policy recommendations based on the available evidence on the current socio-economic conditions of the older population and future projections of population ageing in the country.

2. Trends and Future Prospects of Population Ageing in Bhutan

2.1 Introduction

This section focuses on trends and future projections of population ageing. It starts with a brief description of the main drivers of population ageing, then discusses trends at the global level before focusing on trends and projections of several indicators of population ageing in Bhutan specifically.

2.2 Population ageing and the demographic transition

Population ageing is a consequence of the demographic transition: the phenomenon by which populations move from a regime of high mortality and high fertility to one of low mortality and low fertility. As fertility rates decline, the size of new birth cohorts decreases relative to that of previous birth cohorts. As a result, the relative size of the young age groups decrease, and the size of older age groups increase as previous birth cohorts progress into older ages. Combined with increases in life expectancy, this process results in an increase in the size of older compared to younger age groups.

2.3 Global and regional population ageing trends

Population ageing is happening in all regions and in countries at various levels of development, although it is progressing faster in developing countries due to faster reductions in fertility and improvements in mortality rates. Globally, there were 703 million persons aged 65 or over in 2019⁹, with the region of Eastern and South-Eastern Asia home to the largest number of older persons (261 million). Not only has the absolute number of older persons increased globally, but so too has the share of older persons in the total population. In 1990, 6 per cent of the world's population was aged 65 or over; this increased to 9% in 2019 and is projected to increase further to 16% in 2050. The number of people worldwide who are aged 80 years and over is growing faster than the number aged 60 years or over. Projections indicate that the 80+ population will increase almost threefold between 2019 and 2050 from 143 million to 426 million.

While life expectancy at birth has improved, the improvement in life expectancy at older ages has been even more rapid. Globally, the average remaining life expectancy for a person aged 65 years in 2015-2020 was 17 years; this is projected to rise to 19 years in 2045-2050. On average, globally, women tend to live longer than men do. At the global level in 2015-2020,

⁹ UNDESA (United Nations, Department of Economic and Social Affairs), Population Division (2019) *World Population Ageing Report*.

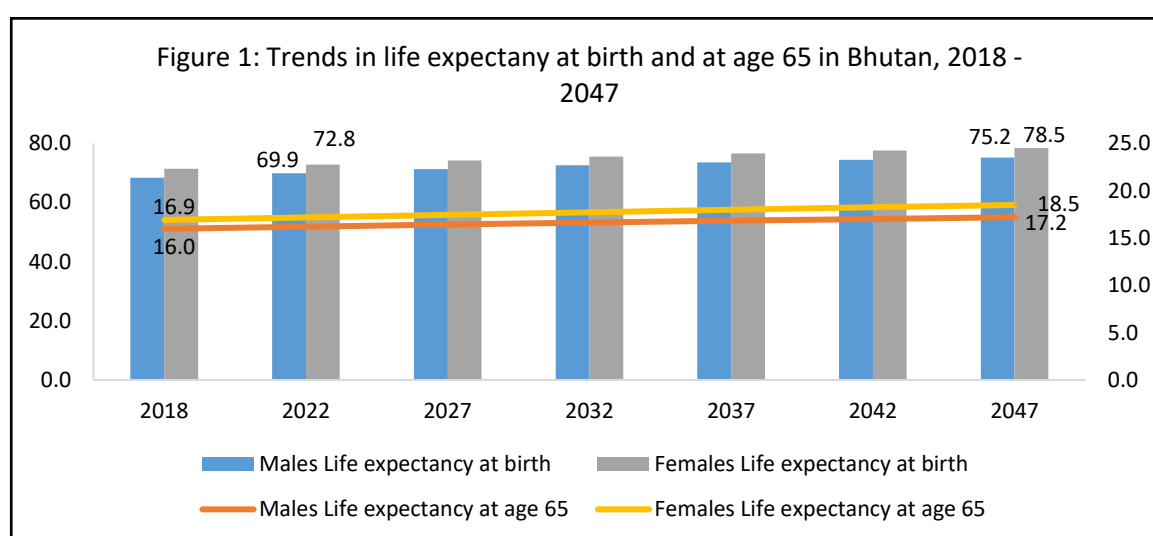
<https://www.un.org/en/development/desa/population/publications/pdf/ageing/WorldPopulationAgeing2019-Report.pdf>

women's life expectancy at birth exceeded that of men by 4.8 years, while the average remaining life expectancy at age 65 was two years higher for women (18 years), compared to men (16 years).

2.4 Bhutan population ageing trends and projections

Bhutan has passed through the classical demographic transition. In 2017, life expectancy at birth was 70.2 years, while the TFR was 1.7 children per woman¹⁰

Life expectancy is projected to continue to increase in Bhutan for both sexes. As shown in Figure 1, female life expectancy at birth in 2022 i was 72.8 years. This is projected to increase to 78.5 years in 2047. Male life expectancy is also expected to increase from 69.9 years in 2022 to 75.2 years in 2047. Life expectancy at age 65 is also projected to increase, from 16.9 years in 2018 to 18.5 years in 2047 among females and from 16.0 years in 2018 to 17.2 years in 2047 among males (Figure 1).



Linked with these changes, the age structure of the population has shifted and is projected to continue to do so. In 2005, approximately one third of the total population of Bhutan was aged 0 – 14 years; this share declined to 26.0% in 2017 (Figure 2) and is projected to decrease gradually to 17.1% in 2047. Meanwhile, the share of the population aged 65 years, or more was just 4.7% in 2005. This increased slightly to 5.9% (43,064 persons) in 2017 and is projected to increase continuously to comprise 118,650 persons (13.4% of the total population) in 2047 (Figure 2, Table 1).

¹⁰ National Statistics Bureau of Bhutan (2018) *2017 Population & Housing Census of Bhutan National Report*.

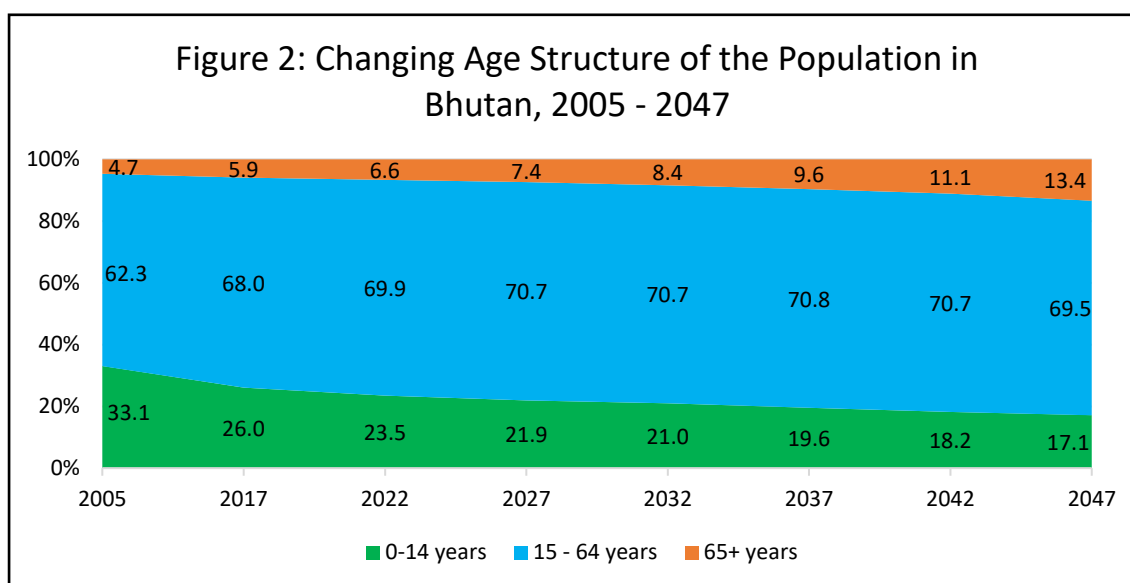
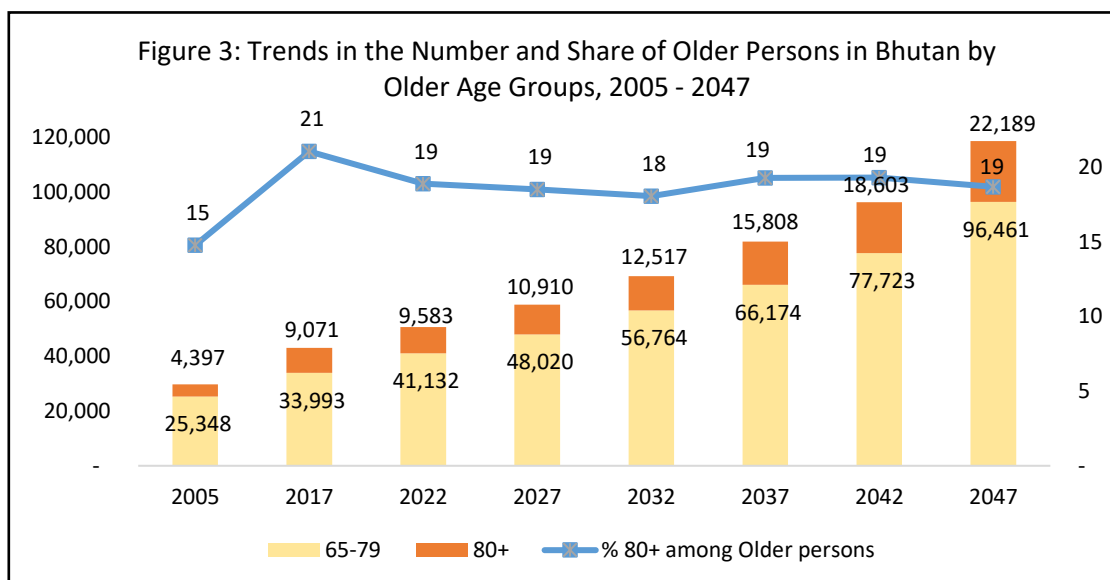


Table 1: Size and Percentage of Older Persons by Age Group in Bhutan, 2005 to 2047

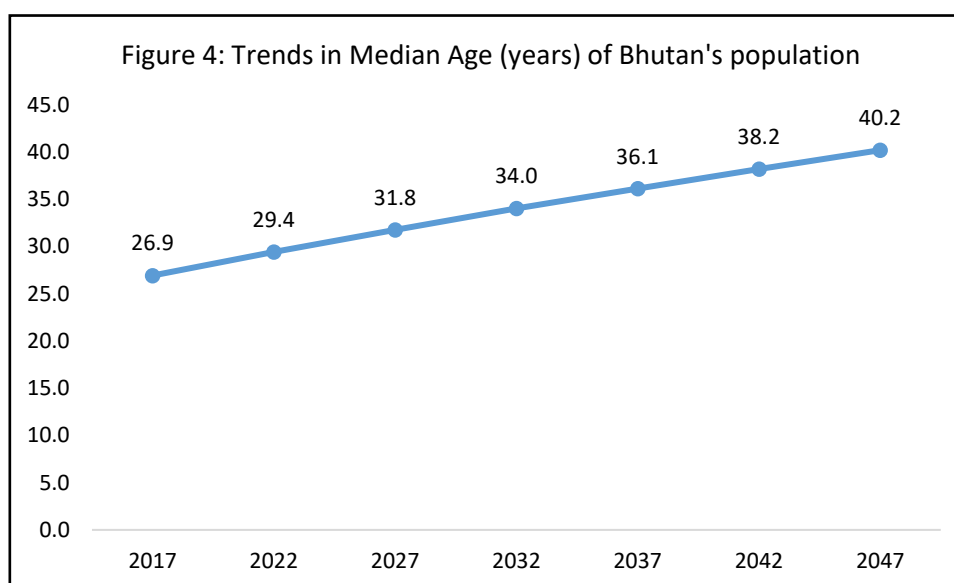
Years	2005	2017	2022	2027	2032	2037	2042	2047
60-64			22,511	26,472	31,234	35,884	47,525	55,573
65-69	11,361	14,654	19,089	20,841	24,612	29,145	33,605	44,654
70-74	8,742	11,468	12,786	16,763	18,396	21,837	25,977	30,102
75-79	5,245	7,871	9,257	10,416	13,756	15,192	18,141	21,705
80+	4,397	9,071	9,583	10,910	12,517	15,808	18,603	22,189
Total 65+	29,745	43,064	50,715	58,930	69,281	81,982	96,326	118,650
% 65+	4.7	5.9	6.6	7.4	8.4	9.6	11.1	13.4
Total Population	634,982	727,145	763,249	797,264	826,957	851,176	869,900	883,866

The five-year age breakdown of the older population indicates that the majority of the group is currently aged 65 – 69 years. However, in future years these cohorts will move progressively to older age categories. Moreover, the number of persons aged 80 or over (often referred to as the ‘oldest-old’) is projected to increase more rapidly than the older population as a whole. As evident from Figure 3, the absolute size of the older population aged 65-79 is projected to rise from 25,348 in 2005 to 96,461 by 2047 (an increase of 280%) while during the same period the size of the 80+ group is projected to increase from 4,397 to 22,189 (an increase of 404%). By 2047, approximately 19% of the total population of older persons in Bhutan is expected to be older than 80 years.



2.5 Median age

The median age of the total population is another measure of the population ageing. The median age in 2017 was 26.9 years, meaning that half of the population was below this age while remaining half was older than this age (Figure 4). The median age is projected to increase further in the coming years to 29.4 years in 2022 and to 40.2 years in 2047. In other words, by 2047, half of the Bhutan population is expected to be more than 40 years old.

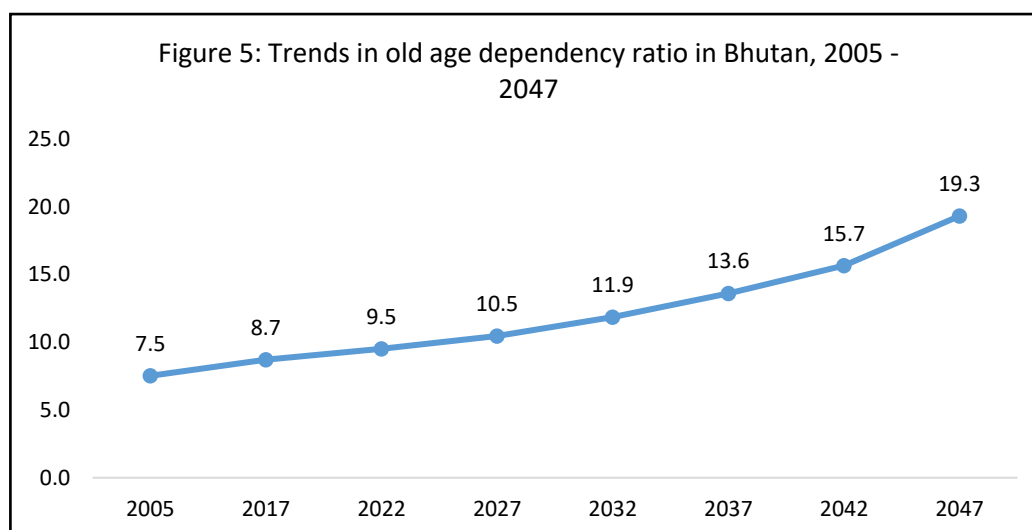


2.6 Old-age dependency ratio

The old age dependency ratio constitutes a further indicator of population ageing and is defined as the number of individuals aged 65 and over per 100 people of nominal working age (15 to 64 years). The dependency ratio is an approximation of the ratio of net consumers to net producers with higher values indicating a potential greater level of age-related dependency and need for social support of older persons in the population. It is important to note, however, that the OADR is only a proxy: in reality, many people do not stop being economically active at age 65 (see Section 3 below), and not all persons aged 15-64 are economically active. Although

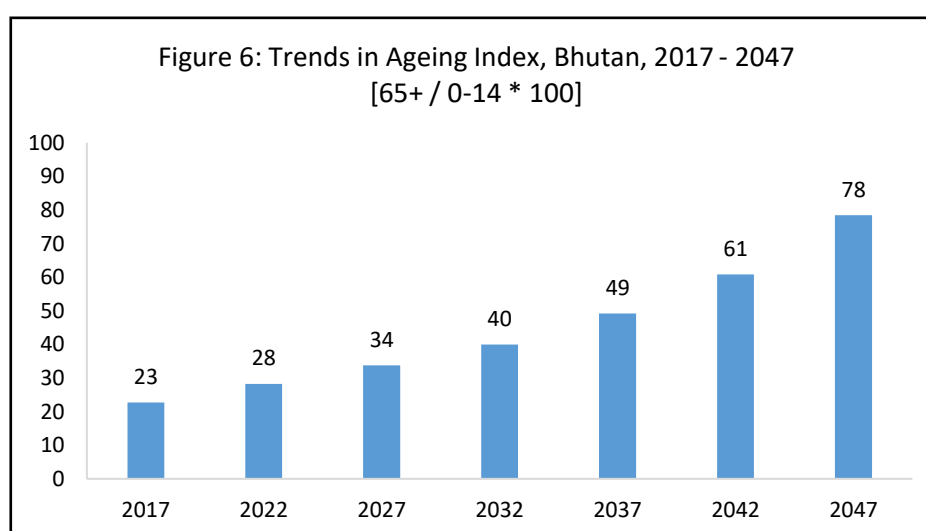
older persons often require economic support from others, in many societies they have economic resources of their own and provide support to their adult children. The projections for old-age dependency ratios used in this report are based on the population projections by age groups.

In 2017, there were 8.7 older persons for every 100 persons of nominal working age in Bhutan. Due to age structural changes, the dependency ratio is projected to increase to approximately 19.3 older persons per 100 nominal working age persons in 2047. In other words, it is projected that there will be approximately one older person for every five persons of nominal working age (Figure 5).



2.7 Ageing index

Finally, the ageing index provides an additional perspective on the shifting balance between the child and older population. It expresses the number of persons above age 65 years for every 100 children below age 15 years. Population ageing in Bhutan is also clearly visible in terms of the ageing index. As can be seen from Figure 6, there were approximately 23 older persons for every 100 children in 2017, while this number is projected to rise to 78 by 2047.



3. Socio-economic and Demographic Profile of the Older Population

1.2 Introduction

Older persons are not a homogenous group. It is important to understand key socio-demographic characteristics of the older population in order to assess their potential vulnerabilities. This section explores various background characteristics of the older population in Bhutan, drawing on data from large scale surveys and the census from the National Bureau of Statistics. It focuses on several sources of heterogeneity, including age, sex, marital status, place of residence, literacy status, and labour force participation.

1.3 Age profile by five-year age categories

As indicated earlier, examining the distribution of older persons by five-year age groups shows that the majority (34%) are in the earlier old-age category: 65-69 years (Table 2). Within the 65-69 years category, the percentage of males is slightly higher than that of females and the percentage living in rural areas is slightly higher than that living in urban areas. The oldest age bracket of 80+ years comprises 21.1% of the older population; among those aged 80+ years, the percentage of females is slightly higher than that of males, and the percentage living in urban areas is slightly higher than that living in rural areas.

Table 2: Share of Older Persons by Five-year age category according to Sex and Place of Residence in Bhutan, 2017

Age Category	Males	Females	Urban	Rural	Total
65-69	34.8	33.3	32.6	34.4	34.0
70-74	26.9	26.3	26.1	26.8	26.6
75-79	18.2	18.4	18.7	18.2	18.3
80+	20.1	22.1	22.6	20.6	21.1
Total	100.0	100.0	100.0	100.0	100.0
Number	21,810	21,254	9,202	33,862	43,064

1.4 Sex composition and sex ratios

Figure 7 and Table 3 show current and projected sex ratios among the older population in Bhutan, specifically the sex ratio for the overall older population aged 65+ as well as the disaggregated sex ratio for 65–79-year-olds and 80+ year olds. It can be seen that in 2017, there were slightly more men aged 65+ years than women (103 men compared to 100 women). This higher proportion of men aged 65+ is projected to persist to 2047. Interestingly, however when the 65+ group is broken down, it can be seen that men outnumber women in every year in the younger 65-79 age group, but women outnumber men at the oldest ages of 80+ years. This feminisation of ageing at the oldest old ages is projected to continue to 2047, by which it is expected that there will be 91 men for every 100 women aged 80+. The higher proportion of women at the oldest ages is due to the greater life expectancy of women compared to men.

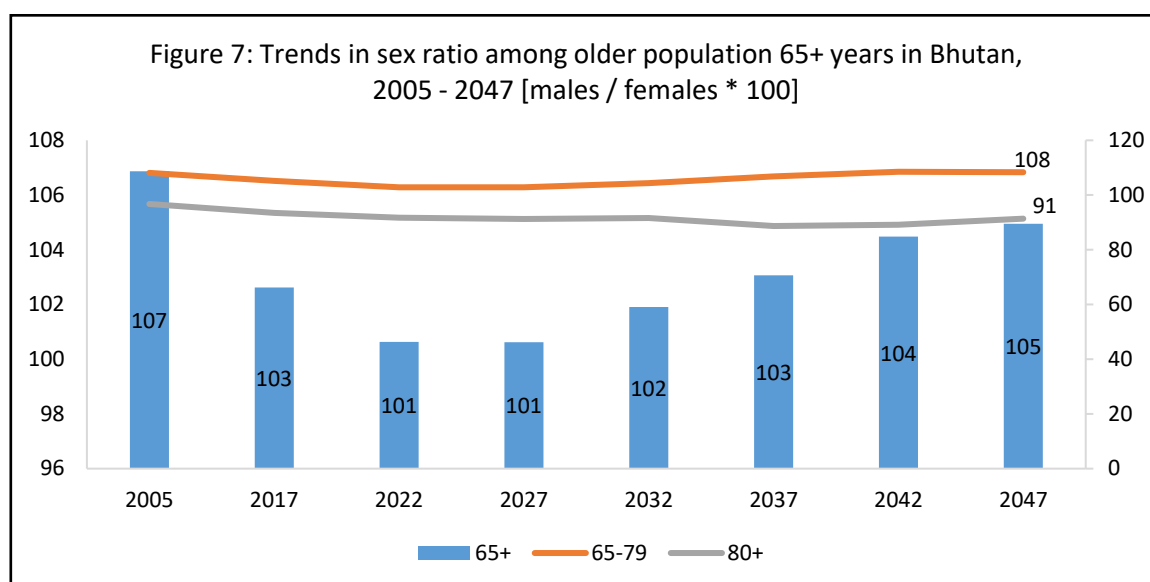


Table 3: Size and Percentage of Older Persons by Age Group and Sex in Bhutan, 2005 to 2047

Age group	2005			2017		
	Male	Female	Total	Male	Female	Total
65-69	5,999	5,362	11,361	7,585	7,069	14,654
70-74	4,493	4,249	8,742	5,876	5,592	11,468
75-79	2,677	2,568	5,245	3,965	3,906	7,871
80+	2,162	2,235	4,397	4,384	4,687	9,071
Total 65+	15,331	14,414	29,745	21,810	21,254	43,064
% 65+	4.6	4.8	4.7	5.7	6.1	5.9
Total Population	333,595	301,387	634,982	380,453	346,692	727,145

Table 3 (continued): Size and Percentage of Older Persons by Age Group and Sex in Bhutan, 2005 to 2047

Age Group	2022			2027			2032		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
60-64	11,626	10,885	22,511	13,907	12,565	26,472	16,461	14,773	31,234
65-69	9,611	9,478	19,089	10,694	10,147	20,841	12,843	11,769	24,612
70-74	6,580	6,206	12,786	8,387	8,376	16,763	9,380	9,016	18,396
75-79	4,662	4,595	9,257	5,269	5,147	10,416	6,760	6,996	13,756
80+	4,584	4,999	9,583	5,207	5,703	10,910	5,984	6,533	12,517
Total 65+ (amended)	25,437	25,278	50,715	29,557	29,373	58,930	34,967	34,314	69,281
% 65+ (amended)	6.4	6.9	6.6	7.1	7.7	7.4	8.2	8.6	8.4
Total Population	397,731	365,518	763,249	413,950	383,314	797,264	427,911	399,046	826,957

**Table 3 (continued): Size and Percentage of Older Persons by Age Group and Sex in
Bhutan, 2005 to 2047**

Age Group	2037			2042			2047		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
60-64	19058	16826	35884	25040	22485	47525	29388	26185	55573
65-69	15256	13889	29145	17721	15884	33605	23352	21302	44654
70-74	11316	10521	21837	13494	12483	25977	15745	14357	30102
75-79	7609	7583	15192	9233	8908	18141	11067	10638	21705
80+	7430	8378	15808	8770	9833	18603	10593	11596	22189
Total 65+ (amended)	41,611	40,371	81,982	49,218	47,108	96,326	60,757	57,893	118,650
% 65+ (amended)	9.5	9.8	9.6	11.0	11.1	11.1	13.4	13.4	13.4
Total Population	438,999	412,177	851,176	447,180	422,720	869,900	452,779	431,087	883,866

It is important to acknowledge that older women and men's experiences are likely to be different. Indeed, compared to men, older women often face greater gender-based discrimination. They are more likely to be poor and have fewer savings owing to lower labour force participation rates (see below) as well as increased unpaid caring responsibilities. This means that older women are often more financially dependent than their male counterparts. In addition, older women are more likely to be widowed (see below) and are also more likely to spend more years in poor health relative to men as seen in their greater gap between life expectancy at birth and healthy life expectancy at birth (see below). The greater proportion of women at the oldest ages demands special attention be given to the particular vulnerabilities that many older women face.

1.5 Marital status

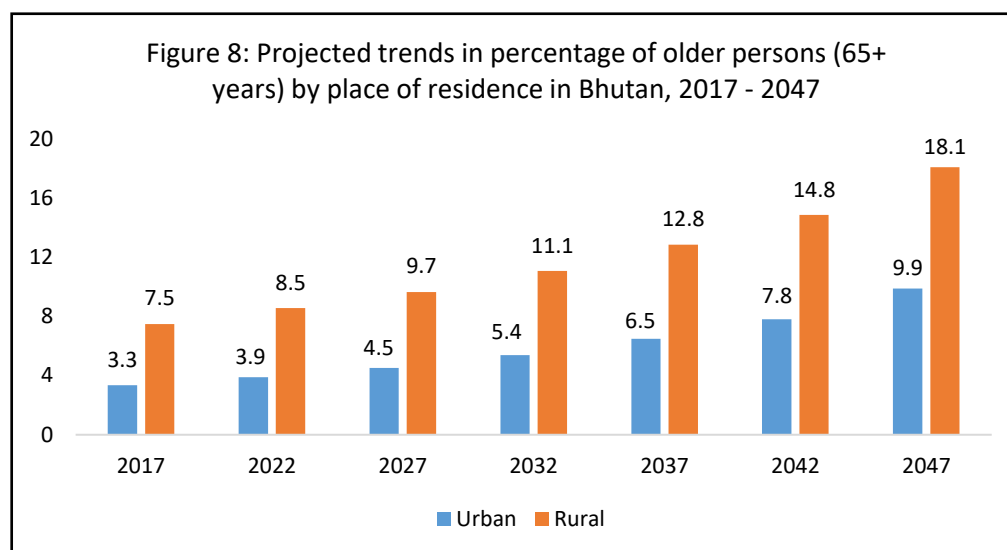
The unit level data of the Population and Housing Census of Bhutan indicate that in 2017 approximately three-quarters (72.2%) of the older population were either married or living together, while 5.0% had never been married. Notably, one in five older persons (19.8%) were widowed. The proportion of older women that were widowed (27.6%) was considerably higher than that for older men (12.1%) (Table 4). This has the potential to be associated with greater loneliness among older women. In addition, Table 3 shows that a higher proportion of older persons in rural areas is currently married compared to in urban areas while the proportion of widowed persons is higher in urban areas compared to the rural areas.

Table 4: Marital Status of the Older Population, Bhutan, 2017

Marital Status	Males	Females	Urban	Rural	Total
Never Married	6.3	3.7	5.0	5.0	5.0
Married / Living together	79.2	65.1	68.0	73.3	72.2
Divorced	1.7	2.7	2.7	2.1	2.2
Separated	0.7	0.8	0.7	0.8	0.8
Widow / widowed	12.1	27.6	23.4	18.8	19.8
No of cases	21810	21254	9202	33862	43064

3.5 Place of residence

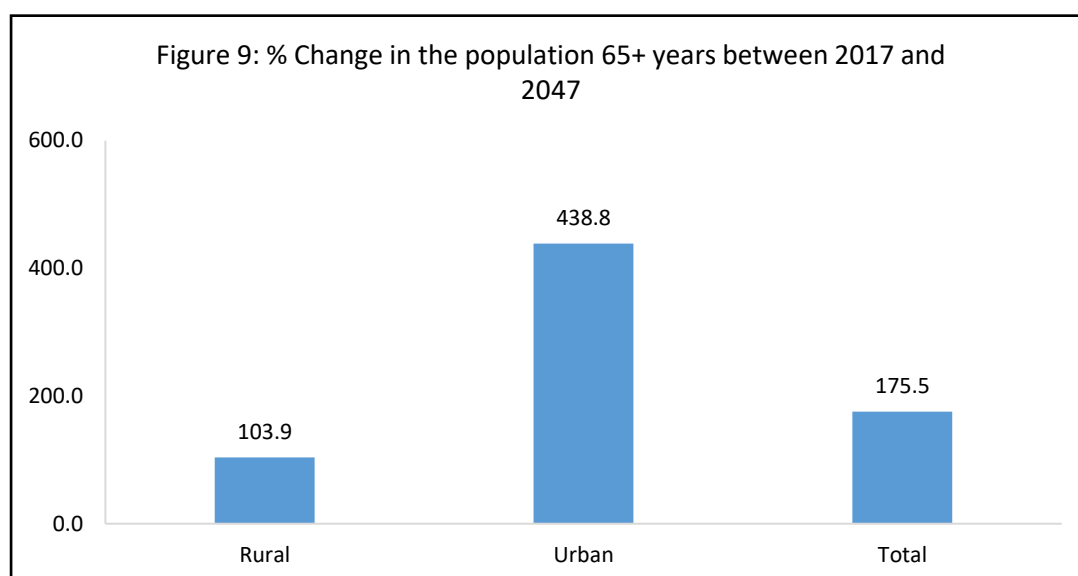
In 2017, rural areas had a higher proportion of older persons (7.5%) compared to urban areas (3.3%). The proportion of older persons is projected to increase in both rural and urban areas, but in all years the proportion of older persons in rural areas is expected to exceed that in urban areas. In 2047, it is projected that the proportion of older persons in rural areas (18.1%) will be almost double that in urban areas (9.9%) (Figure 8). The higher share of older persons in rural areas may be explained by outmigration of younger adults from rural to urban areas for education and employment. This would also explain the findings in Section 4 that a larger proportion of rural residents are living alone, and a smaller proportion are living with children compared to in urban areas.



One of the striking aspects about the speed of ageing in Bhutan is that ageing will be faster in the urban areas over next thirty years. As can be seen from Table 5 and Figure 9, the percentage increase in the number of older persons in urban areas is projected to be 438% as compared to only 103% in the rural areas. Due to internal migration, people are moving from rural to urban areas and it is likely that when they age, they will remain in urban areas, thus boosting a faster speed of ageing in urban areas.

Table 5: Size and Percentage change of Older Persons (65+ years) in Bhutan during 2017 and 2047

Place of residence	Population of 65+ years		% Change in the 65+ years
	2017	2047	
Rural	33,862	69,034	103.9
Urban	9,202	49,584	438.8
Total	43,064	118,650	175.5



3.6 Literacy status

Educational background is a powerful piece of information, which is derived from census data. Overall, only one in five older persons in Bhutan (22.2%) is literate (Table 6). The literacy rate among men (35.2%) is higher than that among women (8.7%), indicating a disadvantage of older women. In addition, the literacy rate among older people living in urban areas (32.7%) is higher than that in rural areas (19.3%), which is below the national average of literacy status among older persons.

Table 6: Literacy status of Older Persons by Sex and Place of Residence, 2017

Literacy Status	Males	Females	Urban	Rural	Total
Not Literate	64.8	91.3	67.3	80.7	77.8
Literate	35.2	8.7	32.7	19.3	22.2
N	21810	21254	9202	33862	43064

3.7 Labour force participation rate

According to census data, more than half (57.5%) of the older persons in Bhutan were not working in paid employment in 2017. The proportion who was not working was higher among female older persons (65.3%) as well as those living in urban areas (82.2%) (Table 7). In rural areas, there is no fixed age at retirement and persons continue to work in farming, hence only about 50% were found not to be working at the time of the census in 2017. Further research would be useful to understand whether older persons participate in economic activities out of choice or whether they face constraints of low income which force them to work out of necessity.

As far as the paid work participation rate and type of work is concerned, the majority of older persons working in rural areas were found to be engaged in farming or raising animals.

Table 7: Work Status of Older Persons by Sex and Place of Residence, 2017

Work Status	Males	Females	Urban	Rural	Total
Farming or raising animals	41.9	32.5	7.6	45.4	37.3
Working in sector other than raising animals	7.9	2.1	10.0	3.7	5.0
Looking for work	0.2	0.1	0.3	0.1	0.1
Not Working	49.9	65.3	82.2	50.8	57.5
Number	21810	21254	9202	33862	43064

In addition to the census, the Labour Force Survey Report of 2020,¹¹ provides estimates of the labour force participation rate among older persons. Among males aged 65+ years, the estimated labour force participation rate is 49.6%, while it is 33.3% for females aged 65+, which is slightly higher than the value from the census. However, this does not necessarily mean that during the years between 2017 and 2020, the rate has increased; rather such differences could be due mainly to definitional variation. Notably, there is a lack of information about whether older persons in Bhutan are working full-time or part-time. Further data on this distinction would be helpful.

4. Headship, Household Composition and Living Arrangements

4.1 Introduction

The reductions in fertility and mortality that drive population ageing do not occur in isolation. These shifts, which characterise the demographic transition, are embedded in the broader context of human development, including increasing incomes, urbanisation and migration, as well as changing patterns of cohabitation, marriage and divorce. Each of these trends has been associated with a shift in the composition of families and households, whereby nuclear-family households consisting of only a couple and their unmarried children, or very small households with only one or two members, have become more common, and traditional extended-family households have become less common. Recent evidence indicates that many countries in less developed regions are also experiencing a shift in family and household composition, if not to the same degree as has been observed in the more developed regions¹².

4.2 Household composition

The household composition of older persons can be studied by the number of household members living in those households which also have at least one older person. Table 7 presents the percentage of older persons living in a single or multi-member household. Those older persons living in single member households are a matter of concern and will be examined in more detail in the following sub-section on the living arrangements.

A significant percentage, overall, 16.9% of older persons are living in two-member households, most likely that with another older partner, while 42.2% are living in a household, with three

¹¹ National Statistics Bureau of Bhutan (2020) *2020 Labour Force Survey Report Bhutan*.

¹² UNDESA (2017) *World Population Ageing 2017*, United Nations: New York.

https://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2017_Report.pdf.

to five members (Table 8). Those living in a joint family, with eight or more household members constitute around 13.3% on average.

Table 8: Older Persons by the Household Size according to Sex and Place of Residence in Bhutan, 2017

Household size	Males	Females	Urban	Rural	Total
Single member HH	6.7	6.4	4.0	7.2	6.6
Two Members	17.1	14.8	8.6	18.0	16.0
Three to five members	41.3	43.1	40.2	42.7	42.2
Six to seven members	21.2	22.7	27.4	20.5	22.0
Eight and more members	13.7	13.0	19.8	11.6	13.3
Number of cases	21810	21254	9202	33862	43064

4.3 Living arrangements of older persons

Data on living arrangements are important because they provide a proxy indication of the potential support system available to older persons, and are also a key determinant of individual wellbeing, particularly in terms of loneliness which may be more common for people living alone.

The living arrangements of older persons are determined by cultural norms regarding co-residence and inter-generational ties and familial support, as well as individual preferences. Living arrangements are also fundamentally affected by demographic change. In an ageing population, older persons may have relatively fewer children and grandchildren compared to a youthful population. Partly because of this situation, older persons in more aged populations are less likely to live in multi-generational households and are more likely to live either alone or with a spouse only. On the other hand, the longer life spans associated with ageing populations may open potential opportunities for more complex intergenerational living arrangements, such as three- or even four-generation households. In 2002, the Madrid International Plan of Action on Ageing (MIPAA) identified older persons' living arrangements as one of the topics requiring greater research attention.

The census provides unit-level data on the living arrangements of older persons in Bhutan. The living arrangement pattern, whether living alone, with a spouse only, with children, or with relatives or non-relatives, has been derived based on the relationship of individual older persons with the head of the household, their marital status and sex.

While data on the living arrangements of older persons do provide an indication of the potential transfers and the potential support system available to older persons, it is important to note that living alone does not necessarily imply an absence of intergenerational transfers between older persons and their children. Similarly, when older persons live with children, it is not possible from census data to distinguish the direction of support: it could be that older persons are providing net transfers to their younger counterparts in a number of households.

In 2017, 6.6% of older persons in Bhutan were living alone. This figure is very similar among men and women and is slightly higher in rural areas compared to urban areas. 13.9% of older

persons are living in a two-member household with their spouse or partner without having any other relative or children co-residing with them. The incidence of living with spouse only is slightly higher in rural areas and among men (Table 9). The two most common living arrangements are living with a spouse and children (38.9% in total) and living with children only (31.9% in total). The former is more common among men compared to women, probably linked to the higher incidence of widowhood among females. The latter is more common among women compared to men. It is also more common among urban residents compared to rural residents. This may be because of rural to urban outmigration of younger people (i.e., the children of older persons), leaving fewer sources of potential support for older persons in rural areas.

Bhutan has had strong informal social security systems built on family and community solidarity. Traditionally, the family has held the exclusive responsibility for providing material and emotional support to older people¹³. The segment of the older population living alone may need additional support for their day-to-day needs.

Table 9: Living Arrangement Pattern of Older Persons (65+ years) in Bhutan, PHCB, 2017

Living Arrangements	Males	Females	Urban	Rural	Total
Living alone	6.7	6.4	4.0	7.2	6.6
Living with Spouse only	15.5	12.2	6.9	15.8	13.9
Living with Spouse and children	44.8	33.0	37.2	39.4	38.9
Living with children	23.0	41.1	40.8	29.5	31.9
Living with other relatives	6.6	5.4	5.4	6.1	6.0
Living with Non-relatives	1.1	0.5	0.9	0.8	0.8
Missing	2.5	1.4	4.7	1.2	2.0
Number of cases	21810	21254	9202	33862	43064

4.4 Headship rate among older persons

More than half of older males (52.5%) are regarded as head of the household in Bhutan, which is considerably higher than the proportion of female household heads (28.8%). In rural areas, the proportion of older persons that are heads of households (44.4%) is higher than that in urban areas (27.8%). Household headship among the older population also tends to decrease as age advances. Nearly half (47.5%) of older persons in age category 65-69 years had this status, which declines to around 29.3% for those in the highest age category of 80+ years (Table 10).

Table 10: Headship Rate among Older Persons by Background Characteristics in Bhutan, 2017

	Headship Rate
Sex	
Male	52.5
Female	28.8
Age Category	
65-69	47.5

¹³ National Statistics Bureau (2017) Understanding the Situation of Elderly Citizens in Bhutan. https://www.nsb.gov.bt/wp-content/uploads/dlm_uploads/2022/02/Understanding-the-situation-of-elderly-citizens-in-Bhutan.pdf.

	Headship Rate
70-74	43.0
75-79	38.5
80+	29.3
Place of Residence	
Urban	27.8
Rural	44.4
Marital Status	
Currently married	43.2
Widowed	36.5
Others	30.4

5. Health Status of Older Persons

5.1 Introduction

Healthy ageing involves ‘developing and maintaining the functional ability that enables well-being in older age’¹⁴ and is a key priority for all countries, including Bhutan. This section discusses various aspects of the health of the older population, including life expectancy and healthy life expectancy at birth, non-communicable diseases, sickness and injury, utilisation of health care services, and finally disability.

5.2 Life expectancy and healthy life expectancy

Life expectancy in Bhutan has improved considerably over the past few decades. According to estimates from the World Health Organisation (WHO), life expectancy at birth in 2019 in Bhutan was 63.4 years for both sexes on average (61.2 years for males and 65.7 years for females)¹⁵. Importantly, however, *healthy* life expectancy at birth in 2019 was lower than life expectancy at birth at 55.5 years for both sexes (54.5 years for males and 56.6 years for females)¹⁶. This average gap of 7.9 years between life expectancy at birth and healthy life expectancy at birth indicates that not all years of life expectancy are lived in good health. Importantly, the gap in life expectancy and healthy life expectancy for females (9.1 years) is greater than that for males (5.7 years), indicating that, on average, females spend a greater number of years of life in poor health compared to males.

5.3 Non-communicable diseases

Non-communicable diseases (NCDs) – such as cancers, cardiovascular diseases, respiratory diseases, and diabetes – represent the major cause of morbidity in Bhutan. The prevalence of NCDs has risen considerably over the past decades; they now account for approximately 70% of the reported burden of disease according to the WHO estimates. This increase in NCD prevalence is due largely to changes in lifestyle and dietary habits, as well as the global marketing of unhealthy products, and shifts in the age structure towards older ages where NCDs

¹⁴ World Health Organisation (WHO) (2020) *Decade of Healthy Ageing Baseline Report*, Geneva: World Health Organisation.

¹⁵ Note that the WHO estimates of life expectancy at birth are slightly different from the estimates from the Bhutan NSB noted earlier.

¹⁶ <https://apps.who.int/gho/data/node.main.688?lang=en>

tend to be more common than communicable diseases. NCDs in Bhutan account for 53% of all deaths on average and are responsible for the greatest proportion of deaths for all age groups. Among deaths caused by NCDs, cardiovascular diseases are responsible for the majority of cases (28%), followed by cancer (9%), respiratory diseases (6%) and diabetes (2%)¹⁷.

5.4 Incidence of sickness among older persons

In the absence of information about the types of diseases with which older persons are currently suffering, it is difficult to assess the health and disease profile of the older population in Bhutan. Nevertheless, unit level data from the BLSS, 2017 make it possible to assess self-reported data on the incidence of sickness and injury as well as health care utilisation by older persons.

The health module of the BLSS survey asked a question to all members of the sampled households about whether they suffered from sickness or injury in the last four weeks, prior to the survey in 2017. Based on the information, the analysis was done only for those persons who are 65 years or more and findings are presented in Table 11.

Older persons had much higher incidence of self-reported sickness (22.6%) compared to the population of all ages (12.1%). Within the population of older persons, there was a slightly higher incidence of sickness observed for females (24.2%) compared to males (21.1%) and for those living in urban areas (28.1%) compared to those living in rural areas (21.5%) (Table 10). The incidence of sickness increases with age within the older population, highlighting the challenges of the oldest-old population.

Table 11: Percentage of Older Persons (65+ years), Suffered from Sickness or Injury in last 4 Weeks Prior to Survey in Bhutan, BLSS, 2017

Background Characteristics	% suffering from sickness or injury in last 4 weeks	Number of cases
Sex		
Females	24.2	24697
Males	21.1	25886
Age Category		
65-69	21.2	16888
70 - 74	21.8	14315
75-79	22.6	8685
80+	25.9	10696
Place of Residence		
Rural	21.5	42348
Urban	28.1	8235
Total 65+	22.6	50583
All Ages	12.1	692895

¹⁷ Royal Government of Bhutan (2015) *The Multi-sectoral National Action Plan for the Prevention and Control of Non-communicable Diseases [2015-2020]*. <https://www.moh.gov.bt/wp-content/uploads/moh-files/2015/12/The-Multisectoral-National-Action-Plan-for-the-Prevention-and-Control-of-NCDs-2015-2020.pdf>.

5.5 Health care utilisation by older persons

The BLSS also collects data on whether those who reported suffering sickness in the past four weeks made any visit or consultation with a health provider. This gives an indication of the extent to which health services were utilised by older persons in Bhutan. Overall, 67.4% of those older persons who reported any sickness or injury had contacted a health provider, which is similar to the level of health care utilisation by the general population in the country (68.9%) (Table 12).

Older females are slightly less likely to consult health care providers when they experience sickness or injury compared to males (65.4% vs 69.7%). Those living in the rural areas are also less likely to consult health providers when they experience sickness or injury compared to those living in urban areas (66.2% vs. 72.3%). Although, the incidence rate of sickness increases with age, the proportion that report health care utilisation in the event of sickness tends to be lower at higher older ages.

The BLSS also asked a question about being admitted staying overnight at a medical facility such as a referral hospital, hospital or BHU in the last 12 months prior to the survey. The hospitalisation rate among older persons (5.8%) is higher than that at all ages (3.1%) (Table 11). A slightly higher incidence of hospitalisation was also observed among higher older ages and those from the urban areas compared to rural areas.

In terms of difficulty in seeing even wearing the glasses, 16.4% of the older population reported at least some difficulty. 20.5% reported experiencing at least some difficulty hearing and 21% reported at least some difficulty walking or climbing stairs. 8.5% of older persons reported at least some difficulties in remembering, 15.3% reported at least some difficulties in self-care while only 3.7% reported at least some difficulty with communication. In general, there were no noticeable sex differences in the proportions of older persons reporting each of these disabilities.

Table 12: Percentage of Older Persons (65+ years) who reported experiencing sickness or injury who Consulted a Health Provider for Sickness or Injury in last 4 Weeks Prior to Survey in Bhutan, BLSS, 2017

Background Characteristics	% who consulted health provider for sickness or injury in last 4 weeks	Number of cases
Sex		
Females	65.4	5976
Males	69.7	5464
Age Category		
65-69	73.4	3578
70 - 74	66.2	3124
75-79	70.5	1967
80+	59.1	2771
Place of Residence		
Rural	66.2	9126
Urban	72.3	2314
Total 65+	67.4	11440

All Ages	68.9	83184
-----------------	-------------	--------------

5.6 Incidence of hospitalisation among older persons

The BLSS also asked a question about being admitted staying overnight at a medical facility such as a referral hospital, hospital or basic health unit in the last 12 months prior to the survey. The hospitalisation rate among older persons (5.8%) is higher than that at all ages (3.1%) (Table 13). A slightly higher incidence of hospitalisation was also observed among higher older ages and those from the urban areas compared to rural areas.

Table 13: Percentage of Older Persons (65+ years), Hospitalised during 12 Months Prior to Survey in Bhutan, BLSS, 2017

Background Characteristics	% hospitalised during last 12 months	Number of cases
Sex		
Females	5.7	24697
Males	6.0	25886
Age Category		
65-69	4.5	16888
70 - 74	6.3	14315
75-79	6.6	8685
80+	6.7	10696
Place of Residence		
Rural	5.8	42348
Urban	6.2	8235
Total 65+	5.8	50583
All Ages	3.1	692895

5.7 Disability by domain and degree of difficulty among older persons

‘Functional ability is determined by the intrinsic capacity of an individual (i.e. the combination of all the individual’s physical and mental capacities), the environment in which he or she lives (understood in the broadest sense and including physical, social and policy environments) and the interactions among them’¹⁸. It is important to have knowledge on the disability status of the older population since it is a key element of functional ability. Persons with disabilities often face significant levels of discrimination and stigma in their everyday lives, and as a result, many are not visible in society, and are prevented from participating in their communities and families. Further, among the persons with disabilities women and girls with disabilities are at particular risk as they live with double discrimination. ‘Persons with disabilities’ includes those who have long- term physical, mental, intellectual, or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society. The Government of Bhutan recognises that persons with disabilities have the right to enjoy the highest attainable standard of health without discrimination based on disability and in 2019, it

¹⁸ World Health Organisation (2020) Decade of Healthy Ageing: Plan of Action.
<https://www.who.int/publications/m/item/decade-of-healthy-ageing-plan-of-action>.

introduced a policy to ensure that persons with disabilities have access to affordable and quality health care services that are gender sensitive and age appropriate.

According to the PHCB, about 2.1 per cent of the country's total population is living with a disability. However, there is very little information and few studies conducted on the type and nature of disabilities and specific challenges faced by persons with disabilities in the country.

In order to understand the extent and type of disabilities faced by the older persons in Bhutan, the unit level data from census was analysed. Although such information is also available from BLSS, census data were used, as they cover the entire population.

To understand and measure disability in Bhutan, the Washington Group (WG) of questions, which cover the six functional domains of seeing, hearing, walking, cognition, self-care, and communication, were adopted in the Population and Housing Census of Bhutan (PHCB) 2017. The disability questions were asked to all members of the household irrespective of age. Here, data are reported exclusively for the 65+ population and are also shown disaggregated by sex, age, and place of residence.

In terms of difficulty in seeing even wearing the glasses, 16.4% of the older population reported at least some difficulty. 20.5% reported experiencing at least some difficulty hearing and 21% reported at least some difficulty walking or climbing stairs. 8.5% of older persons reported at least some difficulties in remembering, 15.3% reported at least some difficulties in self-care while only 3.7% reported at least some difficulty with communication. In general, there were no noticeable sex differences in the proportions of older persons reporting each of these disabilities (Table 14).

Table 14: Percentage of Older Persons (65+ years) suffering from Various Types of Disability by Sex in Bhutan, PHCB, 2017

Type of disability	Males	Females	Total	Type of disability	Males	Females	Total
Difficulty in seeing even wearing glasses				Difficulty in remembering - cognitive			
No difficulty	82.9	82.8	82.9	No difficulty	92.0	90.9	91.5
Some difficulty	13.5	13.1	13.3	Some difficulty	6.4	6.9	6.6
A lot of difficulty	3.0	3.3	3.1	A lot of difficulty	1.3	1.8	1.6
Cannot see at all	0.5	0.7	0.6	Cannot do at all	0.2	0.4	0.3
Difficulty in hearing				Difficulty in self care			
No difficulty	78.7	80.1	79.4	No difficulty	85.8	83.3	84.6
Some difficulty	15.4	14.3	14.9	Some difficulty	8.6	9.9	9.2
A lot of difficulty	4.6	4.4	4.5	A lot of difficulty	3.3	3.8	3.5

Type of disability	Males	Females	Total	Type of disability	Males	Females	Total
Cannot hear at all	1.1	1.0	1.1	Cannot do at all	2.2	3.0	2.6
Difficulty in walking or climbing				Difficulty in communication			
No difficulty	80.5	77.4	78.9	No difficulty	96.4	96.0	96.2
Some difficulty	13.6	15.4	14.5	Some difficulty	2.3	2.5	2.4
A lot of difficulty	4.8	5.5	5.2	A lot of difficulty	0.7	0.8	0.8
Cannot walk at all	1.1	1.6	1.3	Cannot do at all	0.5	0.5	0.5

What is clear, however, is an increasing prevalence of disabilities (with the exception of cognitive difficulties) at older ages within the older population. For example, 22.9% of people age 80+ years experienced at least some difficulty seeing, compared to 12.6% of people aged 60-69 years. 30.9% of 80+ year olds experienced at least some difficulty with self-care compared to 7.6% of 60-69-year-olds, and 30.6% of 80+ year olds experienced at least some difficulty walking or climbing compared to 14.2% of 60-69-year-olds (Table 15). This indicates the accentuated vulnerabilities of the oldest old population in the country.

Table 15: Percentage of Older Persons (65+ years) suffering from Various Types of Disability by Age in Bhutan, PHCB, 2017

Disability	60-69	70-74	75-79	80+	Disability	60-69	70-74	75-79	80+
Difficulty in seeing even wearing glasses					Difficulty in remembering - cognitive				
No difficulty	87.4	83.1	80.9	76.9	No difficulty	92.1	91.3	91.4	90.7
Some difficulty	10.8	13.7	14.5	15.8	Some difficulty	6.7	6.9	6.4	6.4
A lot of difficulty	1.5	2.6	3.8	5.9	A lot of difficulty	1.0	1.6	1.8	2.1
Cannot see at all	0.3	0.5	0.6	1.2	Cannot do at all	0.2	0.2	0.3	0.7
Difficulty in hearing					Difficulty in self care				
No difficulty	86.0	80.3	77.0	69.7	No difficulty	93.3	87.4	82.1	69.0
Some difficulty	10.9	14.7	16.8	19.8	Some difficulty	4.8	8.6	11.2	15.5
A lot of difficulty	2.4	3.9	4.8	8.6	A lot of difficulty	1.1	2.4	3.7	8.7
Cannot hear at all	0.6	1.0	1.3	1.8	Cannot do at all	0.7	1.5	2.8	6.7
Difficulty in walking or climbing					Difficulty in communication				

Disability	60-69	70-74	75-79	80+	Disability	60-69	70-74	75-79	80+
No difficulty	85.7	80.0	76.1	69.3	No difficulty	97.1	96.1	95.6	95.5
Some difficulty	11.0	14.8	16.4	17.9	Some difficulty	1.8	2.5	2.9	2.9
A lot of difficulty	2.8	4.2	6.1	9.4	A lot of difficulty	0.6	0.7	0.8	1.0
Cannot walk at all	0.4	0.9	1.4	3.3	Cannot do at all	0.4	0.6	0.7	0.6

The prevalence of difficulties experienced by the older persons living in rural areas was also higher compared to urban areas for most of the disabilities presented (Table 16).

Table 16: Percentage of Older Persons (65+ years) suffering from Various Types of Disability by Place of Residence in Bhutan, PHCB, 2017

Type of Disability	Urban	Rural	Type of Disability	Urban	Rural
Difficulty in seeing even wearing glasses			Difficulty in remembering – cognitive		
No difficulty	87.7	81.6	No difficulty	92.9	91.1
Some difficulty	9.8	14.3	Some difficulty	5.5	6.9
A lot of difficulty	1.9	3.5	A lot of difficulty	1.2	1.6
Cannot see at all	0.4	0.6	Cannot do at all	0.2	0.3
Difficulty in hearing			Difficulty in self care		
No difficulty	84.6	78.0	No difficulty	87.9	83.7
Some difficulty	11.5	15.8	Some difficulty	7.5	9.7
A lot of difficulty	3.1	4.9	A lot of difficulty	2.7	3.8
Cannot hear at all	0.5	1.2	Cannot do at all	1.8	2.8
Difficulty in walking or climbing			Difficulty in communication		
No difficulty	81.4	78.3	No difficulty	97.4	95.9
Some difficulty	13.1	14.8	Some difficulty	1.4	2.7
A lot of difficulty	4.4	5.4	A lot of difficulty	0.6	0.8
Cannot walk at all	0.9	1.5	Cannot do at all	0.3	0.6

There is a need for deeper understanding of the health and morbidity profile of older persons in Bhutan. This could be achieved either through adding a separate module in upcoming large-

scale surveys conducted by the NSB or by the Ministry of Health. Another possibility would be to design and implement a special survey among older persons, which could serve a rich source of information for on various aspects and conditions among the older population in Bhutan.

5.8 Covid-19

Finally, in this section on health it is important to mention the Covid-19 pandemic. Not only at a global level did older persons in have higher mortality rates from Covid-19 than the general population, they (along with other marginalised groups) were more likely to experience a greater negative impact of the pandemic¹⁹. Covid-19 has brought disruption to the daily routines, care and support received by older persons as well as their social networks and access to physical contact with others, and the way they are perceived in society²⁰. Paying particular attention to the needs of older persons, and the creation of opportunities to promote healthy ageing during this current and future pandemic as well as other emergencies will be essential.

6. Conclusions and the Way Forward

Longer lives are one of our most remarkable achievements. They reflect advances in social and economic development as well as in health and the reduction in mortality.

Yet population ageing also presents challenges for governments and society. Such population changes necessitate planning to prepare for and respond to the needs of current and future older persons and to realise the goals set out in the 2030 Agenda.

To understand the issues surrounding population ageing and the situation of older persons in Bhutan, the thematic report has attempted to collate information from various sources. However, there are many areas where data gaps still exist. Although information is available on the projected number and proportion of the older persons, data are not currently available on the social security aspects of the older persons, their health profile, behaviours, and practices related to lifestyle, nor on their available networks and social support systems.

Based on the data available, the report lays out a set of recommendations that can ensure a good quality of life of older persons.

Older persons are not a homogenous group, and a one-size-fits-all policy will not be sufficient. It is important not to standardise older people as a single category but to recognise that the older population is just as diverse as any other age group, in terms of, for example, age, sex, place of residence, education, income and health. Each group of older persons has particular needs and interests that must be addressed specifically through tailored programmes and intervention models to ensure that no one is left behind.

¹⁹ UNFPA Asia Pacific Regional Office (2020) *Addressing Population Ageing in Asia and the Pacific Region: A Life-Cycle Approach*. https://asiapacific.unfpa.org/sites/default/files/pub-pdf/201209_unfpa_a_life_cycle_approach_layout_v2-1.pdf.

²⁰ World Health Organisation, *Older People & Covid-19*. <https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/covid-19>.

7. Recommendations

1. Develop a national policy on older persons to promote active ageing

Policy measures are critical to address population ageing and for achieving the Sustainable Development Goals (SDGs). In particular for ending poverty in all its forms everywhere (SDG 1), ensuring healthy lives and promoting well-being for all at all ages (SDG 3), achieving gender equality and empowering all women and girls (SDG 5), and reducing inequalities within and among countries (SDG 10). The policy should provide broad directions to ensure active ageing and ensure the human rights of older persons and can provide a basis for specific programmes and interventions addressing various issues and challenges faced by the older persons.

To ensure a coordinated and focused response to deal with ageing issues, the designation or creation a new department to oversee the planning, implementation and monitoring of programmes focused on active ageing and the situation of older persons could also be useful. Such a department could also facilitate convergence among various other relevant departments for inclusive programmes for active ageing and to address the needs of older persons in the country.

2. Mainstream ageing issues in existing policies and programmes

Population ageing is a multidimensional issue, involving aspects of health, social security, employment, housing, transport, and the environment, as well as the needs of specific older populations such as women and persons with disabilities among others. Addressing various issues surrounding ageing and the older persons therefore requires a multi-sectoral response, incorporating dialogue and inputs from diverse stakeholders. Sharing knowledge, expertise and resources is key. Issues related to population ageing and older persons may be mainstreamed into already existing policies and programmes to ensure inclusion of ageing and the needs of older persons in all national development policies and programmes. It will be particularly important to mainstream issues of ageing into gender policies and programmes as well as rural and urban development programmes. Such an initiative should encourage convergence and resource sharing between various programmes and government departments to leverage expertise from each other.

3. Address gender equality and women's empowerment in the context of population ageing

As emphasised in the report, older women may be particularly disadvantaged compared to older men. They are often more vulnerable to gender-based discrimination and face a number of specific barriers. It is key that gender is mainstreamed into all policy measures aimed to address population ageing and the situation of older persons. This means carefully assessing the implications of any policy for women and men and making sure that the experiences of women and men resulting from any proposed policy are considered. For example, special attention to the needs of older women in terms of financial security may be demanded since older women are likely to have spent a greater proportion of their lives outside of the paid labour force compared to men and have spent more time in unpaid care work; they are also more likely to be widowed than men which may further exacerbate financial dependency. Specific measures to ensure poverty reduction and financial security for older women are important. In addition, policy measures to improve the health of older persons should pay

attention to gender, noting that women are likely to spend a greater proportion of their lives in poor health compared to men. A gender-specific approach to reducing risk factors and for treatment for diseases may also be required. Finally, the greater prevalence of widowhood among older women may be associated with greater loneliness. Policies and programmes to address the social and emotional wellbeing of older persons should pay particular attention to the needs of older women.

4. Address the financial security of older persons

Financial security is one of the major concerns as people age. It is an issue for both older persons and a growing challenge for families and societies. Therefore, it is important to establish social protection programmes, with social protection floors, that can be sustained over the long term to prevent poverty, reduce inequality, and promote social inclusion among older persons. To ensure that all older persons can live with dignity and security, enjoying access to essential health and social services and a minimum income, there is a need to design and implement a national social protection scheme. This will help the autonomy and independence of older people, prevent impoverishment in old age and contribute to healthy ageing. Many countries in the region are implementing old age pension schemes for older persons belonging to the lowest strata of society and lessons can be learned to design appropriate programme for Bhutan. In addition, strengthening and sustaining traditional forms of social protection will be important.

Alongside measures to establish social protection programmes, policies and programmes that facilitate older persons who wish work to continue to participate in the paid labour force could be helpful. Such policies may involve measures to reduce age-based discrimination by employers in hiring, promotion, and retention as well as the development of lifelong learning programmes and retraining opportunities to allow older persons to develop new skills to enable them to participate in an evolving world of paid work. Specific attention to the financial needs and employment opportunities for older women will be essential. The participation of older members of society who wish to work in the paid labour force can also have benefits for socioeconomic development.

5. Ensure an adequate health system response

Health is determined by many economic, social, psychological, and physiological factors. Poor health and morbidity diminish the quality of life and wellbeing of the older population while increasing psychological distress and the perception of vulnerability. With advancing age, disability becomes a major concern, seriously limiting functioning in daily life and hence increasing the care-giving burden.

Preventative measures that reduce the risk of disease and promote the maintenance of function, confidence and engagement can support healthy ageing. Particularly important in this regard will be adopting a life-course approach to address NCD risk factors (such as tobacco use, physical inactivity, harmful use of alcohol and unhealthy diets). Various cost-effective measures to tackle NCD risk factors are outlined in the World Health Organisation's 'Best buys'²¹. They include among other interventions such as increasing taxes and prices of tobacco and alcohol products; enacting and enforcing bans on tobacco advertising and bans on

²¹ World Health Organisation (2017) 'Best buys' and other recommended interventions for the prevention and control of noncommunicable diseases. <https://apps.who.int/iris/bitstream/handle/10665/259232/WHO-NMH-NVI-17.9-eng.pdf>.

comprehensive restrictions on alcohol products; reducing salt intake through the reformulation of food, behaviour change interventions and mass media campaigns and front-of-pack labelling; as well as implementing community-wide public education and awareness campaigns focused on increasing physical activity.

Alongside preventative measures, a quality health service focused on cure as well as long-term care services will also be needed. This will require capacity building of health professionals for geriatric care, including long-term care and treatment as well as expanding hospital capacity and creating special facilities in hospitals and health centres exclusively for older persons.

6. Ensure the social and emotional security of older persons

The well-being of older persons can also be affected by their living arrangements, particularly in developing countries where older persons may have little recourse to formal welfare systems. In Bhutan families are traditionally expected to take care of older relatives. The data suggest that that proportion of older persons living alone (7%) or with a spouse or partner only (13%), altogether 20%, is a sizable proportion. Those living alone are likely to be more susceptible to social isolation and loneliness. The Government could devise interventions targeted at involving communities and local governance bodies in the care of older persons in remote areas. Some special programmes such as community-based day care centres, raising awareness of the needs of older persons and providing incentives and support for families to care for the older persons could also be initiated.

7. Conduct regular research on population ageing and the situation of older persons in Bhutan

To understand various aspects of the needs of the older persons as well as to monitor the implementation of the policies and programmes, high-quality, timely and regular data are key. This will enhance the quantity and quality of data for require systematic planning to build up better coordination among various data collection efforts so that relevant data can be collected, and adequate analysis can be undertaken. This would also encourage more research on population ageing and its impact on the older persons in Bhutan. Such data collection could be achieved in part by adding a module related to population ageing to existing large-scale surveys in Bhutan.