Factors Associated with the Prevalence of Non-Communicable Diseases in Nepal

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Abstract

The burden of non-communicable diseases is increasing in Nepal. The non-communicable diseases are increasing in Nepal due to various reasons. Major issues are migration to urban settings, changing lifestyles, and stressful lives. It is an outcome of bad food consumption habits and limited physical activity. This article aims to examine the factors associated to increase the prevalence of non-communicable diseases, and their socio-economic differences in Nepal. Researchers used a desk review method and analyzed data from national-level surveys, censuses, and published and unpublished publications. The data was analyzed descriptively and presented in graphs and tables, providing insights into the socio-economic factors affecting NCD prevalence and awareness in Nepal. Nepal has a high (24 percent) alcohol consumption rate among adults, with 48 percent of males and 12 percent of women using tobacco, and 14 percent of adult use alternative smoking (vape-pen containing nicotine) in Nepal. Most people don't consume enough fruits and vegetables, and only 50 percent engage in physical activity. These habits increase the risk of blood sugar, obesity, and injury/accident in Nepalese people. Although, government has implemented safety measures to reduce the risk of non-communicable diseases (NCDs), but these efforts have not been effective. Therefore, government should prioritize healthy food, active lifestyles for youth and adults, and compulsory volunteer work for local development.

Keywords: Awareness, habits, food consumption, blood sugar, NCDs.

Introduction

Non-communicable diseases (NCDs) are long-term illnesses that are not infectious diseases from person to person. Therefore, non-communicable diseases are harmful to individual health. NCDs are called chronic diseases because they tend to last a long time (WHO, 2024). NCDs are not only genetic but also a combination of physiological, environmental, and behavioral factors. Kang et al. (2021) show that nearly two-thirds of global deaths occur from non-communicable diseases. The death rate occurs around 43 percent in developing countries and 25 percent in developed countries.

Studies show that cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes are leading causes of premature death. It impacts people of all ages, sexes, and regions. The World Health Report shows that nearly 18 million people have died before the age of 70 from non-communicable diseases. It varies from country to country, with 82 percent of deaths in low- and middle-income countries. The reasons for NCDs are unhealthy diets, physical inactivity, tobacco use, alcohol, and air pollution (WHO, 2024).

Studies on trends and disparities of non-communicable diseases show that income has an inverse association with hypertension management rates. The prevalence of hypertension is low in the Western Pacific region, where China and Japan have an increasing level of hypertension. The Western Pacific region faces significant challenges in managing hypertension and diabetes. The rapid increase in NCDs in the Western Pacific region is a result of complex interactions of many determinants in multiple domains.

Asia is the most densely populated region. There are 25 percent of the world population 2087637170 people) alive in the South Asian region. Therefore, a public health concern has been seen in South Asia. There was a substantial increase in the use of tobacco, alcohol, and unhealthy diets, they responsible for increasing NCDs. Smoking causes a large percentage of coronary heart disease, around 33 percent of all ischemic heart disease from smoking, 35 percent of CVD, and 83 percent caused by smoking. This impact was mainly observed with young people aged 25-65 years (Ndubuisi, 2021).

The burden of NCDs was varies by age and sex in South Asia. The premature death due to non-communicable disease is higher among males than females. Studies shows that the trends of premature death have been changing. Probability of mortality due to non-communicable was

higher among male than female before 2000, and it was changed since 2010. It was observed that the probability mortality for male was slightly decline but probability of mortality from NCDs for women was not declined. Therefore, level of mortality for women due to non-communicable was higher for women in later age (Pardhan et al., 2025). It was argued that death from non-communicable diseases has increasing in Nepal, it was 29.9 percent in the year 1990 and was increased 69.3 percent in 2020. On the other hand, burden of death from communicable disease was decreased from 63.6 percent in 1990 to 21.2 percent in 2020. The death from non-communicable diseases was higher among female than male (28.7 percent vs 30.9 percent) in the year 1990, and was changed higher among male than female (69.4 percent vs 69.3 percent) in the year 2020 (Pandey et al., 2020).

Studies show that over 60 percent of deaths occur from NCDs in the South Asian region. The major factors are environmental, behavioral, biological, and chronic non-communicable diseases. Many factors that promote tobacco use, unhealthy diet, and inadequate physical activity they help increase premature death. Non-communicable diseases (NCDs) can increase economic burden at the family level through loss of productivity and income, as well as spending on chronic medical care. Environmental factors like poverty, low education, and stress contribute to NCDs, while behavioral factors like tobacco use, unhealthy diet, and physical inactivity contribute to their increase. Biological factors such as high blood glucose, high blood pressure, and abnormal serum lipids are more prone to NCDs. Heart diseases, stroke, cancer, and chronic lung diseases are the main risk factors for NCDs and premature death (Dans et al., 2011). In the case of Nepal, among three risk factors (behavioral, metabolic, and environmental) the total death due to air pollution was observed 15 percent, behavioral risk factors 43 percent and metabolic risk factors was 10 percent in the year 1990 in Nepal, that was decreased for 37 percent in the year 2020 (Pandey et al., 2020). Therefore, this study aims to examine the factors associated to increase the prevalence of non-communicable diseases, and their socio-economic differences in Nepal.

Methods and Data

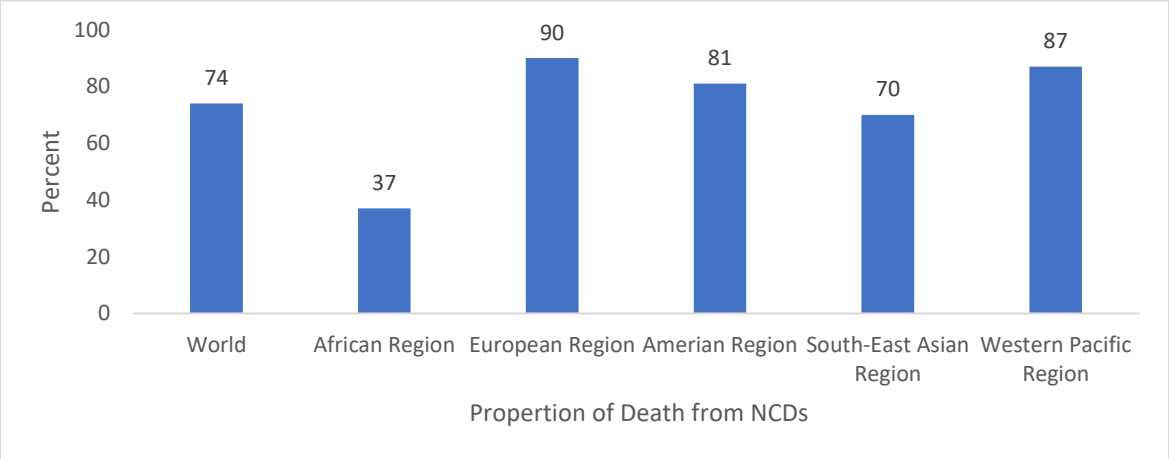
This paper used a desk review method, it mainly focused on the data from national level health survey and census of Nepal that includes Nepal Living Standard Survey (2023), Nepal Demographic and Health Survey (2022), STEP Survey (2019), Department of Health Services

(2025), National Housing and population census (2021), and other published and unpublished national and international publications. The World Bank reports, UN publications, and research works related to non-communicable diseases. The data was analyzed descriptively and presented in graphs and tables, providing insights into the socio-economic factors affecting NCD prevalence and awareness in Nepal.

Results and Discussion

The level of death from non-communicable diseases is increasing worldwide. Nearly two-thirds of deaths occurred from non-communicable disease, which was higher (90 percent) in the European continent, followed by 87 percent in the Western Pacific region, 81 percent in the American region, and 70 percent in the Southeast Asia region. The rate of death from non-communicable diseases is lower (30 percent) in the African region.

Figure 1. *Distribution of Deaths from Non-Communicable Diseases Worldwide*



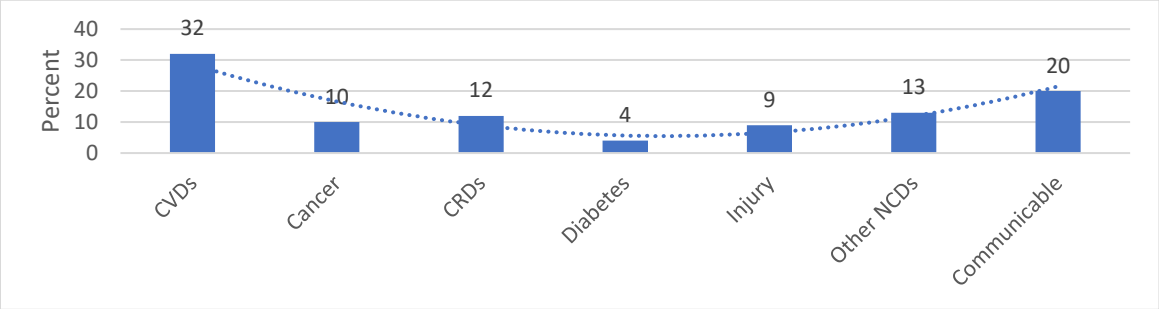
Source: WHO, 2025

Burden of NCDs in South Asia

The burden of non-communicable diseases in South Asia has been increasing over the last decades. Nearly 80 percent of deaths occur due to non-communicable diseases in South Asian countries. Among various NCDs, Cardiovascular Diseases (CVDs) are the leading cause of death (32 percent), CRDs place second with 12 percent. Other non-communicable diseases are cancer 10 percent, injury 9 percent, and diabetes (4 percent). Studies show that the incidence of cardiovascular and respiratory diseases has declined, but diabetes and cancer have risen in South

Asia. Nepal faced the highest environmental impact (23 percent), Bangladesh has the greatest metabolic implications (26 percent), and India has the highest behavioral factors (24 percent) for the non-communicable diseases burden (Pradhan et al. 2025).

Figure 2. *Distribution of Causes of Death in South-East Asia*



Source: WHO, 2025

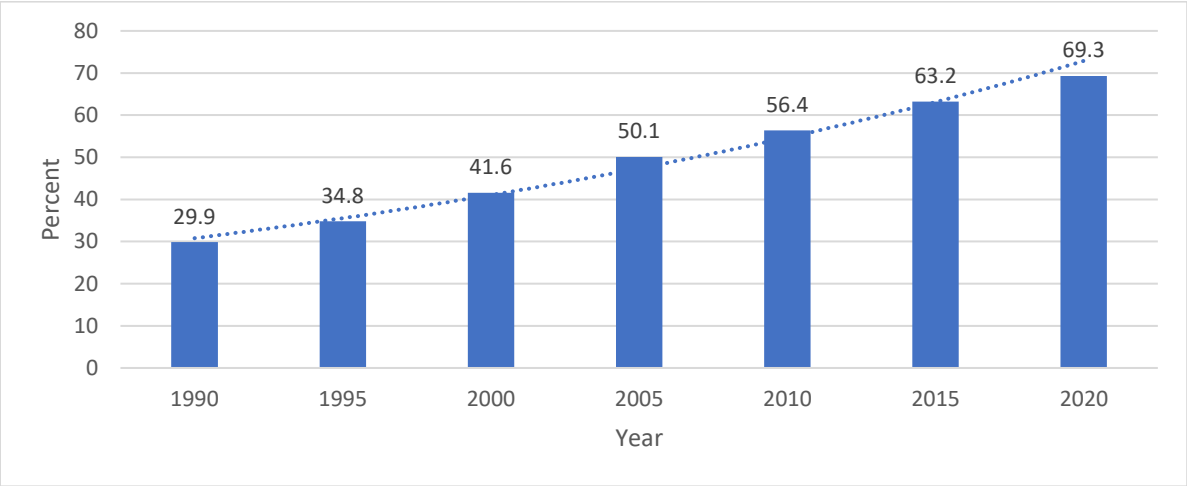
China is prioritizing the prevention and control of non-communicable diseases (NCDs) to achieve the Sustainable Development Goal and Healthy China 2030 Initiatives. Major issues include cardiovascular diseases, cancer, chronic respiratory diseases, and diabetes. Obesity, hypertension, diabetes, and dyslipidemia rates increased from 2002 to 2018, with rural areas experiencing faster rates. Awareness, treatment, and control of hypertension and diabetes also slowed from 2012 to 2018 (Peng et al., 2023).

Premature mortality from non-communicable diseases (NCDs) remains a significant challenge in India. Although there is a declining trend, the rate is not enough to meet the WHO's "25 by 25" and SDG 3.4 targets. India is the leading killer of NCDs due to several factors. Strengthening surveillance systems, enhancing CRS data, providing community education, ensuring medicine and technology availability, and policy changes are necessary for the prevention and control of NCDs. Targeted policies aimed at curbing obesity, promoting physical activity, and a healthy diet could help reduce premature mortality (Kulothungan et al., 2024).

It was argued that death from non-communicable diseases has increasing in Nepal, it was 29.9 percent in the year 1990 and was increased 69.3 percent in 2020. On the other hand, burden of death from communicable disease was decreased from 63.6 percent in 1990 to 21.2 percent in 2020. The death from non-communicable diseases was higher among female than male (28.7

percent vs 30.9 percent) in the year 1990, and was changed higher among male than female (69.4 percent vs 69.3 percent) in the year 2020 (Fig. 3).

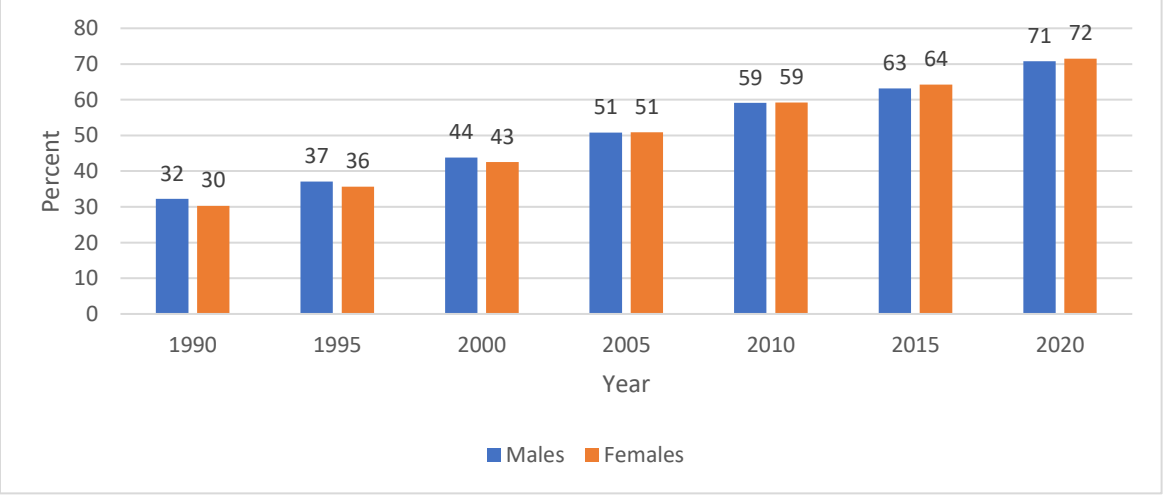
Figure 3. *Trends of Death from Non-Communicable Disease in Nepal*



(Pandey et al., 2020).

The death from non-communicable diseases was higher among female than male (32 percent vs 30 percent) in the year 1990, and was changed higher among male than female (69.4 percent vs 69.3 percent) in the year 2020 (Pandey et al., 2020).

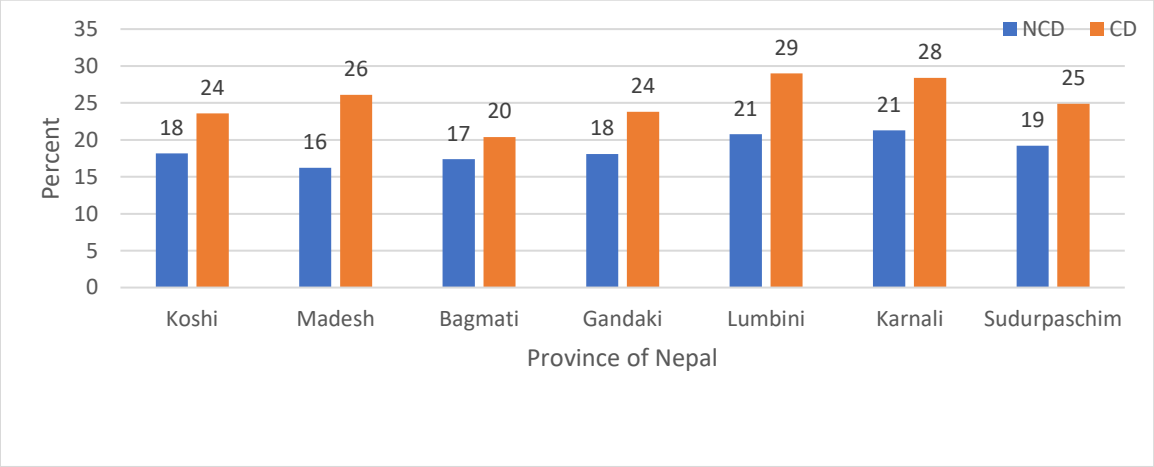
Figure 4. *Distribution of Trends of NCDs by Sex in Nepal*



Non-communicable diseases in Nepal vary by province due to socio-economic status, health services, and personal food habits and active life. Lumbini and Karnali provinces have a higher proportion (21 percent) of non-communicable diseases, followed by Sudurpaschim (19

percent). Madhesh province has the least (16 percent) NCDs. On the other hand, Lumbali province has a higher proportion of communicable diseases (29 percent), followed by Karnali (28 percent), and Madhesh (26 percent).

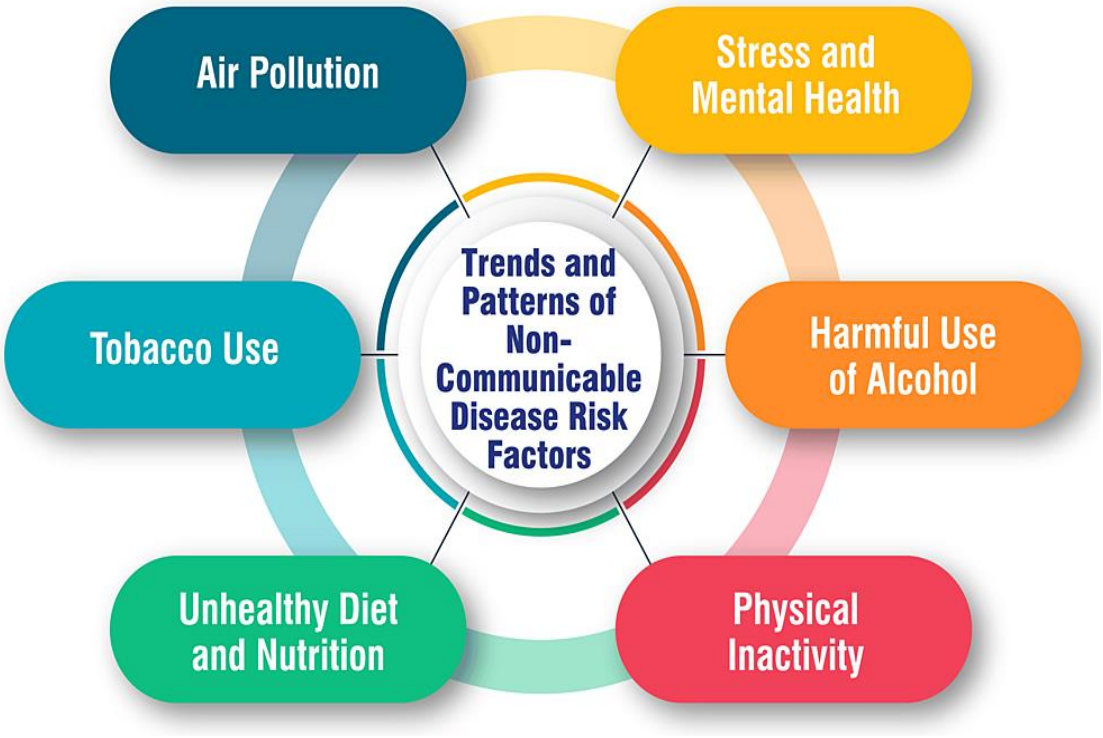
Figure 5. *Distribution of Diseases by Province in Nepal*



The leading non-communicable disease is blood pressure (20 percent) in Nepal, which is higher in males than in females. The gastrointestinal problems were observed in the second (14 percent), and diabetes in the third (10 percent). Most of the NCDs, including blood pressure and diabetes, are higher among males in Nepal (NLSS, 2023). Whereas female leading NCDs are orthopedic, gastrointestinal, and endocrine problems. Pradhan et al. (2025) outlined that the leading burden of NCDs in South Asia is the burden of cardiovascular diseases, diabetes, chronic respiratory diseases, and cancer.

Studies show that various risk factors are associated with the growing burden of non-communicable diseases in Nepal. Sharma et al. (2024) outlined that NCDs are associated with inappropriate dietary habits and several inappropriate lifestyle habits. The major associated factors for increasing NCDs are smoking, alcohol consumption, physical activity, fast food consumption, skipping meals, and inappropriate sleeping habits (Kang et al., 2021).

Figure 6. *Factors Associated with NCDs Risk Factors*



Source: Sharma et al., 2024

However, there is no reliable lifestyle-related data to compare with the causes of NCDs, but some foods and habits like smoking, alcohol consumption, and physical activity have shown an alarming for NCDs in Nepal. The study has discussed some major issues regarding NCDs in Nepal, which include smoking, alcohol consumption, and physical activity etc.

a. Tobacco use

About 28.9 percent of people of age 15-69 years have used tobacco in Nepal. Major types of tobaccos in Nepal are: cigarettes, bidis, cigars, pipes, hukahs, and tamakhus, as well as smokeless tobacco products like snuff, chewing tobacco, and nasal snuffs. The use of tobacco is higher among males (48 percent) than women (12 percent). The use was higher (43 percent) in age 55-69 years and least (15 percent) in adults (15-24 years). The use of tobacco was higher (31.7 percent) in rural municipality than urban region (24.6 percent); Lumbani province have higher (36.4 percent), and least (28.9 percent) in Koshi, and Bagmati. The use of tobacco was vary by education in Nepal, it was higher (34 percent) among no education, and lowest (21 percent) with more than secondary education. Finally, the use of tobacco was higher (33.4

percent) among lowest wealth quintiles and least (25.3 percent) among higher wealth quintiles in Nepal.

On the other hand, the use of electronic cigarettes that use batteries or other methods to produce vapors that contain nicotine (names such as e-cigarette, vape-pen, e-shisha, e-pipes) is increasing in Nepal. About 11 percent of all adults aged 15-69 years have heard of e-cigarettes, and 14 percent of them were using the product (Dhimal et al., 2020).

Tobacco is becoming a major risk factor for non-communicable diseases (NCDs) worldwide. There were over 8 million deaths causing from NCDs. Nepal is one of the co-signatory countries to the WHO Convention on Tobacco Control. The MPOWER (Monitor, Protect, Offer, Warn, Enforce, and Raise) policy package of the WHO FCTC plays a significant role in decreasing the use of tobacco worldwide. Nepal is a co-signatory to the WHO Convention on Tobacco Control, and is working on tobacco use policies. It aims to meet SDG 3's target of a 30 percent reduction in tobacco use.

b. Unhealthy diets

Mean serving of fruits and vegetables intake per day was 2.0 in Nepal, it was vary by socio-economic status of people. Male have higher (2.1 percent) than female (2.0), urban people have higher (2.7 percent) than rural (1.9 percent), Madhesh province have higher (2.3 percent) than Sudurpaschim (1.6 percent). Education with secondary have higher (2.7 percent) than no education (1.8 percent), higher wealth quintile have higher (2.6 percent) than lowest wealth quintile (1.5 percent). Unhealthy dietary habits and physical inactivity are significant risk factors for non-communicable diseases, contributing to 5.3 million premature deaths annually. Urban populations are at a higher risk of chronic diseases due to heavy junk food consumption and limited physical activity (Sharma et al., 2023).

c. Harmful use of alcohol

The current use of alcohol among age shows that the use of alcohol was higher (30 percent) in age 40-54 years, 26 percent in age 26.4 years, and 25 percent in 55-69 years. About 15 percent of age 15-24 years adults take alcohol in Nepal. It was higher in rural region (25 percent) than urban (18 percent). Men were significantly more likely to consume alcohol (38.6 percent) than women (10.8 percent), Bagmati province have higher (33 percent) use of alcohol,

than Madhesh 12 percent, and Lumbani province (21 percent). No education have higher (26 percent) use of alcohol than more than secondary education (18 percent). Lowest wealth quintile has highest prevalence (30 percent) of alcohol than highest wealth quintile (23 percent) (Dhimal et al. 2020). About 14 percent of people who have drink have alcohol dependency. It was increased with the age of respondent. The dependency of alcohol was higher among men than women, urban than rural, and poor than highest quintile in Nepal. The proportion of obtaining alcohol vary by age in Nepal. The legal age for purchasing alcohol is 18 years but obtaining alcohol increasing from 86 percent among 15-24 years to 89 percent among 55-69 years.

There was awareness program of danger of initiating alcohol use and its socio-economic impact, but it was not effective. The major source of anti-alcohol awareness are television, radio, billboard, poster, newspaper, magazine, social media and movie. Nearly 48 percent of adult have got discourage message for use of alcohol in Nepal. The anti-alcohol message was increased with level of education (36 percent for no education, and 63 percent more than secondary education).

Alcohol-related deaths cause over 1.7 million, and digestive and cardiovascular diseases, cancer, and injury deaths ours 1.2 million globally. In Nepal, 1 in 20 deaths result from alcohol consumption. SDG Goal (3.5) aims to reduce alcohol consumption by 10 percent by 2030. The multispectral action plan advocates for reducing the consumption of alcohol. The prevalence of alcohol consumption covers all types of alcohol, including beer, wine, spirits, fermented cider or Jaad, Chyang, Raksi, Aila, or Tungba.

d. Insufficient physical activity.

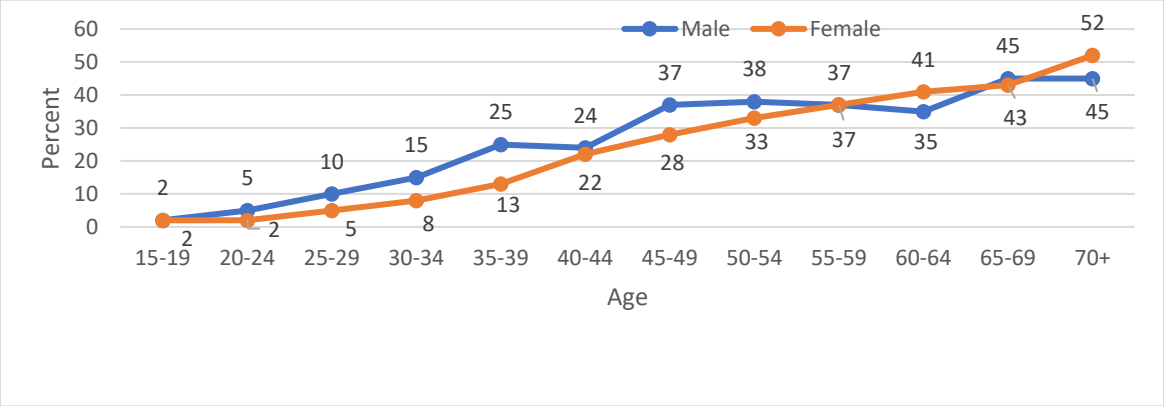
The insufficient physical activities increase the risk for the rising prevalence of non-communicable diseases such as cardiovascular disease, diabetes, hypertension, cancer, obesity, and mental health at a population level (Sakane, 2013). In general, people need to engage in about 68-161 minutes of physical activity for their active life. But in Nepal, about fifty percent of the population is not involved in any physical activity. Women had lower physical activity than men, and rural people have higher physical activity than the urban population in Nepal. The total minutes of physical activity levels are higher among higher educational status of the population (Dhimal et al. 2020).

Metabolic Risk Factors

a. Raised blood pressure (hypertension)

Nepal has a high prevalence of hypertension, with females experiencing 80 percent of hypertension issues compared to men's 72 percent, and 47 percent of females and 43 percent of men are taking medication. The trend of measuring hypertension is increasing in Nepal; it increased from 65 percent in 2016 to 72 percent in 2022. The prevalence of hypertension is higher in men at the age of 15-59 than female, and women are exceeding at age 60 and above their hypertension then men (MOHP, 2023).

Figure 7. *Distribution of Burden of NCDs by Age and Sex in Nepal*



Source: MOHP, 2023

b. Overweight/Obesity

The hypertension levels in Nepal are observed to be higher among overweight adults and women (36 percent), but are observed in 14 percent among normal-weight males. The prevalence is higher in Koshi Province (25 percent in women and 27 percent in men) and lowest in Karnali Province (12 percent in women and 18 percent in men). It was highest among individuals in the highest wealth quintile (21 percent in women and 29 percent in men) (MOHP, 2023).

c. High Blood Glucose Levels (Diabetes)

Raised blood sugar is a chronic risk factor that may require treatment throughout one's life. It's crucial to monitor blood sugar levels regularly, as many may not experience symptoms in the initial stages. Studies show that the prevalence of raised blood sugar increases with age. The prevalence is higher after the age of 40 years, and 9.6 percent among adults aged 40-54

years. Urban people have higher blood sugar levels than rural people. The prevalence of high blood sugar is observed among men than women in Nepal. It was higher among no education, and more with secondary level. The level of household income and prevalence of raised blood sugar have a positive association in Nepal (Dhimal et al. 2020).

d. Accident and Injury

Road traffic injuries are the 8th leading cause of death globally, and it is increasing in low- and middle-income countries. Nearly 1.3 million people were killed due to road accidents and injuries worldwide every year (WHO, 2018). Nepal's road traffic death rate is estimated at 10 deaths per 100,000 population, and it has adopted SDG Target 3.6 on road safety, and targets to halve the number of deaths and injuries by 2030 (NPC, 2020).

Programs and Policies for NCDs Prevention

Non-communicable diseases are posing a significant health risk to individuals and populations worldwide. Goal 3 of the Sustainable Development Goals (SDGs) focuses on ensuring healthy lives and promoting well-being for all and includes Target 3.4, which aims to reduce premature mortality from NCDs through prevention and treatment and promote mental health and well-being by a third by 2030 (United Nations, 2015). The availability of policies and laws for NCD-related lifestyle and behavioral risk factors varies substantially across regions. The African region has available national policies and strategies for violence, mental health, nutritional interventions, alcohol use prevention, tobacco control activities, and injury prevention. Similar patterns are observed in the Southeast Asian region (Akseer et al., 2020).

The Package of Essentials for NCDs (PEN) program is a comprehensive initiative in 77 Nepalese districts, implementing key interventions and establishing a technical framework for their integration into primary care. The PEN-Plus program, launched in 5 districts (Jhapa, Bardiya, Dailekh, Bajhang, Gulmi, and Siraha) in Nepal, aims to bridge the gap between chronic care services and underserved children and young adults. The Hypertension Care Cascade Initiative Nepal (HCCIN) aims to enhance patient care for hypertension and diabetes by improving primary healthcare services through protocol-based treatment, workforce capacity building, and promoting sustainable local ownership. The National Cancer Control Strategy (NCCS) (2024-2030) aims to make cancer prevention, promotion, and management accessible and affordable to the population through collaboration with stakeholders and integration into

social, economic, and environmental ecosystems. Its mission is to strengthen cancer control by building capacity in primary prevention, early detection, diagnosis, treatment, and palliative care, ensuring equitable cancer services, and providing a supportive, cost-effective, and efficient holistic approach for all cancer patients (DOHS, 2025).

The National Health Education Information and Communication Center (NHEICC) in Nepal supports national health programs, aiming to achieve the SDGs through advocacy, social mobilization, and SBCC. It comprises four sections: Health Promotion, Non-communicable Disease and Tobacco Regulation, Health Education and Material Development, Health Communication Coordination, and Administrative, which assist the Ministry of Health and population in tobacco and alcohol control and regulation.

The government of Nepal has set a Multi-sectoral Action Plan (MSAP) for NCDs (2021–2025), focusing on creating actions for the risk of NCDs. The plan and programs are potentially implementable, culturally acceptable, and financially feasible. The Multi-sectoral Action Plan aimed to reduce blood pressure from 25 percent to 13 percent in 2025 (MOHP, 2023).

Discussion

The use of tobacco increased the risk of death from non-communicable diseases, it was higher in developed than developing countries. The use of tobacco was increasing with the age of users in Nepal. But its use was observed decreasing (28.9 percent in 2019, and was found 28 percent in 2022). The decreases vary by sex of respondents, the use was decreased for male from 45 percent in 2001 to 28 percent in 2022 where it was observed dropped from 23 percent to 4 percent for female respondents in the same period (PHRD, 2023). The efforts of government to decrease tobacco user like package warning decreased the age of respondents. The current tobacco users of rural areas have more noticed package warning than urban (55% vs 23%). The sources of information on anti-tobacco are education, communication, training, and public awareness tools. About 59 percent have got anti-tobacco message from television, 58 percent from radio, 43 percent from news-paper, and 24 percent from internet in Nepal. For the use of alcohol, there was significant different among men and women for drink alcohol. About 42 percent male report consuming alcohol compared to 11 percent of women, about 20percent of men and 13 percent of female drank alcohol in past month in Nepal (Dhimal et al., 2020).

Studies shows that the mortality level from non-communicable diseases of the population was increased due to three reasons: first, the migration from rural to urban, (migration cutoff their mobility and physical activity at new destination), second is changing life style of people (people have access to high carbohydrate rice food), and third is stressful changing lifestyle (people became busy, and they have no time for exercise) (Pardhan et al., 2025).

Level and trends of non-communicable diseases are increasing in Nepal. It was highest in Lumbini (21 percent) and Karnali (21 percent) provinces and lowest in Koshi province (18 percent). Nepal has made substantial progress in reducing neonatal mortality over the last 80 years, decreasing from 97 deaths to 21 per 1000 live births in 2022. The level of communicable diseases is higher in Koshi province (29 percent) and lower in Bagmati province (20 percent).

Although, Nepal has set the program to meet SDG 3's target of a 30 percent reduction in tobacco use, but about 48 percent of males and 12 percent of women are using tobacco, and 14 percent of adults use alternative smoking (vape-pen containing nicotine) in Nepal. Studies show that tobacco consumption in India was 57 percent among men and 10.8 percent among women. Singh et al. (2024) argued that more than 28 percent of women had one NCD risk factors in Nepal. The risk factor was higher among women age less than 30 years, working women and wealthiest wealth socio-economic groups.

About 99 percent of people lack sufficient fruits and vegetables in Nepal, which shows the level of quality food consumption. Heavy junk food consumption and limited physical activity increase the risk of chronic diseases. Studies show nearly 5 percent of deaths are attributed to alcohol consumption, and nearly 24 percent of adults consume alcohol in Nepal. Men are more likely to consume alcohol than women, and rural populations have higher alcohol use.

Studies shows that the sufficient physical activity decreased the risk of NCDs, therefore, people need at least 68-161 minutes of physical activity for their active life. But only fifty percent of the population engaged in physical activity in Nepal. It was lower for women than men, and urban than rural people. That insufficient physical activities increase the risk for non-communicable diseases such as cardiovascular disease, diabetes, hypertension, cancer, obesity, and mental health at a population level (Sakane, 2013).

Raised blood sugar is a chronic risk factor for NCDs. About 13 percent of people have high blood pressure or hypertension in Nepal. Females have higher hypertension than males, and nearly 47 percent of women and 43 percent of men are taking medication. About 29.5 percent of males and 28.1 percent of females have an obesity problem in Nepal. Hypertension levels are higher among overweight/obese adults, particularly among obese women in Nepal. Diabetes prevalence is higher in men than in women in their early 60s. There are 9.6 percent of adults aged 40-54 years who have diabetes in Nepal. Road traffic injuries are the 8th leading cause of death globally, with 15.9 deaths per 100,000 population in Nepal. Chronic risk factors like raised blood sugar and diabetes require lifetime treatment.

Hypertension levels are higher among overweight/obese adults, particularly among women in Nepal. Diabetes prevalence is 9.6 percent among adults aged 40-54. Road traffic injuries are the 8th leading cause of death globally, with a death rate of 10 per 100,000 population in Nepal. Chronic risk factors like raised blood sugar and diabetes require lifetime treatment.

Finally, NCDs are an emerging health problem in developing countries. It is an alarming dimension. Several risk factors, like the use of tobacco, an unhealthy diet, physical inactivity, and the use of alcohol, are increasing in Nepal. Various foods and habits are responsible for increasing the risk for cancer, cardiovascular disease, chronic respiratory disease, obesity, and diabetes. Several epidemiological studies show that various NCDs can be prevented by improving personal habits (Ndubuisi, 2021).

Nepal has developed several awareness and safety measures to slow down the deaths from non-communicable diseases. The major program mainly focused on advocacy, social mobilization, and SBCC. They mainly covered health promotion, non-communicable disease, and tobacco Regulation. These programs are potentially designed and implemented, but are not successful in controlling the NCDs. The other neighboring country also introduced the same program to control the impact of NCDs. China prioritizes the awareness, treatment, and control of hypertension and diabetes; it also focuses on cardiovascular diseases, cancer, and chronic respiratory diseases, and diabetes. India has developed an NCD-targeted strategy to decrease the burden of NCD deaths. It mainly focuses on curbing obesity, promoting physical activity, and a healthy diet could help reduce premature mortality (Kulothungan et al., 2024).

Conclusion

The burden of non-communicable diseases is increasing worldwide. It also impacts developing country regarding Nepal. The incidence of NCDs is increasing due to migration to urban settings, changing lifestyles, and stressful lives. The bad food consumption and limited physical activity increase the risk for non-communicable diseases. One fourth of adults who consume alcohol show an alarming risk of NCD, which is also increasing due to poor food habits and tobacco use in Nepal.

Raised blood sugar, obesity, and injury/accident are major risk factors for premature death in Nepal. One in ten people has high blood pressure; it is higher among females than males, and nearly fifty percent of them are taking medicine. The incidence of accidents/traffic has increased, where one in ten people dying from an accidental case in Nepal.

Although there were several awareness and safety measures to slow down the risk of NCDs in Nepal. They have mainly focused on advocacy and social mobilization, on health promotion of non-communicable diseases, but the efforts have not been successful in controlling the NCDs. Finally, the government of Nepal should focus on healthy food and active life for youth and adult people through the local-level government, and compulsory active volunteer work on local development.

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