

Analysing Health Challenges and Mortality of Nepali Diaspora in Hong Kong

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ABSTRACT

This study explores the health challenges and causes of mortality among the Nepali diaspora in Hong Kong. Despite the importance of accessible health services for all individuals, as emphasized in the World Health Organization's (WHO) commitment to universal health coverage, this community faces significant obstacles. These challenges result in a higher prevalence of various diseases and a reduced life expectancy. By examining average mortality rates and identifying specific health issues and challenges affecting Nepali individuals, this research highlights critical health disparities and aims to inform targeted interventions to enhance the well-being of this population.

Primary data for this study were randomly collected from 200 Nepalis living in Hong Kong using Survey Monkey survey software, supplemented by secondary data obtained from the High Court of Hong Kong. Descriptive statistical methods were employed to analyse the data and interpret the findings as required.

The findings reveal significant concerns regarding the lifestyle and health conditions of the Nepali diaspora in Hong Kong community. Key issues identified include high alcohol consumption, low health insurance coverage, and inadequate exercise habits. Alarming, the average age of death for Nepalis in Hong Kong is only 55 years. The most common causes of premature death include cardiovascular diseases, kidney and liver diseases, respiratory tract infections and diseases, sepsis, and cancer, with variations observed across different age groups and genders.

The study recommends several interventions to address these health challenges, including health education initiatives, enhanced workplace safety measures, improved access to healthcare dietary improvements, promotion of healthy lifestyles, provision of mental health support, and collaboration among stakeholders. These efforts are essential to improve health outcomes for the Nepali population in Hong Kong.

KEY WORDS

Average death, Cause of death, Health issues, Nepali in Hong Kong

INTRODUCTION

The Hong Kong Special Administrative Region is celebrated for its vibrant multicultural community, attracting individuals and groups from around the globe, including a significant population of Nepali migrants. In recent decades, many Nepalis have relocated to Hong Kong in search of better economic opportunities and improved living standards. However, this community faces numerous health challenges, primarily stemming from limited access to education and employment, which adversely affect their overall well-being and contribute to poor health outcomes and premature death. Cultural differences further complicate these challenges, leading to gaps in preventive care, early screenings, and chronic disease management, thereby increasing the risk of morbidity and premature mortality.

With a population of approximately 7.35 million, Hong Kong operates under a capitalist system that emphasizes trade and finance.¹ Life expectancy at birth is 81.3 years for males and 87.2 years for females, with a median age of 47.1 years.² Among the various ethnic groups in Hong Kong, the Nepali community is the seventh largest.³ Many Nepali Gorkhas migrated to Hong Kong as part of the British Army's Brigade of Gurkhas, forming a significant part of the population since the 1960s.⁴ Although many returned to Nepal after the brigade disbanded in 1997, a considerable number chose to stay due to the educational and employment opportunities available.⁵

The Nepali population in Hong Kong is primarily concentrated in areas such as Yau Tsim Mong and Yuen Long, where they represent approximately four percent of the total ethnic minority population, total around 40,000 individuals.³ While maintaining strong ties to their cultural heritage, including language and religious practices, Nepali migrants often face critical health challenges exacerbated by language barriers, cultural differences, and socioeconomic disparities. For instance, effective communication with healthcare professionals is frequently hindered, resulting in delayed diagnoses and compromised health outcomes.^{6,7}

This research aims to comprehensively analyse the health challenges faced by the Nepali community in Hong Kong, with a specific focus on the causes of premature death. By exploring the underlying factors contributing to these health challenges, the study seeks to provide valuable insights that can inform healthcare policies and interventions aimed at improving health outcomes for this marginalized population as per the universal health coverage goals. The primary objective is to analyse the causes of premature death and identify potential risk factors or specific health challenges experienced by the Nepali people and contribute to strengthen health system in Hong Kong.

By considering the impact of social determinants of health—such as socioeconomic status, education, housing conditions, and social support networks—this study aims to enhance understanding of the health needs of the Nepali population and contribute to the development of targeted strategies for improving their health outcomes. Nepali individuals residing in Hong Kong rank seventh among non-Chinese populations.³ Many are employed in the restaurant, bar, construction, and security sectors, while others run their businesses. A lack of proficiency in Cantonese and English further hinders their access to healthcare and social security services provided by the Hong Kong government. Many Nepalis prioritize work over proper nutrition and rest, often neglecting their dietary needs and working long hours. Consequently, this research aims to investigate the underlying factors contributing to the premature mortality of Nepali people in Hong Kong.

In this regard, this study seeks to analyse the causes of death and evaluate the overall health outcomes of Nepali individuals residing in Hong Kong.

METHODS

This study utilizes a mixed-methods approach, combining both primary and secondary data to investigate health outcomes and causes of death among the Nepali community in Hong Kong.

Primary data were collected through a structured questionnaire administered to 200 sample as a Nepali diaspora in Hong Kong. The questionnaire was distributed using Monkey survey software and targeted individuals from various sectors, including construction, security, hospitality, and business. Participants were selected randomly, focusing on those active on social media platforms such as WhatsApp and Messenger to ensure a diverse and representative sample of the Nepali community.

Secondary data were sourced from the High Court of Hong Kong, specifically comprising death records of 164 Nepali diaspora from 2022-2024 A.D. This data was obtained through the Consulate General of Nepal in Hong Kong, providing valuable insights into mortality trends within the community.

The research employed a descriptive-statistical analytical approach to evaluate both primary and secondary data. Statistical techniques, including percentage calculations, averages, and sums, were utilized to summarize the findings. Comparative analyses were also conducted to identify patterns and correlations within the data. To enhance clarity and interpretability, visual aids such as tables, charts, and diagrams were incorporated. By integrating qualitative and quantitative analyses, this research aims to provide a comprehensive understanding of the health outcomes and causes of death affecting the Nepali population in Hong Kong.

RESULTS

The Lifestyle and Health Conditions of Nepali Living in Hong Kong

The survey of 200 Nepali people residing in Hong Kong provides insights into their age groups. The largest age group observed among the Nepali people is the 16-59 category, comprising 186 People, representing 93% of the total surveyed. This age range typically corresponds to the working-age population, suggesting that many Nepali people in Hong Kong are of working age.

In contrast, the over-59 age group consists of only 12 people, accounting for six percent of the surveyed population. This age group generally comprises people who have reached retirement age. It is important to note that while many People in this group are not expected to be employed, some may still need to be employed. However, their proportion is relatively small compared to the working-age group. Additionally, the smaller size of the over-59 age group may be attributed to some people returning to Nepal after retiring.

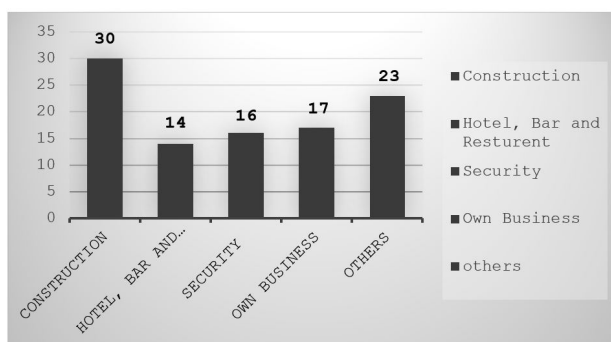


Figure 1. Nepali involved sector

The distribution of Nepali working in different sectors, such as construction, hotel and bar restaurant, security, and their own business, and other sectors, is shown in figure 1. Among respondents, 30% of Nepali People work in the construction sector. This sector includes jobs related to infrastructure development, building construction, and related activities in the construction sector. Around 14% of Nepali people work in the hotel and bar restaurant industry. This sector comprises jobs in hotels, bars, restaurants, and hospitality services. About 16% of Nepali people are engaged in the security sector. This sector involves jobs related to providing security services, such as security guards, surveillance, and access control. Approximately 17% of Nepali people are self-employed and own their businesses. This category includes people who have established enterprises and are involved in various industries. Around 21% of Nepali people are employed in other sectors not explicitly mentioned in the data. This category may include people working in healthcare, education, retail, transportation, or other industries.

The survey data found that among Nepali people in Hong Kong, 2.5% smoke one cigarette per day, 1.53% smoke

two cigarettes per day, and 5.08% smoke more than three cigarettes per day. The majority, accounting for 89.85% of Nepali people in Hong Kong, do not smoke cigarettes.

Figure 2 indicates that among the respondents, 32% consume alcohol once a week, 19% consume alcohol three days a week, and four percent consume alcohol every day of the week. On the other hand, 44% of the people surveyed reported that they never drink alcohol. These findings suggest that there is a significant proportion of Nepali People in Hong Kong who consume alcohol at a high frequency. This prevalence of alcohol consumption among the Nepali people may contribute to premature average death rates.

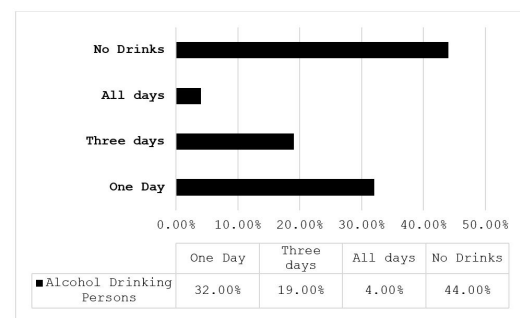


Figure 2. Alcohol drinking persons per week

The survey showed that many Nepali People in Hong Kong do not prioritize their health. The survey revealed that out of the Nepali people surveyed, only 39% possessed health insurance, whereas the majority (61%) had no insurance coverage. This data is graphically represented in figure 3, highlighting a concerning trend within the Nepali people in Hong Kong.

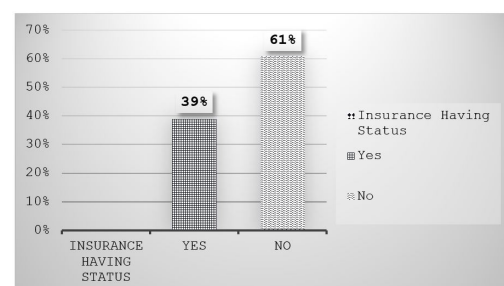


Figure 3. Insurance status

The lack of insurance coverage among Nepali People in Hong Kong is a critical issue being health insurance is essential in Hong Kong. However, the healthcare system provided by the Government here is equitable for all the People, including Nepali. Even though many Nepali people remain unaware of this system's existence, they do not regularly seek medical check-ups or monitor their health conditions, leading to potential health risks and complications in overtime.

This study shows that Nepali food is the dominant choice among the Nepali people residing in Hong Kong, with 76% preferring their cultural food. This suggests that Nepali food is crucial to Nepali People's dietary habits in Hong

Kong. The preference for Nepali cuisine highlights a strong cultural connection and a desire to preserve their culinary traditions even while residing in a foreign country. Only 14% of Nepali respondents consume Chinese food despite living in Hong Kong. Other food options exist and comprise a smaller percentage (10%), as shown in figure 4. Overall, Nepali food holds a prominent position within the Nepali people’s food preferences in Hong Kong.

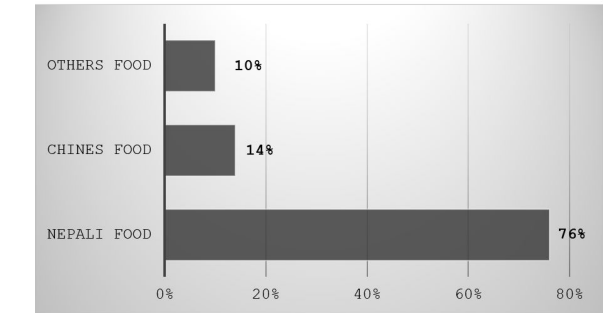


Figure 4. Food habits

Moreover, the results of this survey show that the Nepali people living in Hong Kong is strongly inclined towards non-vegetarian food including meat and fish, which accounts for a significant percentage (89%), as shown in table 1. This suggests that consuming meat and other non-vegetarian food items in Hong Kong is prevalent among Nepali People.

Additionally, the data indicates that a smaller percentage, 11%, of Nepali people prefer vegetarian food. While this percentage is comparatively lower, it still signifies that some Nepali people in Hong Kong adhere to a vegetarian diet.

These food habits reflect the diverse culinary preferences within the Nepali people in Hong Kong, with a majority favouring non-vegetarian options while a notable minority opting for vegetarian fare. It is important to note that these percentages represent general trends and may vary among People based on personal choices, cultural practices, and dietary requirements for health of people.

Table 1. Food Habits of Nepali live in Hong Kong

Food Taking habits	Percent
Non-Vegetable Food	89%
Vegetable food	11.%

The exercise habits of the Nepali people living in Hong Kong are shown in figure 5. The data indicates that a significant percentage, 31%, of Nepali People in Hong Kong exercise three days a week. This suggests that many people are committed to regular exercise to promote health and well-being although this may not be adequate from the healthy lifestyle.

Furthermore, 24% of Nepali people exercise one day once a week, indicating that a notable portion engages in physical activity at least once weekly. Additionally, 22%

exercise daily, showcasing a dedicated group prioritizing daily exercise for their overall fitness.

However, it is worth noting that 23% reported not engaging in exercise at all. This suggests that a portion of the Nepali people in Hong Kong need to incorporate regular exercise into their lifestyle.

Overall, the data demonstrates a range of exercise habits among the Nepali people in Hong Kong, with a significant emphasis on three days of exercise per week, followed by daily and sporadic exercise once a week. The presence of People who do not exercise indicates the need for further understanding of the factors contributing to their sedentary lifestyle choices and the potential for promoting the benefits of regular physical activity within the community.

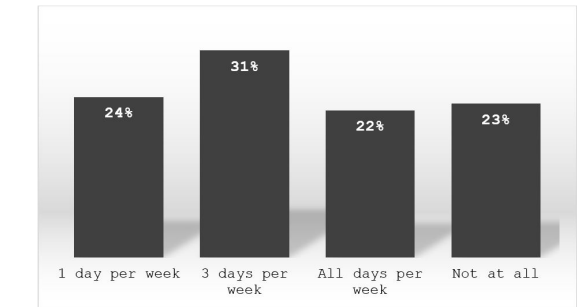


Figure 5. Exercise habits

Figure 6 shows the prevalence of various diseases among the Nepali people living in Hong Kong. The data indicates that a small percentage, one percent of Nepali diaspora in Hong Kong are affected by mental health issues. This suggests that mental health is a concern within the community, albeit to a lesser extent.

Furthermore, five percent of Nepali people are affected by Diabetes, while 13% experience high blood pressure. These figures highlight the presence of chronic conditions such as diabetes and hypertension within the community.

Interestingly, the data indicates that there are no reported cases of cancer among Nepali diaspora in Hong Kong; it may not show its symptoms at an early stage. However, it is essential to note that this may be due to the sample size or other factors, as cancer can affect People from all backgrounds.

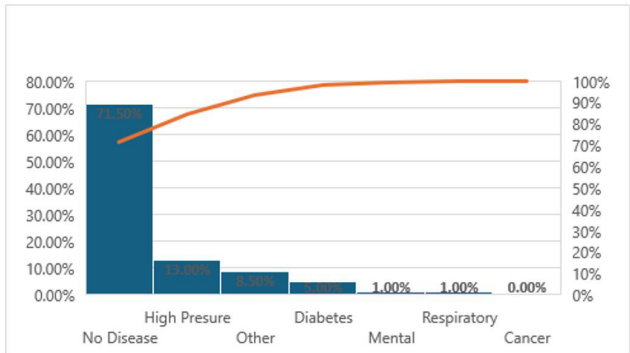


Figure 6. Health status

Additionally, one percent of the community is affected by respiratory diseases, indicating the presence of respiratory health concerns. Furthermore, 8.5% of the population is affected by other unspecified diseases, suggesting various health issues beyond the specific categories mentioned. Most of the Nepali diaspora in Hong Kong, 71.5%, report having no disease. This signifies a relatively majority of population within the diaspora of Nepali community.

The data provides insights into the disease prevalence among the Nepali people in Hong Kong, with a focus on mental health, sugar-related diseases, high blood pressure, respiratory issues, and other unspecified conditions. Only two-thirds of Nepali diaspora in Hong Kong are not suffering from any disease. It also shows that high blood pressure and diabetes are still considerable diseases among the Nepali people in Hong Kong.

The leading causes of death among the Nepali People in Hong Kong

The analysis results show that the initial group, accounting for 30% of all cases, consisted of fatalities attributed to cardiovascular, kidney, or liver diseases. These conditions are often associated with the malfunctioning or deterioration of these vital organs, leading to severe health complications, and ultimately resulting in death. Dietary habits influence many risk factors for cardiometabolic health, including heart disease, stroke, and type-2 diabetes, which collectively pose substantial health and economic burdens.⁸

The role of improved diet in maintaining a healthy lifestyle is essential, as evidenced by the impact of food choices on various populations. This is particularly noticeable among Nepali diaspora in Hong Kong, who often consume a higher amount of alcohol and experience significant differences in health outcomes. This contrast highlights the significant impact of healthy food and lifestyle on longevity and overall well-being.⁹ Likewise, Nepali People in Hong Kong face challenges such as a higher prevalence of high blood pressure and diabetes coupled with a lower prevalence of physical exercise. These factors contribute to an increased risk of cardiovascular, kidney, or liver diseases, potentially resulting in premature average death among the Nepali diaspora in Hong Kong.

Respiratory tract-related diseases accounted for a significant portion, approximately 25%, of the total deaths observed. This category encompasses a range of conditions, including respiratory infections, pneumonia, diseases affecting the lungs and respiratory system, and cases where severe sepsis leads to fatal outcomes. This finding aligns with global data, which indicates that seven percent of deaths worldwide in 2019 were attributed to respiratory diseases.¹⁰ However, the slightly higher proportion observed in this study could be attributed to factors such as the impact of COVID-19 on respiratory health.

Among the Nepali diaspora in Hong Kong, cancer was responsible for 15% of the total deaths. This category includes different types of malignant tumours that invade and spread throughout the body, significantly damaging organs and tissues. It is noteworthy that this proportion is lower compared to the global data, where 18% of deaths were attributed to cancer worldwide.¹¹ Therefore, the Nepali diaspora in Hong Kong experiences a relatively lower number of deaths from cancer compared to the global average.

The data shows that central nervous system or head injuries accounted for 13% of the total deaths recorded. These cases often involved severe trauma or damage to the brain or head region, usually stemming from accidents or other unfortunate incidents. It is important to note that central nervous system or head injuries are not only a significant cause of death among the studied population but also a major contributor to shorter life spans globally.

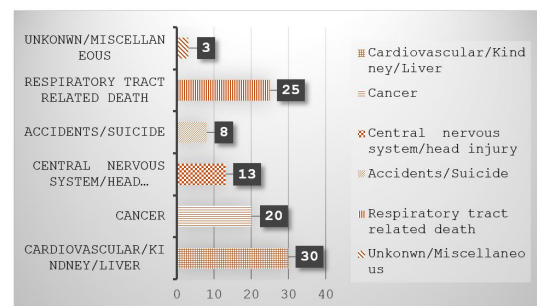


Figure 7. Cause of death

Accidents and suicide accounted for eight percent of the deaths among Nepali people. This category includes fatalities resulting from unintentional injuries, such as road accidents or workplace incidents, as well as intentional self-inflicted harm. Lastly, four of the deaths were classified as unknown or miscellaneous diseases. These cases presented challenges in accurately identifying the specific cause of death due to various factors, such as limited medical information or complexities in the diagnostic process.

By analyzing this data, researchers gained valuable insights into the significant causes of death among the Nepali diaspora in Hong Kong, providing a foundation for further research and targeted interventions to address these health challenges and reduce average death rates.

Examine the age group and gender distribution of Average Death.

Table 2 presents the distribution and percentages of age groups, causes of death, and gender among the Nepali diaspora in Hong Kong. Male deaths account for 71% of the cases, while female deaths account for 29%; the age group of 40 to 60 shows the highest number of deaths for both males and females.

For deaths under five years of age, approximately 50% are attributed to central nervous system head injury, with the

Table 2. Age group and Cause of Death, by Age Group

Cause of Death						
Age	Cardiovascular/ Kidney/liver	Respiratory tract-related deaths/sepsis	Cancer	Central nervous system Head injury	Accidents / Suicide	Unknown / Miscellaneous
Under 5	1 (25%)	1 (25%)	0	2 (50%)	0	0
6-10	0	0	0	0	0	0
11-15	0	0	1 (100%)	0	0	0
16-20	0	1 (50%)	0	0	1 (50%)	0
21-25	0	0	0	2 (50%)	2 (50%)	0
26-30	0	1 (16.7%)	1 (16.6%)	1 (16.6%)	3 (50%)	0
31-35	1 (20%)	0	2 (40%)	1 (20%)	1 (20%)	0
36-40	3 (37.5%)	1 (12.5%)	0	1 (12.5%)	2 (25%)	1 (12.5%)
41-45	7 (39%)	3 (17%)	2 (11%)	3 (17%)	2 (11%)	1 (6%)
46-50	5 (21.74%)	7 (30.4%)	2 (8.7%)	5 (21.7%)	2 (8.7%)	2 (8.7%)
51-55	10 (40%)	4 (16%)	6 (24%)	3 (12%)	1 (4%)	1 (4%)
56-60	5 (55.6%)	19 (11.1%)	2 (22.2%)	1 (11.1%)	0	0
61-65	4 (40%)	2 (20%)	2 (20%)	1 (10%)	0	1 (10%)
66-70	4 (57.14%)	1 (14.19%)	2 (28.5%)	0	0	0
71-75	4 (30.7%)	6 (46.15%)	3 (23.1%)	0	0	0
76-80	6 (33.3%)	5 (27.78%)	7 (38.8%)	0	0	0
81-85	1 (16.6%)	3 (50%)	2 (33.3%)	0	0	0
86-90	0	2 (100%)	0	0	0	0
91-95	0	1 (50%)	0	1 (50%)	0	0
95 +	0	0	0	0	0	0
Average No.	4.57	3.7	3.05	2	1.24	0.5
Total	51 (30%)	39 (24.5%)	32 (20%)	21 (13.2%)	14 (8.2%)	6 (4%)

remaining cases caused by Cardiovascular/Kidney/Liver diseases and Respiratory tract-related deaths.

After the age of 36, there is a noticeable increase in the prevalence of diseases among Nepali diaspora in Hong Kong. A higher proportion of deaths in this age group are attributed to Cardiovascular/Kidney/Liver diseases. The second leading cause of death is Respiratory tract-related diseases.

This trend can be attributed to the occupational patterns of many Nepali diaspora in Hong Kong, particularly in the construction, security, and restaurant/bar sectors. These People often work long hours, and their dietary habits may deviate from the norm. Additionally, on their days off, many engage in different entertainment activities that involve alcohol consumption along with wheat and other unhealthy foods. These factors contribute to the higher incidence of Cardiovascular/Kidney/Liver diseases among the Nepali diasporas.

Furthermore, based on observation, it is a concerning issue of drug abuse among Nepali youth in Hong Kong, which can also contribute to the prevalence of Cardiovascular/Kidney/Liver diseases and central nervous system-related health issues.

The Average Death of Nepali in Hong Kong People

The death of Nepali in Hong Kong found that has a different cause. Here we are discussing the average death rate of Nepali in Hong Kong. Nepali diaspora in Hong Kong face suffering from early death. In 2022, the overall death rate of Nepali residents in Hong Kong was recorded at 55.1 years, with males having 55.1 years and females at 55.7 years which is shown in table 3, which is quite a serious issue.

Table 3. Average death rate

Gender	Years
Male	55.1 Years
Female	55.7 Years

The study findings emphasize the severe issue of the relatively early death of Nepali diaspora Hong Kong. However, it is important to acknowledge several limitations that may affect the interpretation of these findings. Firstly, the sample size of death records used in the study is relatively small, which may not comprehensively represent the Nepali diaspora in Hong Kong. Moreover, the limited access to healthcare facilities and low insurance coverage among Nepali people contribute to infrequent medical care. Even those who manage to access hospitals often face long waiting times for treatment.

Consequently, many Nepali people who are unwell choose to seek medical treatment in Nepal, and unfortunately, some may pass away there, and those are not included in this study. Additionally, many elderly Nepali people return to Nepal for medical treatment and to spend their retirement there. It is important to note that not all deaths of Nepali diaspora are captured in this study. These factors collectively contribute to a lower number of reported deaths among Nepali diaspora in Hong Kong, which may create the impression of a shorter lifespan. Nevertheless, these findings highlight the concerning issue of premature deaths among Nepali diaspora people in Hong Kong.

DISCUSSION

This study examining the lifestyle and health conditions of the Nepali people in Hong Kong revealed that many Nepali people are employed in the construction, hotel and bar, restaurant, security, and self-employment sectors. While a small percentage reported consuming cigarettes, there was a high prevalence of alcohol consumption. Approximately half of the surveyed People had health insurance coverage. The community displayed a preference for Nepali cuisine, particularly non-vegetarian options. Exercise habits varied, with a significant portion engaging in physical activity three days a week, while some reported no exercise. The prevalence of diseases indicated a relatively low percentage of mental health issues, with a higher occurrence of sugar-related diseases and high blood pressure. Overall, the study shed light on various aspects of the lifestyle and health conditions of the Nepali diaspora in Hong Kong, providing valuable insights for further analysis and understanding.

The study revealed that the most prevalent causes of death among Nepali diaspora in Hong Kong were cardiovascular, kidney, and liver diseases, as well as respiratory tract-related diseases, sepsis, and cancer. Additionally, the study identified other causes of death, including central nervous system and head injuries, accidents, suicides, and unknown or miscellaneous diseases. These findings indicate that the causes of death for Nepali diaspora in Hong Kong are not significantly different from the leading causes of death observed worldwide.

Additionally, the study examined the age groups, causes of death, and gender distribution within the Nepali people in Hong Kong. The age group of 40 - 60 exhibited the highest number of deaths for both genders. Deaths under five years old were primarily attributed to central nervous system head injury, while deaths under 35 years old were not primarily caused by cardiovascular/kidney/liver diseases, cancer, or central nervous system-related causes. However, after the age of 36, there was an increase in the prevalence of diseases, particularly cardiovascular/kidney/liver diseases, and respiratory tract-related diseases.

The study also noted that Nepali people residing in Hong Kong exhibited premature death. This suggests that Nepali

people in Hong Kong face a more severe situation in terms of life.

Finally, it can be concluded that Nepali diaspora in Hong Kong confront specific lifestyle and health challenges. The study highlights several key findings: a significant proportion of Nepali people primarily consume Nepali cuisine and frequently consume alcohol. Unfortunately, these factors possibly contribute to a shortened life, as the study reveals an average death age of only 55 years among Nepali people in Hong Kong. This issue raises serious concerns for the Nepali diaspora in Hong Kong and calls for attention from relevant entities.

These findings underscore the urgent need to improve food choices and health-conscious behaviours within the Nepali community. Additionally, exercise habits in the Nepali people still need to be improved despite engaging in physically demanding work, particularly in the construction and hotel/bar sectors. The limited access to healthcare, including long wait times for health check-ups and inadequate insurance coverage, further exacerbates their health issues. Consequently, this population experiences premature average death, which is a matter of grave concern.

The problematic nature of their food habits, like alcohol, and notably the increased risk of cardiovascular, kidney, and liver diseases, further compounds the overall health challenges faced by Nepali diaspora in Hong Kong. Addressing these issues requires comprehensive efforts to promote healthier food choices, raise awareness about the importance of regular exercise, improve access to healthcare services, and ensure adequate insurance coverage. Such interventions are crucial for enhancing the well-being and longevity of the Nepali diaspora in Hong Kong.

CONCLUSION

This study highlights the significant lifestyle and health challenges faced by the Nepali community in Hong Kong. The findings indicate a concerning prevalence of alcohol consumption and a preference for traditional Nepali cuisine, which may contribute to health issues such as cardiovascular, kidney, and liver diseases. The average age of death at just 55 years raises serious concerns about the overall well-being of this population.

Moreover, the study reveals that while some individuals engage in physical activity, exercise habits remain inadequate, particularly among those employed in physically demanding sectors. Limited access to healthcare and insurance coverage further exacerbates these challenges, leading to premature mortality.

To address these issues, there is an urgent need for targeted interventions aimed at promoting healthier dietary choices, encouraging regular exercise, and improving healthcare

access. By implementing comprehensive health awareness programs and enhancing support services, it is possible to improve the quality of life and longevity for the Nepali diaspora in Hong Kong. Hong Kong Government can play crucial role in raising improved lifestyle of Nepali through their policy and practice.

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