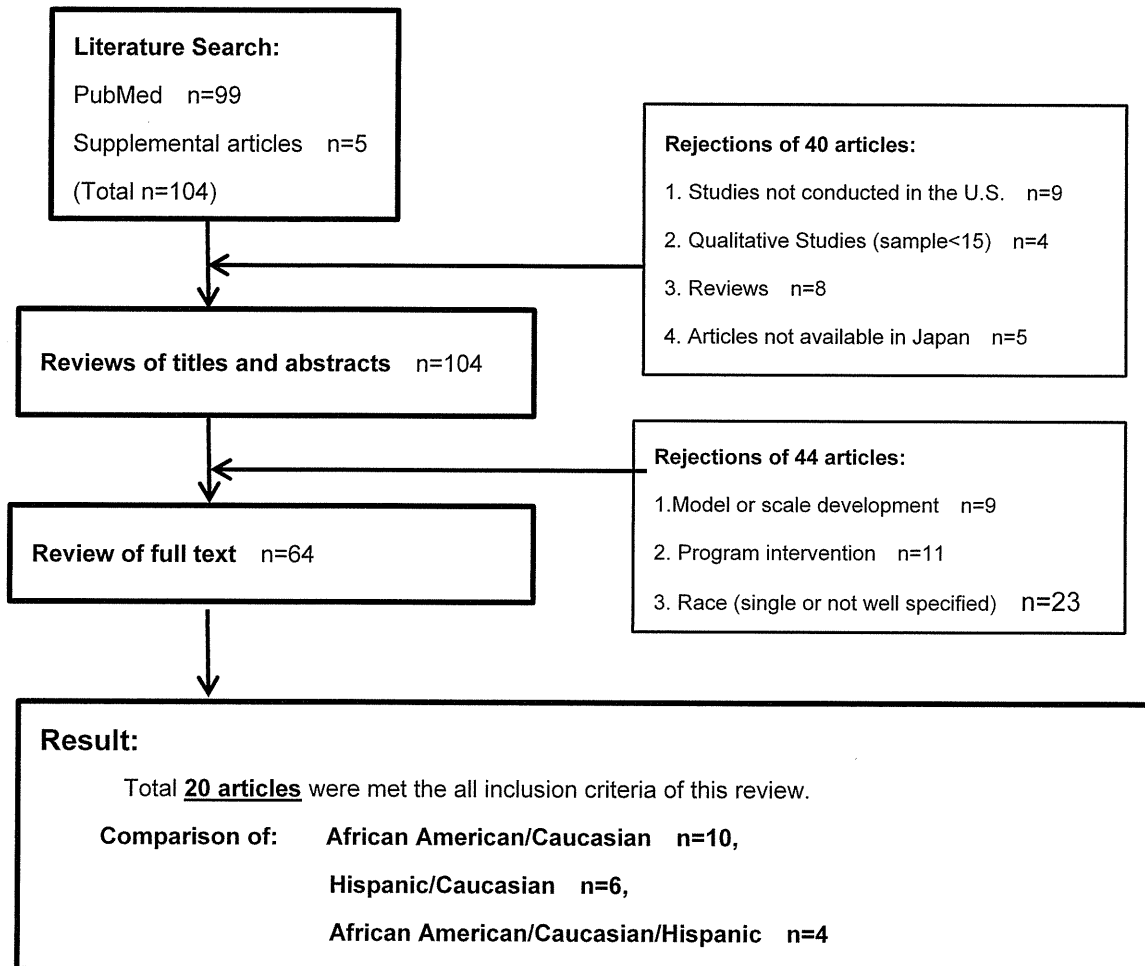


Appendix 1

Figure1: The method of the literature search



Appendix 2

Figure 2: Results

Main Topic of the Ethnic Differences on:	# Articles	Compared Ethnic Groups	Authors
Depression prevalence among Caregivers	8	Caucasian & African American n=5 Caucasian & Hispanic n=2 Caucasian & Hispanic and African American n=1	(Clay OJ et al, 2008) (Depp C et al, 2005) (Haley WE et al, 1995) (Haley WE et al, 1996) (Harwood DG et al, 1998) (Miller B et al, 1995) (Roth DL et al, 2001) (Sorensen S et al, 2005)
Self-efficacy/Appraisals on Caregiving	4	Caucasian & African American n=3 Caucasian & Hispanic n=1	(Depp C et al, 2005) (Gonzalez EW, 1997) (Haley WE et al, 1996) (Haley WE et al, 2004)
Institutionalization	3	Caucasian & African American n=1 Caucasian & Hispanic n=1 Caucasian & Hispanic & African American n=1	(Gaugler JE et al, 2006) (Mausbach BT et al, 2004) (Stevens A, 2004)
Positive Aspects on Caregiving	2	Caucasian & African American n=1 Caucasian & Hispanic n=1	(Roff L, 2004) (Williams IC, 2005)
Formal/Informal Service utilization	2	Caucasian & Hispanic n=1 Caucasian & Hispanic and African American n=1	(Kosloski K et al, 2002) (Valle R et al, 2004)
Cultural Justification on Caregiving	1	Caucasian & African American n=1	(Dilworth-Anderson P et al, 2005)
Religiosity and caregiver-well being	1	Caucasian & Hispanic & African American n=1	(Morano CL et al, 2005)
Perception about Alzheimer's Disease	1	Caucasian and Hispanic n=1	(Karlwish J, 2011)

東アフリカにおける高齢者ケア研究

研究分担者 増田研 長崎大学 水産・環境科学総合研究科 准教授

研究協力者 野口真理子 京都大学大学院アジア・アフリカ地域研究研究科 博士課程

研究要旨

アフリカ大陸における近年の著しい人口増加は、将来的な高齢者の増加をもたらす。政治的・経済的に不安定な社会情勢が続く中で高齢者が増加することは、なお一層社会を不安定にすることが予想され、グローバルエイジングへの取り組みにおいてアフリカの高齢者問題とその将来は大きな課題となっている。本研究は、これまでの文化人類学的・民族誌的な地域研究の取り組みの延長線上にエイジング問題を位置づけ、個別社会における高齢者像の把握とケア実践の記述を行い、来るべきアフリカ社会の高齢者に向けた提言のための予備的な作業を行うことである。

A. 研究目的

アフリカでは近年、MDGsなどの取り組みの成果により、感染症による死亡率とりわけ幼児死亡率が低下した。この疫学転換および全体的な健康転換の傾向は明らかであるものの、出生率の低下が伴っていないために、アフリカでは過去20年間に人口はほぼ倍増する事態になっている。このことはまた近い未来において人口に占める高齢者の割合が急激に上昇することを予見させる。すでに国連が試算する高齢者従属指数の推移を参照すれば、いくつかの国家においては21世紀中に現在の日本と同等の値を示すことになる。

こうした状況においては、まず、多角的医療状況における多様な高齢者ケアの実態を明らかにすることが必要である。そのために、参与観察を中心としたアプローチによるコミュニティースタディーの実践と、民族誌データに基づいたコミュニティーケアの構想が必要であろう。

B. 研究方法

平成24年度、増田はアフリカにおける高齢者研究の文献サーベイを行い、文化人類学ならびに関連諸分野の協働によるフィールドワークの立案を行った。また野口は、すでに高齢者の生活調査を行ってきたエチオピア西南部（南部諸民族州南オモ県）にて現地調査を行った。

C. 研究結果

野口は、2012年11月の調査において3人の高齢者を対象とする生活実践に関する追跡調査をおこなった。2008年から追ってきたそれぞれの高齢者の中には、周囲の人々との関係をうまく維持しながら生業活動を続けている人がいる一方で、親族がなく厳しい生活を送る高齢者もいる。

推定年齢85歳男性は、調査開始時点では目が見えず、介護的ケアが必須であったが、彼の妻はおらず、娘の一人を同じ住居に住ませ暮らしていた。2010年には地方都市の病院で視力を回復させ、それまで6年間できなかった農耕をすこしずつ再開した。この時はまた別の娘とその子どもが共に暮らしていた。今回の追跡調査では、日常生活活動に関する介護を現在では必要とせず、息子や娘の協力を得ながら近くの畑におもむき作業していることが明らかになった。

また別の推定年齢80歳男性は、推定年齢60歳の妻と二人暮らしであるが、時折自身の遠く離れた（徒歩6時間ほどかかる）畑の様子を見に行くなど、現在も活動的に生活している。しかし病気がちで病床に伏せることもあり、その際は妻が近隣の親類を訪ね食糧をもらうなどしていることがあった。夫の畑が遠く、日々の食事に使う食材の栽培のため、妻は家の近くに敷地を持つ同じクランの裕福な男性から、畑を借りて耕し食糧を得ている。市場で売るほどの余剰分は出ず、元気な日は薪を割ってそれを売ることもあったが、最近では地区の葬儀講の掛け金も払えていないという。葬儀講の支払いが滞っているため、傾いた家の修復を頼むこともできないという状況にあった。2011年に隣に住む高齢女性が亡くなったことを機に、この夫婦は、妻の父の平行いとこの妻（推定55歳）の家の敷地内に、住居を移動させる話があるという。妻の父の平行いとも2011年に亡くなっているなのでその長男がその話を進めている。

そして、今回の調査で、地区の最高齢夫婦（推定90歳以上）が、自分たちが長い間住んでいた家や土地を手放し、交叉いとこの孫夫婦の家に引き取られていったという聞き取りを得た。この男性高齢者は、報告者の調査開始時点ですでに、自身が農耕などの生業活動に直接的にかかわることはなくなっており、近隣に居住する人びとを訪問し、食糧や酒、現金をねだりながら生活していた。彼の妻は、難聴ではあるものの、週2回の定期市には顔を出し、ゆっくりではあるが家事労働を少しずつ続けていた。今回彼ら夫婦が引き取られたことは、食糧や労働力を引き取り手夫婦に依存することができるため、高齢夫婦の日常的ケアの担い手が確保されたともいえる。しかし、男性は死ぬまで親から受け継いだ土地を守るのが良いとされるこの地域の人びとにおいて、彼ら夫婦にもし自分たちの子どもがいれば、彼らは土地を離れずにすんだのに、という語りが聞かれた。また彼らを引き取った夫婦は、報告者によるこの高齢夫婦に関する聞き取り調査や観察においてはこれまで把握されていなかった人々であった。改めて個々人の生活状況、維持している人との関係、ケア実践との間にどのような関連があるか整理する必要があることが明らかとなった。

D. 考察

アフリカにおける高齢者ケアの実態を把握するためには、いくつかの基礎的な項目について情報を整理する必要がある。第一に、公的な高齢者支援の有無を把握する必要がある。この点に関してはすでにいくつかの先行研究が触れており、文献サーベイにおいてある程度のことを把握することができる。

第二に高齢者の生活およびケアの日常実践を記述することが必要である。この点にかんしては、人類学者による民族誌的記述が大いに力を発揮するが、こうした調査では統計情報やケア専門家も参画した組織的なパイロット調査を実施する必要があるであろう。増田は長崎大学が人口動態サーベイ（Health and Demographic Surveillance System）が実施されているケニアにおいてチームによる予備的調査を行う準備を始めている。

最後に、研究のフレームワークに関する問題点として、ローカルな高齢者概念の把握と整理が必要である。これは言い換えれば「高齢者とは誰のことか」という問題であるが、研究の実践上はふたつの側面がある。まずは計測的な側面から、生年月日を記録しない社会では高齢者を年齢によって定義することができない。これは基礎的なサーベイにおいて、労働人口と高齢者人口を明確に峻別できないことを意味する。この点を操作的にクリアにする必要がある。他方、質的な側面においては、高齢者の存在論的な側面を記述する必要がある。この点は民族誌的調査のなかに含まれる調査課題であるが、すなわち、高齢者の社会的位置づけを明らかにすることが、ケアの実践とその社会的・文化的背景を明らかにすることにつながるからである。

E. 研究発表

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F. 知的財産権の出願・登録状況

(予定を含む。)

1. 特許取得 なし
2. 実用新案登録 なし
3. その他 なし

Emerging Population Ageing Challenges in Africa: A Case of Ethiopia

研究分担者 本澤巳代子 筑波大学人文社会系 教授
研究協力者 Moges Abu Girma 筑波大学人文社会系 准教授

研究要旨

Population ageing is an emerging challenge in Africa. As of 2010, about 60.5 million Africans, or 5.9 percent of the total population, were 60 years old or above. Given the current demographic dynamics, the share of the aged African population is projected to reach as much as 10 percent by 2050. This amounts to about 237 million elderly people. By then, Africa will be home to a significant share of the global elderly population without the commensurate financial and infrastructural resources to provide long term care and income security for the elderly. This poses serious economic, social and political problems for African countries. This study addresses the challenges of population ageing and its distinctive features in economically poor Africa with particular emphasis on the situation in Ethiopia. We explore the recent demographic dynamics and trends in the country and suggest policy options that could improve the capacity of the society, the family and the government to manage better the emerging population ageing challenges.

人口の高齢化がアフリカで新たな問題となっている。2010年には人口の約6050万人、全体の5.6%に及ぶアフリカ人が60歳以上となった。近年の人口統計によると、アフリカにおける高齢者の割合は2050年までに10パーセントに到達すると予測されており、この割合は約2億3千7百万人に相当する。後にアフリカは、高齢者のための介護や所得保障を提供するにふさわしい金融インフラや社会基盤を持たぬまま、世界の高齢者人口の著しい割合を背負うことになるだろう。このことは、アフリカの国々にとって深刻な、経済、社会そして政治的な問題を提示している。本研究は、高齢化に関する課題と、経済的に貧しいアフリカにおけるその特徴的な機能に、特にエチオピアの状況に重点を置いて言及する。近年の人口統計の動向と国内の傾向を考察し、人口の高齢化という新たな問題により良く対処すべく、社会、家族、そして政府のキャパシティを向上させるための政策的選択を提案する。

1. Introduction

Population ageing is an emerging challenge in Africa. The current demographic features of Africa are characterized by high total fertility rate, high crude birth and death rates, high infant, child and maternal mortality, and short life expectancy. The problem of population ageing is not yet pervasive and it is only 5.5 percent of the population that is older than age 60. There is, however, a significant and widespread process of demographic change in African countries that indicate possible shifts in the population ageing situation in the foreseeable future.

The demographic experiences of developed countries indicate that historical demographic transitions occurred as a result of economic development, social value changes and institutions and this process in turn promoted economic development to be sustained (Guinnane , 2011; Clark, 2007; Fogel, 2004). The demographic transitions suggest that the process starts with decline in mortality rate first among children and then adults perhaps due to better nutrition and public health education and practice. This initial process when coupled with high and slowly declining birth rate translated into higher population growth rate, decline in infant mortality and survival rate, and steady supply of labor power for production and economic growth. Countries with faster population growth avoided the Malthusian trap by raising the productivity of labor and the capacity of their economy to support the increasing population enabling a steady rise in standard of living (Galor and Weil, 2000; Galor, 2005) . The third phase of the demographic transition started to set in when the choice of families on the number of children eventually declined to just replacement levels and in some extreme cases below the 2.1 children per mother threshold. This phase of the demographic transition was characterized by decline in the growth rate of population where both the death rate and the birth rate are low. Demographers have not excluded the possibility of a fourth phase of demographic transition where fertility rate might start to follow a slow and steady recovery path with positive elasticity of family size with income and leading to gradual population growth equilibrium (Goldstein et al., 2009).

The process of population growth has resulted in significant increase in the world population. This is particularly true in the less developed regions where the population size expanded at unprecedented pace. The growth rate of population in the less developed regions peaked during the late 1960s at about 2.5 percent and started its steady decline afterwards to its current level of about 1.3 percent per annum. Unlike the global trend, African population

growth rate accelerated until it peaked during the mid-1980s at about 2.8 percent per annum giving the continent an exceptional pace of population explosion.

The rapid changes in the demographic features of the world also impacted the age composition of the population. The world population was growing and people are living longer with a steady rise in their life expectancy. In 1950, only 8.1 percent of the total world population was aged 60 or over. The share increased to 12.4 percent by 2010 and it is projected to rise further to 18.5 percent by 2030 and 25.1 percent by 2050. One in four people will be the elderly and this amounts to 2.43 billion elderly people by 2050. One of the regions that will have an increasing role in influencing the future demographic trajectory of the world is Africa and within Africa a number of countries will exert significant impact on the future demographic path of the world.

Population ageing is the phenomenon in which the median age of the population exhibits a steady rise over time. The demographic features of Africa broadly suggests that population ageing is a rapidly emerging demographic, economic, political and social challenges that families, governments, societies need to develop appropriate coping mechanism in time. The central theme of this research is that Africa in general and Ethiopia in particular is not yet prepared to address the problems of population ageing and it is time to put in place prudent policies and coping mechanisms that combine both traditional and modern methods to deal with challenges of population and help the elderly lead long, healthy, and dignified life. The rest of the paper is organized as follows. Section two briefly highlights the main demographic features and trends in Ethiopia within a peculiar framework of African demographic developments. The focus of section three is the processes and influential forces behind population ageing in Ethiopia and discusses policy options and constraints in the country. Section four draws concluding remarks.

2. Ethiopia: Demographic Characteristics and Trends

Africa is home to more than 1.03 billion people of which 5.89 percent (or 60.5 million) are older than 60 years whereas 40.1 percent are under the age of 15. The majority of the population is within economically active age group. This does not pose immediate concern from the perspective of population ageing. Population growth need not necessarily be a hindrance to economic growth unless it occurs in poor economic and policy environment (Bloom and Williamson, 1998). Africa is currently going through rapid demographic changes. Total

African population is growing fast. Between 1950 and 2010, total population increased by more than four-fold which amounted to about 13.2million net annual average addition for the last 60 years. Whereas the global population growth rate peaked during the late 1960s, African population growth rate was accelerating until it peaked during the latter half of the 1980s after which growth rate began to show steady decline from a high base. This population growth momentum reflects itself in not only on the size of the total population but also on the composition and age structure of Africans.

The population growth in Africa is increasingly shaping the global demographic dynamics and the future population trajectories of the world. What happens in Africa, especially in the most populous and fast growing countries in the continent, would have considerable impact on the size, composition, growth pattern and ageing structure of the global population. By the year 2050, Africa is expected to be home to about 23 percent of the world population and 9.8 percent of the elderly population of the world. Ethiopia, with current total population of 82.9 million, is the second most populous country in Africa, next to Nigeria whose population is about 158.4 million in 2010. Most of the Ethiopian population resides in rural areas with only 19.1 percent of urbanization. About 89 percent of the population lived in the highlands with 1500 meters above sea level or more. The low lands with hot climate, despite occupying about half of the national territory, are home to only 11 percent of mostly nomadic and pastoral population. This has created considerable environmental pressure and burden on agricultural activities in the highlands and the hostile disease environment in the low lands continues to limit the extent to which the agricultural sector could support the livelihood of the increasing population.

The age structure of the population of Ethiopia reflects high young dependency. According to the 2007 population census of Ethiopia, 45 percent of the population was younger than age 15. The share of the elderly, over 65 years old, in the population was about 3.2 percent of the population. The Ethiopian population has been growing steadily over decades that reflect both high level of fertility and birth rate as well as high but declining death rate. Ethiopia has one of the highest fertility rates in the world with about 7 children given birth per woman for much of the period from 1950 to 2000. The current fertility rate of 4.8 children per woman is a significant reduction from earlier decades and yet it is still comparable to what the average global fertility rate of the 1950s. At the current rate of population growth at about 2.2 percent per annum, the Ethiopian population doubles in about 30 years. This implies the potent power of

fertility to sustain robust population growth during the demographic transition period. The fertility rate has shown remarkable decline in recent years and is projected to decline further in the coming decades. Ethiopia has already reached a fertility rate below the African average and seems to continue the trend for the foreseeable future. If the projection on the fertility rate of Ethiopia indeed holds, it would have important and lasting effects on birth rate, life expectancy and longevity of the population in the coming decades. In the process, the issue of population ageing would increasingly be a policy concern especially in the context of the poor economic and health care environment of the current system.

There are a number of forces that exert influence on the current fertility rate and its future trend in Ethiopia. Elsewhere, historical fertility transition was characterized by reversal of the elasticity of fertility with respect to income. Prior to the fertility transition, women gave birth to as many as eight children each and the elasticity of fertility with respect to income was positive. In countries that completed the fertility transition, women have no or a few children and the elasticity of fertility with respect to income is zero or even negative (Guinnane, 2011). The historical fertility transition that was witnessed in Europe and the USA had a number of plausible underlying causes none of which emerge as uncontested force. The case of developing countries such as Ethiopia, which are still in their transition, is peculiar and their demographic transition might be influenced by emerging policy and demographic innovations.

Ethiopia has high but gradually declining fertility rate which influences the birth rate of the country. There are a number of peculiar economic, socio-cultural, environmental and policy issues and factors that could shape the fertility transition and its impact on demographic variables. First, the pattern of marriage has been such that both women and men enter to marriage at an early age. The average median age for women to enter into their first marriage is about 16.4 years old by 2000 and currently it is about 16.5 (CSA and ICF, 2011). Marriage and childbearing are closely related and socially acceptable and encouraged. This provides a long span of childbearing years for women. Among women age 25-49, 30 percent married by age 15, 63 percent by age 18 and 77 percent by age 20 and 91.4 percent by age 25. The proportion of women married at age 15 has been declining over the years both by the preference of families to send their daughters to school and by social and community influence to delay marriage before the couples could provide for the new family. This in turn is reducing the childbearing life span of women and their fertility rate. Men tend to get married at older age than women by

about 7 years and among men age 25-59, only 13 percent were married by age 18 and 27 percent by age 20(CSA and ICF, 2011).

Second, marriage is almost universal for both men and women. Survey results in 2011 indicated that by the age of 30, only 4.1 percent of women and 10.1 percent of men were never married and the rate falls to below 1 percent for women and to 1.4 percent for men by the time they reach 45 years old. This practice provides frequent and socially acceptable chances for childbearing for families. Third, childbearing starts relatively early among Ethiopian women. Nearly 34 percent of women give birth to their first child by age 18 and 54 percent by age 20. Moreover, the birth interval is quite short. More than 20 percent of births occur within 24 months of the previous birth and about 56 percent within three year. Fourth, total fertility rate currently is 4.8 children per woman which declined from 5.5 children per woman in the year 2000. Fertility in rural areas is still at 5.5 children per woman as compared to 2.6 children per woman in urban areas where education of women, relative wealth status and perhaps family planning practice influence the preferred number of children and birth choices of families. The fertility rate difference between rural and urban residence is significant even by the standards of developing countries. This suggests that urbanization exerts influence on fertility behavior or the dominant nature of rural life in Ethiopia will continue to shape the future demographic path of the country.

Fifth, the actual fertility behavior of families is influenced by the knowledge and availability of family planning services. The total wanted fertility rate in Ethiopia is about 3 children per woman as compared to the actual total fertility rate of 4.8. This suggests that fertility would have been much lower if unwanted pregnancy and births were prevented. The deviation could largely be explained by lack of or limited access to contraceptive methods. Although knowledge of contraceptive methods is almost universal among men and women, the actual practice has been limited to an average of 28.6 percent of women 15-49 age. Moreover, there is significant variation between rural women at 23.4 percent as compared to urban women at 52.5 percent in the urban areas depending on the level of education (CSA and ICF, 2011; World Bank, 2007). Even though Ethiopian men and women do not consider fertility control and use of contraceptive as morally wrong, there is a general social norm that encourages big family size and childbearing and hence reluctance among families, couples, and women to use contraceptive.

The extent and scope of change in these attitudes would shape the future fertility trend of the country and how much current fertility projections would materialize. It is plausible to suggest that the social, disease, economic and public service environment in which children were born influences and remain under the influence of the fertility behavior of families. When infant and child mortality is excessive and there is little that families can do to prevent it, they might respond to the situation by having the maximum number of children possible to ensure the survival of at least some of them. In this context, exogenous mortality decline may initiate families to choose smaller family size as a norm instead of the choice of family size in line with the economic and social development of the nation. Alternatively, changes in the fertility behavior may be endogenously determined by consideration of opportunity cost of childbearing and lifetime spending as well as investment behavior on the quality of children (Becker, et al. 1990).

The crude death rate has been gradually declining over the decades. Unlike the gradual and somewhat uneven decline in the death rate that was observed in European countries, less developed regions currently have achieved relatively fast decline in the death rate. Part of the explanation is the spread of public health services, education in nutrition and sanitation, and importation of medical technologies from abroad. However, further reduction in the death rate might prove to be more difficult as the excessive disease burden from communicable diseases and rising health risk from non-communicable diseases (Mathers and Loncar, 2006; WHO, 2008; Bleakly and Lange, 2009).

The death rate in Ethiopia has been steadily declining and yet its rate is projected to be somewhat stabilizing in the coming decades before it shows some marginal rise. This trend coupled with the high and declining birth rate indicates the rise in cohort of children joining the population during the transition and markedly shaping the future demographic structure of the country. At the same time, life expectancy at birth is rising from a small base and given the gap that the country has with the rest of the world, this component has considerable room for further increment. As figure 1 depicts in comparative perspective, the median age of the Ethiopian population would reverse from a declining trend below 20 years old to sharply rising levels compared to the African median age and catching up with the rest of ageing societies in the world. The decline in fertility rate, both reducing the total number of children born as well as the interval between births, would improve the life expectancy of children as well as mothers.

The rise in the median age of the population and the longevity of life give rise to population ageing that correspond to the pace of changes in these demographic forces.

3. Population Ageing and Policy Issues in Ethiopia

Ethiopia undertook its first population census in 1984. The census revealed that the total population of the nation was 42 million and 89 percent of them lived in the rural areas. The economy was dominated by subsistence agriculture and 84 percent of the labor force was employed in the primary sector. Agriculture dominated the economy but had very low productivity of labor making most of the labor force and their families live in poverty. Generalized poverty coupled with fast population growth proved to be beyond the capacity of the economy to deliver improvement in standards of living.

The rate of population growth during the latter half of the 1980s was 3.25 percent implying the population doubling time of about 21 years. Indeed total population size almost doubled by the end of the millennium despite falling population growth rate in the intermediate years. The second and third population census of the country in 1994 and 2007 broadly confirmed the same demographic and socio-economic features of Ethiopia.

Ethiopia formulated its population policy in 1993. The main focus of the national population policy was to reduce the gap between fast population growth rate and stagnant growth of the economy, reduce the rural-urban migration, to improve the carrying capacity of the environment, and to raise the economic and social status of women and vulnerable groups in society. The plan sought to reduce total fertility rate from about 7.7 children per woman to 4 children per woman by 2015, increase contraceptive use from 4 percent to 44 percent by 2015, reduce infant, child, maternal mortality rates, and promote equitable economic development. The policy faced serious implementation capacity. The Policy also did not cover the problems of HIV/AIDS even if the first case was identified as early as 1984 and the spread of the virus had undermined the capacity of the system to address the population issues. It was in 1998 that the country adopted multi-sector policies to address the AIDS epidemic and implementation strategies in 2001. It was in 2006 that the government adopted a more comprehensive strategy to address population issues within the framework of achieving sustainable poverty reduction related to the millennium development goals.

Despite the focus on pressing population problems of the country, the policy did not explicitly address the emerging problems of population ageing and the issues of the elderly. The total neglect or marginal treatment of the issue is apparent in widely advocated policy statements both at national and international levels. The Millennium Development Goals, for instance, does not explicitly address the problems and concerns of the elderly in developing countries. Reaching a retirement age is customarily considered a successful and healthy life of the individual and attracts wide admiration with the family and the community. However, there are serious economic, social and health problems that come with old age and the elderly would suffer from economic insecurity as well as age related diseases. The approach so far has been to secure long term care within the traditional extended family network but such a framework cannot be sustained if the share of the elderly in the population increases.

Ethiopia is undergoing through a demographic transition and the capacity to address the emerging concerns related to population ageing is closely linked with if and how the country achieves structural transformation of the national economy and improving its capacity to provide sufficient access to education, health services, and productive employment opportunity for the young population and those who join labor force. The population ageing dynamics in Ethiopia, viewed from the global trend of population ageing, brings both challenges and limited opportunities, or demographic bonus that could be realized with effective public policies and strategic decisions. The world population is ageing at a rapid rate and yet the current population momentum would create opportunities for countries like Ethiopia to have an increasing share of their population in economically active age category in the coming decades. Provided that this segment of the population is educated, trained, and equipped with the necessary skills for an evolving global labor market, it can enjoy relatively increasing rewards and close the emerging gap in labor demand and supply. Countries and families that recognize and effectively respond in time are well positioned to improve their standard of living and their role in the global economy.

Current demographic estimates, as illustrated in figure 1, indicate that 5.6 percent of the population, or about 4.66 million people, are 60 years old or above of which 3.7 percent are at least 65 years old. The population and families in Ethiopia have developed coping mechanisms to address the needs and care of the elderly. Extended family network and the widespread social custom of living with the family of the son or daughter of the elderly, the support from close and distant relatives and other elderly people in the community has played

important role in the rural settings. Religious institutions as well as self-help associations provided various assistance and care to the elderly. There are age related health issues among the elderly and the existence of young family members and caregivers greatly reduces the pressure on the elderly. However, the demographic dynamics in Ethiopia is rapidly changing the relative capacity of the traditional social network to manage the needs and priorities of the growing number of the elderly will not be adequate. Ethiopia is expected to join the club of aged society by the year 2045 with about 10.8 million elderly people or 7.6 percent of the total population. The number of the elderly increased by 3.8 fold during the 50 years from 1950 to 2000 and is expected to increase for the next half century further by more than 6 fold by 2050. Moreover, urbanization and increase in labor market participation of women will make it increasingly difficult for families to accommodate the needs of the elderly. Such drastic increment has been unprecedented and would pose a serious challenge to any society let alone to a country with limited economic resources.

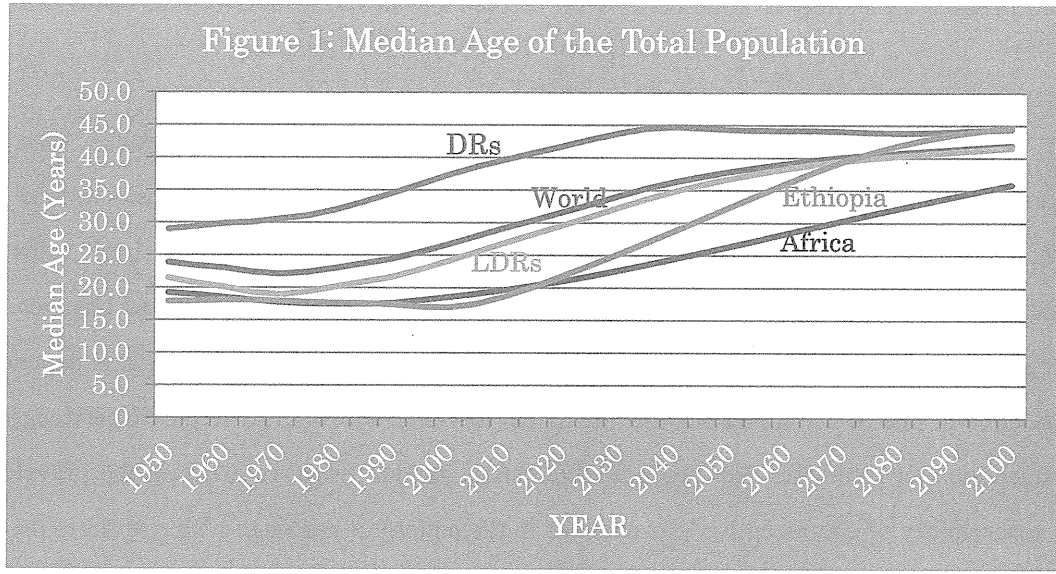
4. Concluding Remarks

Ethiopia is in its early stage of demographic and epidemiologic transition. The demographic features of the country have high but declining fertility, birth rate, death rate, and population growth rate. Life expectancy is short and closely related to the weak economic and social development of the country. Population ageing is a small but rapidly growing social, economic and health challenge that families, communities, and the nation should prepare to address. Economic and social development was found to have important historical bearing on families on their fertility preferences and choice of family size. In the context of Ethiopia, where income is low, poverty is endemic, illiteracy is still widespread, access to health services is very low, urbanization is at its infant stage, and employment opportunities in the formal industrial sector is quite limited, bringing about behavioral change would by necessity be very gradual and tentative. The most pressing challenge for policy makers and governments in the country is how to provide employment opportunities to the youth who are joining the labor force at increasing rate and sustaining economic growth. The failure to achieve structural transformation in the economy and an economic system that has kept most of the labor force underemployed and near destitution would have direct implications on welfare situation of the current labor force when they retire and become part of the elderly. Economic development could play both influential roles on the behavior of families with respect to their choice of optimal family size but also

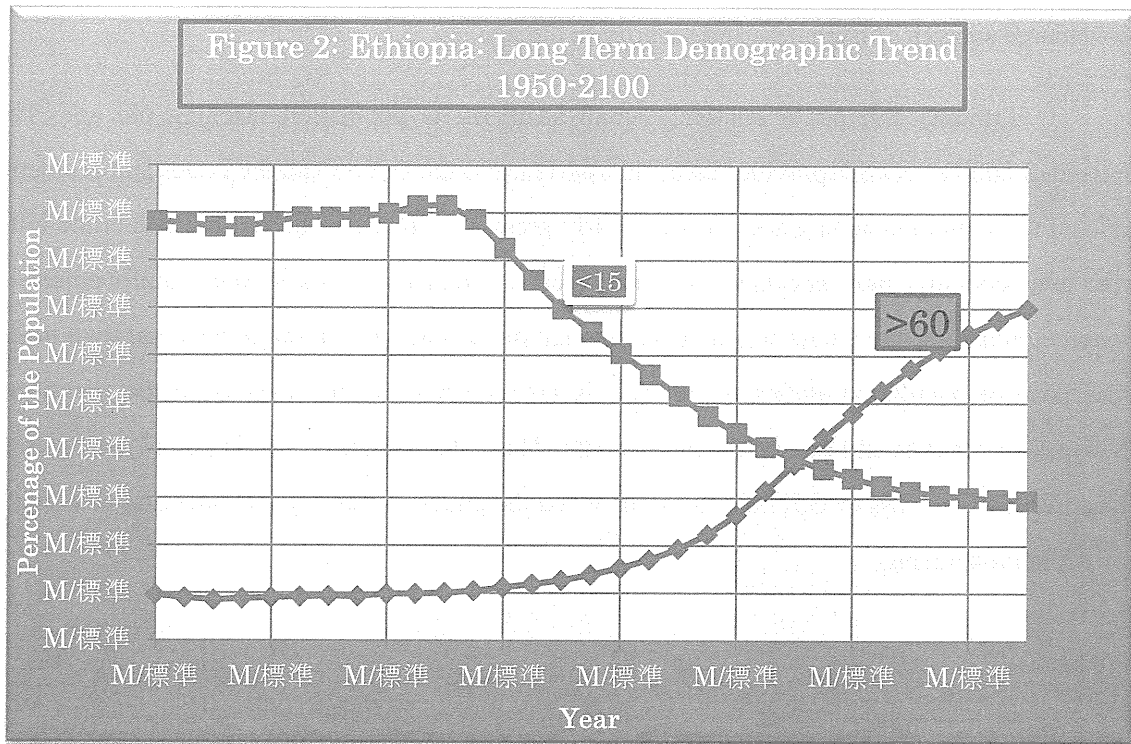
would prepare the society to cope better with income and health insecurity that come with old age.

The demographic projections of Ethiopia indicate significant departures from the historical trend. There are important economic, social, and environmental considerations that might shape the future demographic path of the country. The fertility and birth rates are reflections of underlying forces and social values that have inbuilt resistance to changes and their pace will remain slow and tentative. The future demographic path of Ethiopia is dependent on the growth rate of per capita income, the extent to which access to basic public services such as education and health services are equitable across gender, urban-rural areas, the prevalence and accessibility of contraceptive use, changes in the pattern of marriage with respect to the age of marriage and the age women give birth to their first child and birth intervals. There are encouraging signs with respect to more female attending primary and secondary education, willingness and acceptance of using contraceptives and family planning and in recent years relatively faster growth rate of household income. However, the extent of poverty is pervasive and social values with respect to large family size remain strong and children are still considered sources of happiness and security in old age.

Ethiopia still has a relatively small share of its population reaching old age. The extended family network provides care and assistance to the elderly and the issues and problems related to population ageing are not particularly pressing. However, the fertility and crude birth rate are declining, life expectancy is rising from a small base, and gradual improvement in income, nutrition, and health would mean population ageing will no longer be a marginal issue. The pace of population ageing in Ethiopia is fast and beyond the capacity of the traditional network of families and communities to handle. This calls for timely public policy measures to improve the readiness of individuals, families and the public to manage the emerging challenges of population ageing.



Source: United Nations, DESA, World Population Prospects, 2010 Revision. DRs refers to developed regions whereas LDRs represents least developed regions.



Source and Note: United Nations, World Population Prospects 2010 revision. The data refers the percentage distribution of the population into two categories, namely under 15 years old, over 60 years old.

5.研究発表

1. 論文発表

なし

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なし

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厚生労働科学研究費補助金（地球規模保健課題推進研究事業）

分担研究報告書

バングラデシュ及びタイへの出張報告書

分担研究者 野口晴子 早稲田大学 政治経済学術院 教授

研究代表者 田宮菜奈子 筑波大学 医学医療系 教授

分担研究者 山本秀樹 帝京大学 公衆衛生大学院 教授

研究要旨

本報告書では、2012年11月22日（木）～同年12月1日（土）において、当該研究班の研究代表者である田宮菜奈子（筑波大学）、及び、研究分担者である山本秀樹（帝京大学）と野口晴子（早稲田大学）の3名が、バングラデシュ及びタイにおける関係諸機関を訪問し、聞き取り調査を行った結果を取り纏める。バングラデシュでは、Gonoshasthaya Kendra (The People's Health Center), The Association of Medical Doctors of Asia (AMDA) Bangladesh Complex, Hossaindi, Gazaria District Munshiganj, Center for Control Chronic Diseases, icddr, b, タイでは、Ministry of Public Health, HelpAge International を訪問し、計30名の関係者（研究者、医師、看護師、ソーシャルワーカー、行政官など）と Global Ageing に関する意見交換を行い、国際比較を可能とするデータへのアクセスや関係諸機関との共同研究の可能性を通じて、学際的な提案を行うための人的ネットワークの構築を模索した。

A. 研究目的

本報告書では、「グローバルエイジングへの国境なき挑戦—経験の共有と尊重を支える日本発学際ネットワークによる提言」という研究課題に応えるため、研究代表者と研究分担者が長年にわたって交流を深めてきたバングラデシュとタイにおける関係諸機関を訪問し、当該研究課題に関わる学際的、かつ、多様な人的ネットワークとの意見交換を通じて、国際比較を可能とするデータへのアクセスや関係諸機関との共同研究の可能性を模索するための、聞き取り調査の結果を取り纏める。

B. 研究方法

2012年11月22日（木）～同年12月1日（土）において、当該研究班の研究代表者である田宮菜奈子（筑波大学）、及び、研究分担者である山本秀樹（帝京大学）と野口晴子（早稲田大学）の3名が、バングラデシュ及びタイにおける関係諸機関を訪問し、聞き取り調査を行った。バングラデシュでは、Gonoshasthaya Kendra (The People's Health Center), The Association of Medical Doctors of Asia (AMDA) Bangladesh Complex, Hossaindi, Gazaria District Munshiganj, Center for Control Chronic Diseases, icddr, b, タイでは、Ministry of Public Health, HelpAge International を訪問し、計30名の関係者（研究者、医師、看護