The 1st International Workshop

Aging in Africa and Asia

Perspective and Prospective from Public Health and Ethnography

Shimba Hills Lodge, Kwale, Kenya

March 6, 2014

Organizer and Ordinator

Ken MASUDA, Nagasaki University

Hideki YAMAMOTO, Teikyo University

Kaori MIYACHI, Saga University

Mr. Juma Changoma MWATASA, Nagasaki University

Participants

From Nairobi:

Dr. Muthoni GICHU A. P., Unit of Health and Aging, Ministry of Health Kenya

From Mombasa / Kwale

1. **Dr. Hajar ELBUSAIDY**, County Director of Health, Kwale
2. **Dr. Benard MAKENZI**, County Pharmacist/ CASCO, Kwale
3. **Mr. Rocky NAKAZELA**, County Lab Coordinator, Kwale
4. **Mr. Ester MWALILI**, County Probation Officer, Kwale
5. **Mr. Silas Nzaka GANDI**, DMLT, Kinango
6. **Mr. Lawrence TANUI**, DHMT, Kwale
7. **Mr. Abdulatif MOHAMED**, HDSS Manager, NUITM, Kwale
8. **Mr. Juma Changoma MWATASA**, Site Project Manager, NUITM, Kwale
9. **Ms. Marrianne WAKIO**, Office Assistant, NUITM, Kwale

From Japan

1. **Dr. Ken MASUDA**, Associate Professor, Graduate School of International Health Development, Nagasaki University
2. **Prof. Hideki YAMAMOTO**, MD, MPH, Ph. D., Professor, Teikyo University School of Public Health
3. **Prof. Haruko NOGUCHI**, School of Political Science and Economics, Waseda University
4. **Dr. Gen TAGAWA**, Associate Professor, Faculty of International Studies, Hiroshima City University
5. **Dr. Shinji MIYAMOTO**, Associate Professor, Faculty of Biosphere-Geosphere Science, Okayama University of Science
6. **Dr. Itsuhiro HAZAMA**, Assistant Professor, Graduate School of International Health Development, Nagasaki University
7. **Ms. Kaori MIYACHI**, Assistant Professor, Gender Equality Promotion Office, Saga University
8. **Ms. Mariko NOGUCHI**, Ph. D Candidate, ASAFAS, Kyoto University

The 1st International Workshop on

Aging in Africa and Asia: Perspective and Prospective from Public Health and Ethnography

Date: 6th, March, 2014

Venue: Shimba Lodge Hotel, Kwale, Kenya

Time	Content/ Presenter
Preliminary Session	
9:30-9:35	Opening Remarks By Dr. Hajar ELBUSAIDY, County Director of Health, Kwale By Prof. Hideki YAMAMOTO, Teikyo University
9:35-9:50	Overview of the study group of "Aging in Africa and Asia" By Dr. Ken MASUDA, Nagasaki University
Session I: African, Asian and Global Aging (MC: Dr. Ken MASUDA) (*25 min presentation + 5 min Q&A)	
9:50-10:20	Prof. Hideki YAMAMOTO, Teikyo University *The Role of the Community for the Aging Society - Experiences in Japan and Zambia*
10:20-10:50	Prof. Haruko NOGUCHI, Waseda University *Struggle for LTC in Japan, Demographic and Economic Analysis*
10:50-11:00	Coffee break
11:00-11:30	Dr. Muthoni GICHU A. P., Unit of Health and Aging, Ministry of Health Kenya *NCDs and Aging Issues in Kenya*
11:30-12:30	Comment & Discussion
12:30-13:30	Lunch time
Session II: Ethnographers' Insights (MC: Prof. Hideki YAMAMOTO)	
13:30-14:00	Dr. Ken MASUDA, Associate Professor, Nagasaki University *Gerontocracy in the on-going modernization: Changes and Continuity of Lifecycle among the Banna, Southern Ethiopia*
14:00-14:30	Dr. Gen TAGAWA, Associate Professor, Hiroshima City Univ. *Elderly people in Age System: Case from Borana in Southern Ethiopia*
14:30-15:00	Dr. Itsuhiro HAZAMA, Assistant Professor, Nagasaki University *Elderly people in Pastoral Society: A Case Stduy of the Karimojong in Uganda*
15:00-15:15	Coffee break
15:15-15:45	Dr. Mariko NOGUCHI, Kyoto University *Daily Life of the Elderly in Rural Southwestern Ethiopia*
15:45-16:15	Ms. Kaori MIYACHI, Saga University *Meaning of "Aging" for Women: Comparison of Kenya and Japan*
16:15-17:15	Comment & Discussion Commentator: Dr. Shinji MIYAMOTO, Okayama University of Science
17:15	Closing Remarks By Dr. Muthoni GICHU A. P. Unit of Health and Aging, Ministry of Health Kenya

*This workshop is sponsored by the Grant-in-Aid for Scientific Research (B) "Interdisciplinary Research on the Rapid Aging and the Variety of Care in the East Africa" (Dr. Ken Masuda, Nagasaki University) from Ministry of Education, Culture, Sports, Science and Technology (MEXT) and the fund of the Grant-in-Aid for Scientific Research (KAKENHI) 2012 Grant-in-Aid for Scientific Research of the Ministry of Health, Labour and Welfare (Promote global health challenges research project) "Challenges of Global Aging without Borders: Studies on the Recommendations by an Interdisciplinary Network Originating in Japan to Support the Sharing of Experiences and Mutual Respect"(Prof. Nanako Tamiya, Tsukuba University).

Group Picture at Shimba Lodge

Mr. Juma Changoma MWATASA
Nagasaki University

Dr. Hajar ELBUSAIDY
County Director of Health, Kwale

Prof. Hideki YAMAMOTO
Teikyo University

Dr. Shinji MIYAMOTO
Okayama University of Science

Dr. Muthoni GICHU A. P.
Unit of Health and Aging, Ministry of Health Kenya

Prof. Haruko NOGUCHI
Waseda University

Ms. Mariko NOGUCHI
Kyoto University

Dr. Gen TAGAWA
Hiroshima City University

Dr. Itsuhiro HAZAMA
Nagasaki University

Ms. Kaori MIYACHI
Saga University

Dr. Ken MASUDA
Nagasaki University

Preface

Aging in Africa and Asia

Perspective and Prospective from Public Health and Ethnography

Ken MASUDA

Nagasaki University

Introduction

The International Workshop “Aging in Africa and Asia: Perspective and Prospective from Public Health and Ethnography” is held in Kwale in the Republic of Kenya as a research meeting of our two Grant-in-Aid Projects. The conference should appear its particularity in a sense that doctors and professors both in public health and ethnography participate and collaborate in a current and future issue.

The meeting consists of two parts. In the first part, topics on aging care and non-communicable diseases (NCDs) both in Kenya and Japan will be presented from the perspective of health policy. In the second part, some ethnographic findings on elderly life and care will be provided by experienced anthropologists.

Global aging is rapidly becoming a focuse on public attention. Organizations predict a rapid population growth that in 2100 the worldwide population will reach ten billion, 40% of which will exist in Africa. The process of population growth accompanies that of changing demographic structure. The age of population aging is approaching Africa.

The population aging is introduced by two different phenomena on health improvement: epidemiological transition and demographic transition. Epidemiological transition describes changes in disease pattern. The population grows older, and noninfectious diseases become the main cause of ill health.

The model of demographic transition explains the process from “high birth rate and death rate” to “low birth rate and death rate”.

Stage 1: death rates and birth rates are high and roughly in balance

Stage 2: the death rates drop rapidly due to improvements in food supply and sanitation, which increase life spans and reduce disease.

Stage 3: birth rates fall due to access to contraception, increases in wages, urbanization, a reduction in subsistence agriculture, an increase in the status and education of women, a reduction in the value of children's

work, an increase in parental investment in the education of children and other social changes. Population growth begins to level off.

Stage 4: both low birth rates and low death rates.

Japan, a country where people enjoy long life expectancy, has experienced both rising life expectancy and/or declining birth rates in the past decades, however the changes result in many other issues such as medical care for non-communicable diseases, elderly care, welfare policy, etc.

Approaches to Elderly Life and Care

The meeting is organized as a joint session of two research projects.

A research project organized by Professor Nanako TAMIYA (Tsukuba University) focuses on global aging from the perspective of healthcare service. Tsukuba University held an intensive program on global aging in 2013 where students, undergraduates to Ph.D candidates, Asians and Africans, met, reported and discussed issues on population aging and care in each country. The discussion leads us to understanding current on-going transition of social institution like elderly care, family and kinship tie as well as relationship between family and community.

Professor Hideki YAMAMOTO (Teikyo University) and Ken MASUDA (Nagasaki University) are appointed to work on elderly life and care in Africa. Our strategy of research is structured basically in four steps: 1. HDSS research and analysis, 2. complementary approach with qualitative description, 3. integration, and 4. prospects and proposal.

There appear some difficulties in approaching aging issue in Africa. Who should be classified as the elderly? By which criteria should the elderly be identified? How do they live in their elderly life in certain social environment?

As Aboderin (2010) mentions, theories in African gerontology since 1960s have been developed based on “modernization theory” by which researchers views society transition as modernization and westernization process; changes from familism and filial obligations to individualism, from rural to urban, from traditional and pre-industrial to modern. However, the perspective is not strictly based on quantitative and qualitative in-depth evidences.

We are now preparing a research proposal to conduct both qualitative and quantitative research on current situation of elderly life and care in Kwale with cooperation of health and demographic surveillance system (HDSS) that is launched by KEMRI and Nagasaki University. Through the investigation, it is expected to deeply

identify geographical distribution, economic status, health condition, household circumstances of elderly people.

It is significant to describe quantitatively and ethnographically for detailed understanding of elderly life and care. Anthropology has a technique of detailed description by participant observation and of understanding family and kinship relation as cultural system. Some participants of the meeting are anthropologists who have been engaged in ethnographic research in Kenya, Uganda and Ethiopia, and members of Japan Association for African Studies.

The purposes of the meeting are three. First purpose is promotion of exchange of knowledge and information among participants. The second is sharing ethnographic insights on elderly and kinship relations in the cases from Kenya, Uganda, Zambia and Ethiopia. Thirdly, we explore the possibility of long-term relation between Asia and Africa on the forthcoming social problem.

Reference

Aboderin, I (2010) "Global Ageing: Perspectives from Sub-Saharan Africa." In *SAGE Handbook of Social Gerontology*. SAGE Publications, pp. 405-419

Notes

The meeting is organized with financial supports from two grant-in-aid research projects.

1. *Interdisciplinary Study of "Premature Aging" and Cultural Diversity of Aging Care in East Africa.* (Project Leader: Ken MASUDA, Nagasaki University) Grant-in Aid for Scientific Research (B) of the Ministry for Education, Culture, Sports, Science and Technology, Japan.
2. *Challenges of Global Aging without Borders: Studies on the Recommendations by an Interdisciplinary Network Originating in Japan to Support the Sharing of Experiences and Mutual Respect*. (Project Leader: Nanako TAMIYA, Tsukuba University) Grant-in-Aid for Scientific Research of the Ministry of Health, Labour and Welfare (Promote global health challenges research project)

Presenters and Commentators

○ **Muthoni GICHU** is Head of Health and Aging Unit, Ministry of Health.

○ **Hideki YAMAMOTO** is professor of public health and global health at the Graduate School of Public Health, Teikyo University.

○ **Haruko NOGUCHI** is professor of health economics at the Faculty of Political

Science and Economics, Waseda University.

○ **Gen TAGAWA** is associate professor of cultural anthropology at the Faculty of International Studies, Hiroshima City University.

○ **Shinji MIYAMOTO** is associate professor of Geography and Environmental History at the Faculty of Biosphere-Geosphere Science, Okayama University of Science.

○ **Itsuhiro HAZAMA** is assistant professor of anthropology at the Graduate School of International Health Development, Nagasaki University.

○ **Kaori MIYACHI** is assistant professor at Gender Equality Office, Saga University.

○ **Mariko NOGUCHI** is graduate student at the Graduate School of Asian and African Area Studeis, Kyoto University.

○ **Ken MASUDA** is associate professor of social anthropology at the Graduate School of International Health Development and Faculty of Environmental Studies, Nagasaki University.

Aging in Africa and Asia

Perspective and Prospective from Public Health and Ethnography

Ken MASUDA

Graduate School of International Health Development

Nagasaki University

International Workshop “Aging in Africa and Asia: Perspective and Prospective from Public Health and Ethnography”, in Kwale, Kenya

March 6, 2014

Research Projects

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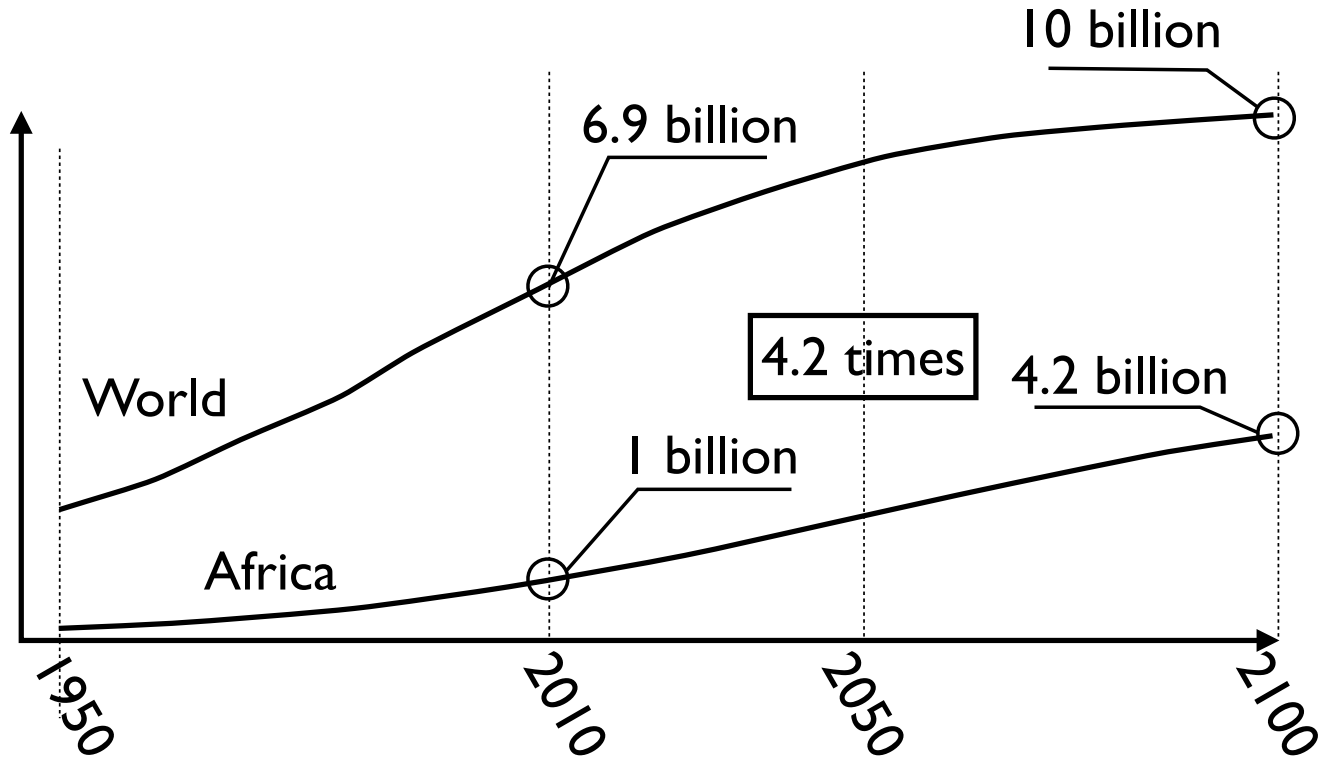
Modern Medicine ⟷ **Anthropology & Ethnography**

Global Health **Ethno-Medicine**

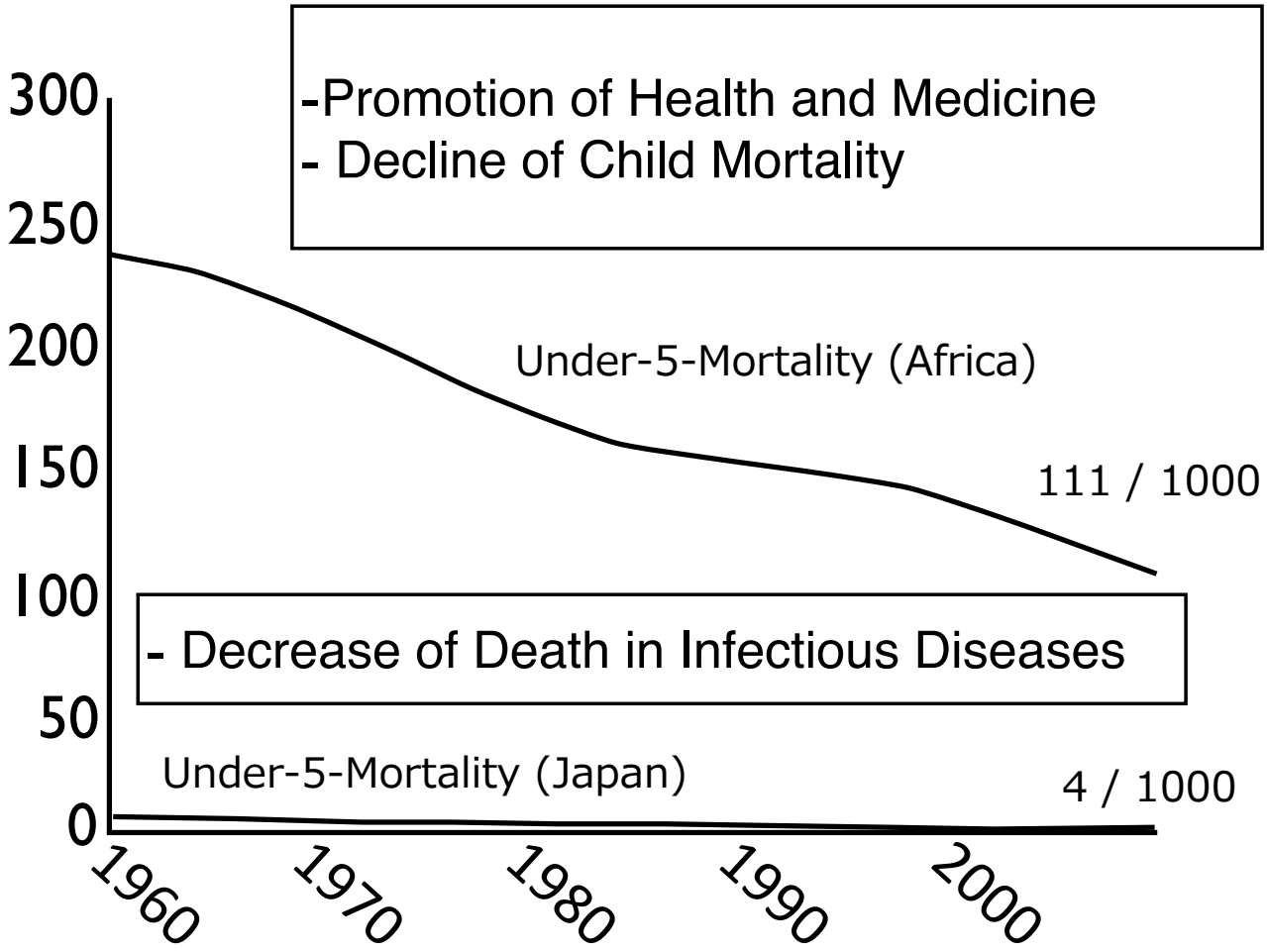
Our field

Purpose of the meeting

1. Exchange of ideas on population aging and elderly care between Japan and Kenya
2. Exchange for the research on the elderly people in Kwale that is being prepared currently.
3. Exchange of idea and knowledge according to ethnographic findings that are based on participant observation in some ethnic groups in Kenya, Uganda and Ethiopia.

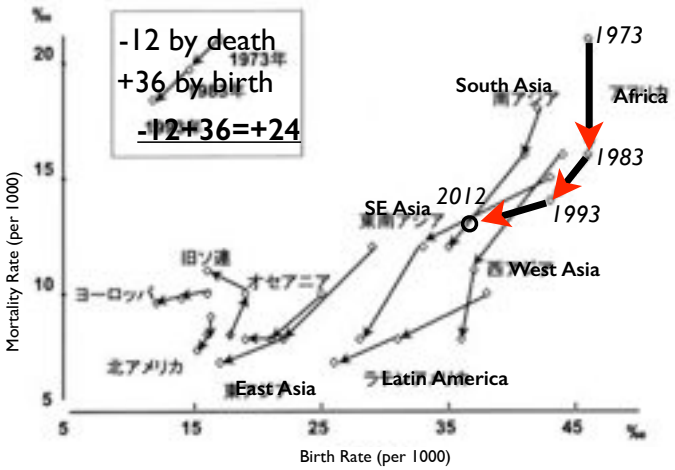


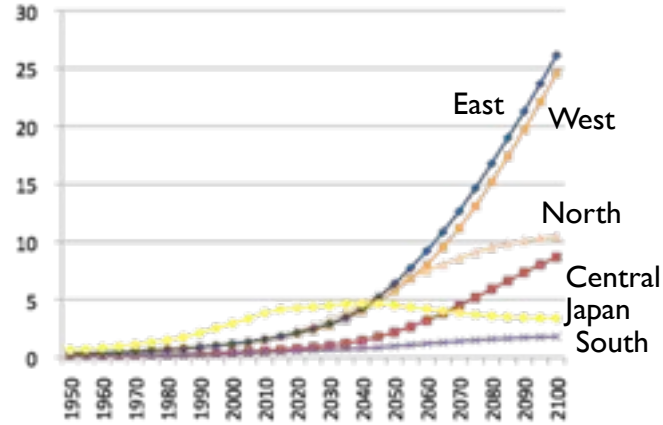
Source: World Population Prospects: The 2012 Revision



Decline of Infant Mortality Rate (past 5 years)
Ethiopia: 98‰ to 75‰
Kenya: 67‰ to 44‰ Epidemiological Transition + Demographic Transition

Population Momentum
Population of Ethiopia, Kenya and Uganda have increased 1.7 times in the past 20 years.
Rapid Population Growth and Aging



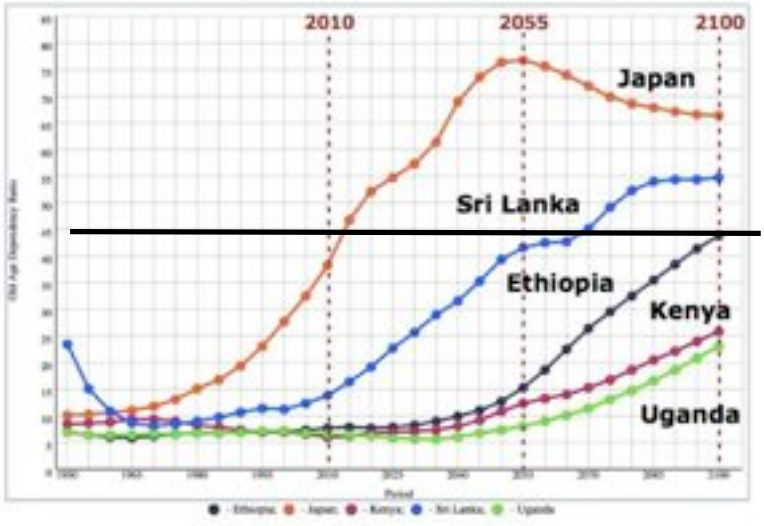


Estimated Population of Over-60
(Noguchi, based on UN 2010)

Rapid and "Premature" Aging and Social Instability

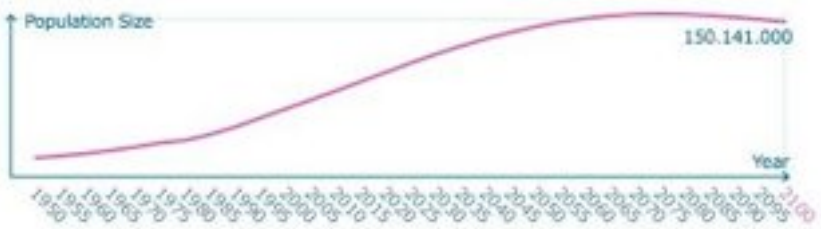
1. Political and Economic Instability: inflation, rapid growth of free market, ethnocracy
2. Emphasizing PHC, HIV/AIDS and other infectious diseases
3. Rapid Urbanization: Influx of younger generation into Urban
4. Aging issues in broader perspective of social development

Ref: Cliggett, L. 2005, Cohen, B. and J. Menken 2006, Eyassu Habte-Gebr, *et.al*. 1987, Sokolovsky, J. 2009

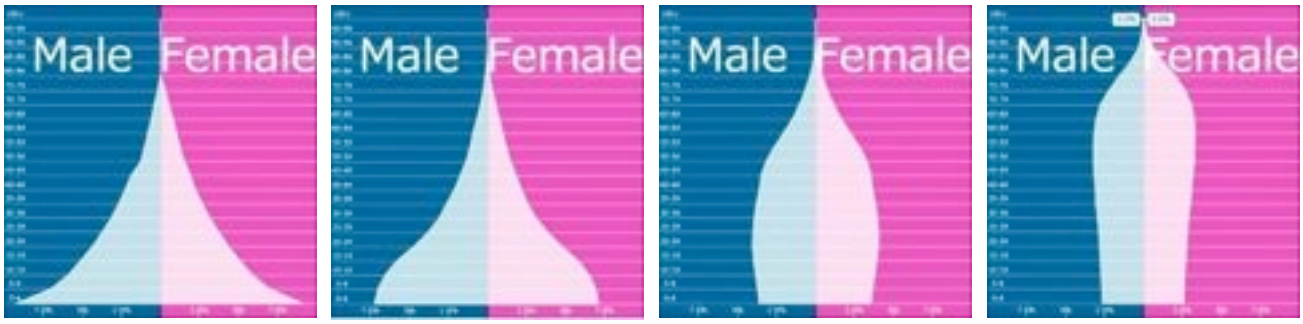


Estimates of Old Age Dependency Ratio.
(Masuda, based on UN statistics)

Population Pyramid: Ethiopia



Source: World Population Ageing: 1950-2050



1950	*2010*	*2050*	*2100*
18,396,000	82,946,000	145,191,000	15,141,000

Trends of Africa Gerontology

Modernization Theory

1960s-70s 1980s-1990s and later

Quantitative Survey
Statistical Data

Qualitative Description
New Topics
More Policy-Oriented

Aboderin, I (2010) Global Ageing: Perspectives from Sub-Saharan Africa. In *SAGE Handbook of Social Gerontology*. pp. 405-419

Paradigms of Modernization Theory

-Rural
-Familism
-Traditional and Pre-industrial Society

-Urban
-Individualism
-Modern Society

Modernization and Westernization Process

Family Lost,
Individualism Progresses, and
Less Care of the Elderly

the Premises

Trend in 1980s to 1990s

Modestly sized Quant. Surveys + Qual. & Ethnographic Research

- Focus on the impact of modernization on elderly' wellbeing
- Signifying a continuity of "traditional" modes, and a decline in old-age family support
- No attempt to link empirical insights to critique of the modernization thesis to other explanatory framework

Retention of Modernization Theory

Findings of Quant. Surveys 1

- **A majority of older persons** live in rural areas.
- Most **live with at least one child** and only a small minority **live alone or with a spouse only.**
- **A majority of older persons, especially in rural areas, continue to work**, with only small proportions receiving pensions or income from formal assets or savings.
- Sizeable proportions suffer from various, **mostly preventable or manageable disease conditions** although only a minority report poor health or functional limitations.

Aboderin, I (2010) Global Ageing: Perspectives from Sub-Saharan Africa. In *SAGE Handbook of Social Gerontology*. pp. 405-419

Findings of Quant. Surveys 2

- Considerable prevalence of ostensibly **"non-traditional" attitudes among the young** regarding the "value" of old age and the provision of family support to older parents.
- Older persons' **health status and living arrangements** vary by gender and/or rural/urban residence.
- **Employment and access to pension income** is consistently higher among older men than women.
- **Self reported poor health and disability** appears as "expected" to fall with socio-economic positions.

Aboderin, I (2010) Global Ageing: Perspectives from Sub-Saharan Africa. In *SAGE Handbook of Social Gerontology*. pp. 405-419

Basic Questions

Q.Is it real that a sense of value really different between generations?

Q.Is it real that family support for elders is declining?

Q. How do the elderly spend daily life?

Q.What kind of health and economic problem do the elderly feel?

Q.Who is elder? How do we define elderly people?

Difficulty of Aging Study in Africa

1.Definition the “the elderly”

- Age and Birth y/m/d
- Registration

2.Multi-lingual, -ethnic circumstance

- diversity of subsistence economy and social structure, kinship system
- Diversity of elderly care
  - Medical pluralism
  - unification of aging care at national level?

Which level shall we focus on?

Hyper-Macro level	**Global** aging
Macro level	Population aging in **State X**
Meso level	Population agin in **Ethnic group Y**
Micro level	Aging in **Community Z**

Qual+Quant Approach

Qualitative research

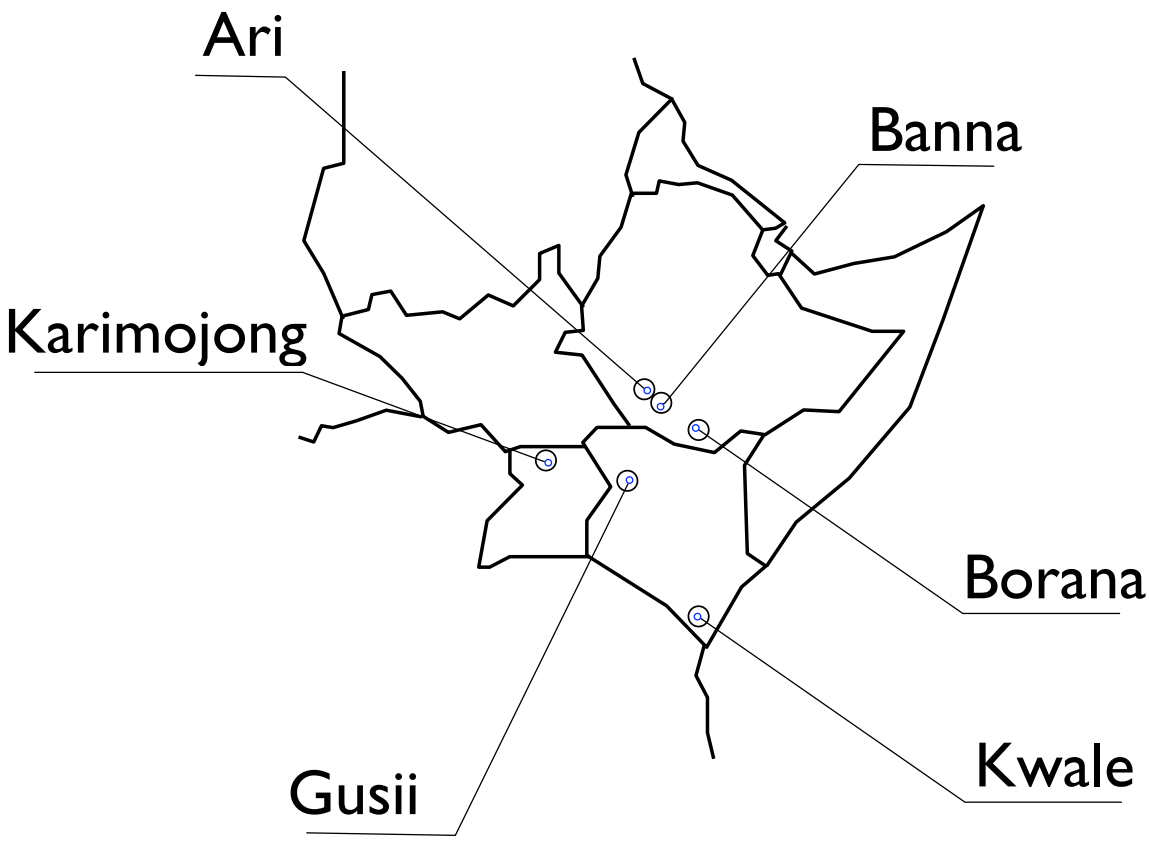
- Anthropology, Sociology
- Participant Observation
- Interviews (formal to informal)

Quantitative research

- So-called “Survey”
- Interviews (Closed-ended)
- Quantitative analysis

Ethnography

- local knowledge (variables) on sense of value, behavior, narrative, would be found by participant observation
- contextualizing of socio-cultural phenomenon on political, economic and historical context.



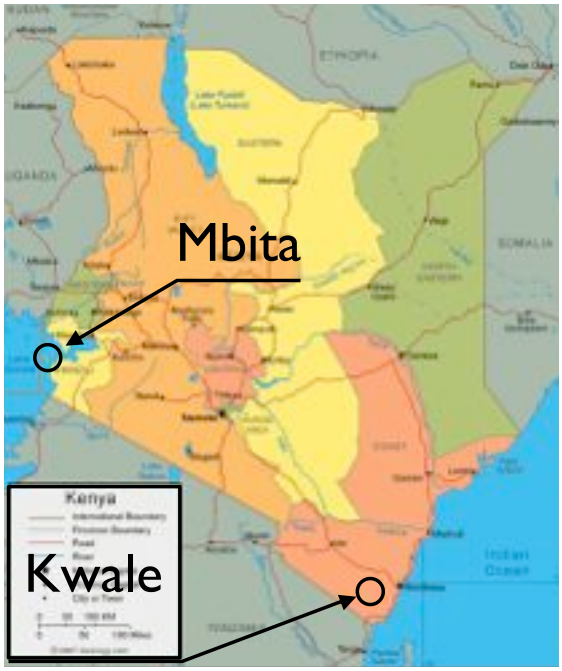
Our Research Strategy in Kwale

HDSS in Kwale + Additional Approaches

KEMRI & Nagasaki University

Preparing



The Role of the Community for the Ageing Society

Experiences in Japan and Zambia

Hideki YAMAMOTO MD, MPH, PhD
Professor, Teikyo University School of Public Health

Japan has achieved the highest longevity and lowest infant mortality in 1977 and enjoyed the healthy society. This improvement has been done mainly after the 2nd world war. For instance, the infant mortality of Japan in 1947 was 78/1,000 live birth and reduced 10/1,000 in 1975. Although the economic development and introduction of health system such as health insurance have done great contribution to those improvements, the role of the community to improve the sanitation to protect from the infectious diseases and to promote the good health should be emphasized.

When Japan hosted the 5th Tokyo International Conference for African Development (TICAD5) in June 2013, presidents or prime ministers from 47/54 African countries participated. Post MDG after 2015 is the agenda of the conference. Universal Health Coverage (UHC) and Non-Communicable Diseases (NCD) are the important agenda since the epidemiological and demographic transition affects the whole society after African countries improve the health status after the achievements of the MDGs.

On the meanwhile, the low fertility rate caused the rapid increase of the proportion of the elderly peoples. Japan is a leading country for Ageing. The proportion of the 65years or older exceeded 23.0% in 2010 and exceed 25% in 2013. Japan introduced the Long-Tem Care (LTC) insurance system introduced in 2000 to support the elderly people in the society, and the role of the mutual support in the community is also needed.

“Kominkan” (public-private-halls) is developed in Japan and legalized in 1947 as the social education act and institutionalized as Japanese system in the community for the platform of the Community Based Organization to promote the community participation. Out of 47 Japanese prefectures, the longevity of Nagano is highest and healthy. One of the factors is the active social participation in the community at Kominkans.

This Kominkan system has been modified and introduced as Community Learning Centers (CLC) in Asian countries by UNESCO. Currently, Kominkan model was expanded to African countries in Lusaka, Zambia to promote the Education for Sustainable Development (ESD). The model of Kominkan/CLC would be helpful social

resource for the coming ageing society in Africa.

References

1) Tamiya N, Noguchi H, Nishi A, Reich MR, Ikegami N, Hashimoto H, Shibuya K, Kawachi I, Campbell JC. Population ageing and wellbeing: lessons from Japan's long-term care insurance policy.
   The Lancet.378(9797):1183-92. 2011
2) Overson Shumba and Hideki Yamamoto, International Cooperation by utilizing, Kominkan/CLC case of Chawama in Zambia, Education for Sustainable Development (ESD) and Kominkan/Community Learning Centre(CLC),pp208-227 ,Okayama University Press,2013

The Role of the Community for the Ageing Society – Experiences in Japan and Zambia

Hideki Yamamoto MD, MPH, PhD.
Professor,
School of Public Health
Teikyo University

Contents of the Presentations

- Japan commits for Africa
- Life expectancy in Japan
- The role of the community for public health
- Experiences in Zambia
- Education for Sustainable Development (ESD) and Community Learning Center (CLC)
- Challenge of Ageing society

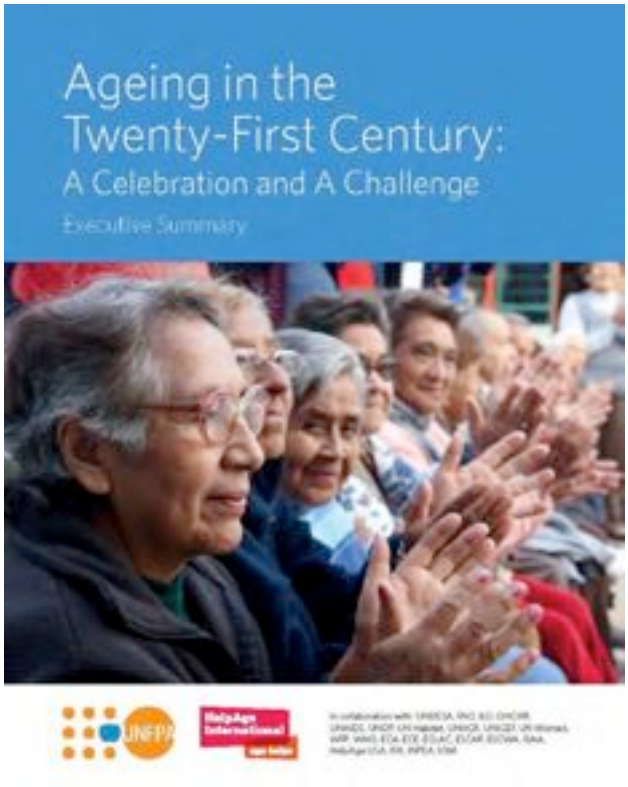
TICAD5（June 1-3, 2013）

Major Agenda of TICAD5

- **Post MDGs (2000-2015)**
- **Sustainable Development Goals (SDGs)**
- **Disaster Reduction**

- **Japan government commits for health sector**
  - Health System Strengthen
  - Universal Health Coverage (UHC)
  - Non Communicable Diseases (NCD)
  - Ageing

Japan leads global ageing, collaborating with UNFPA



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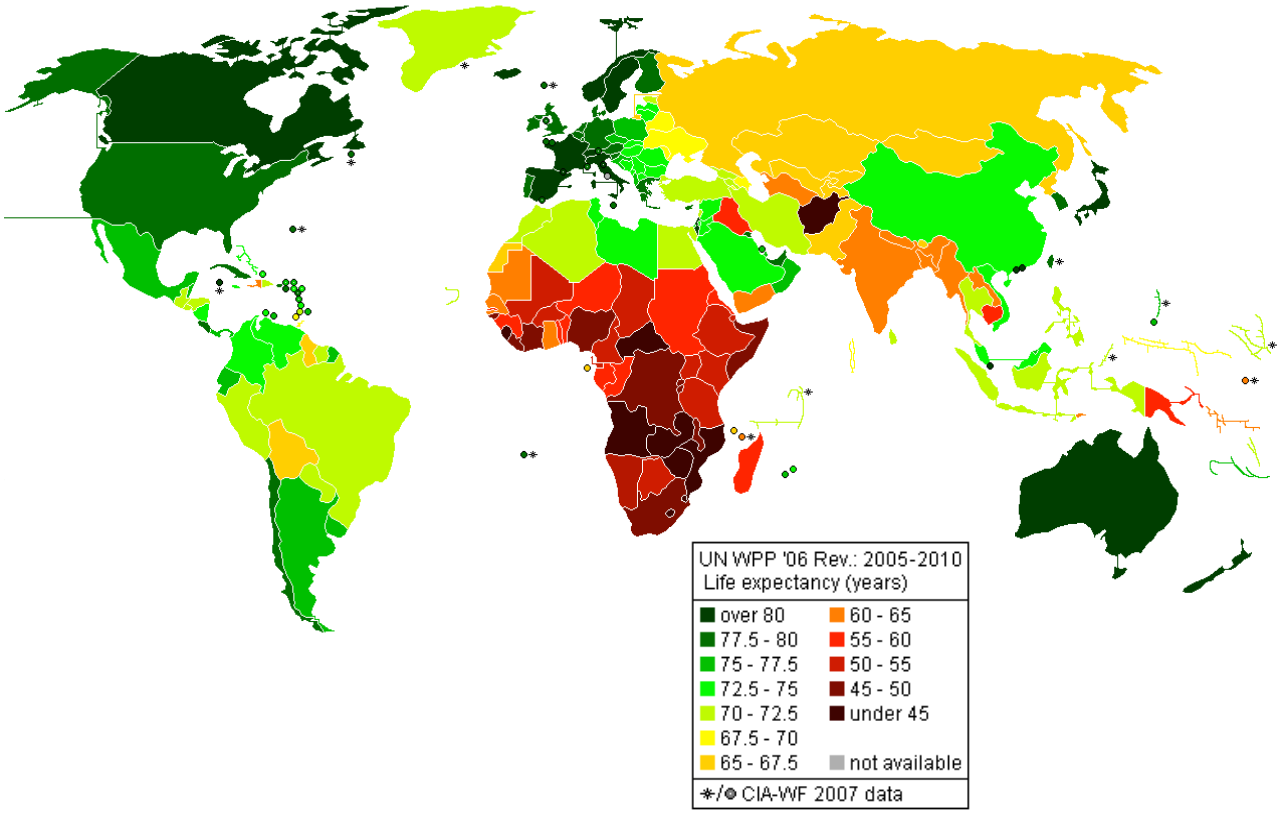
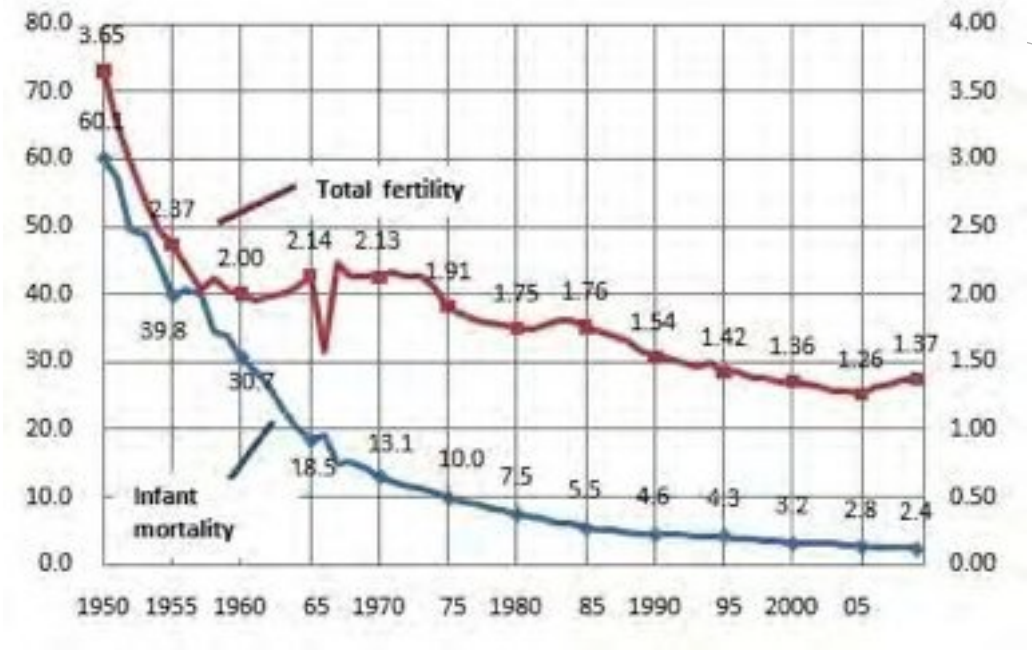
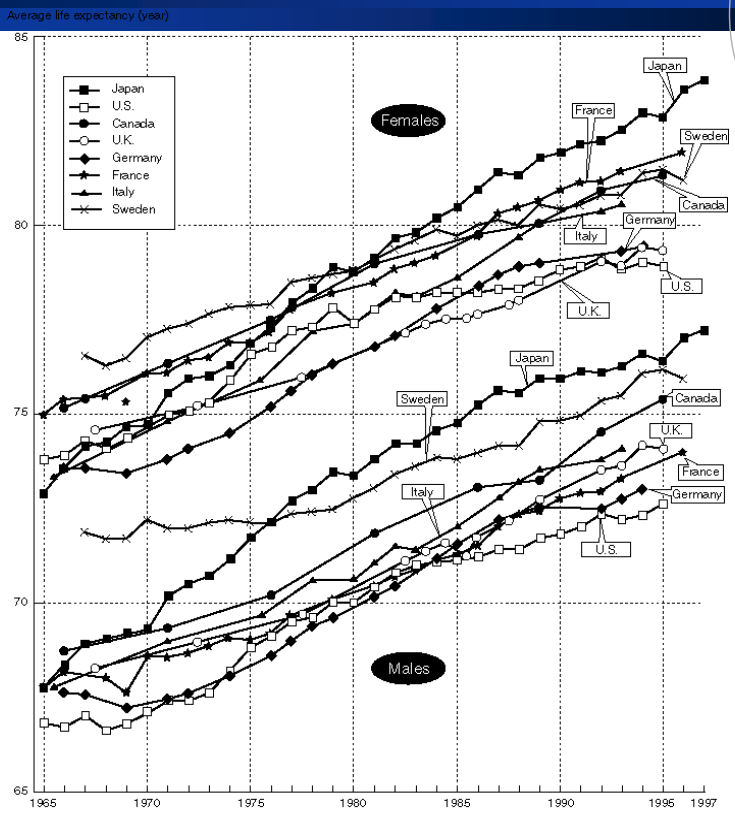
Life expectancy in the world



Trend of TFR and IMR in Japan

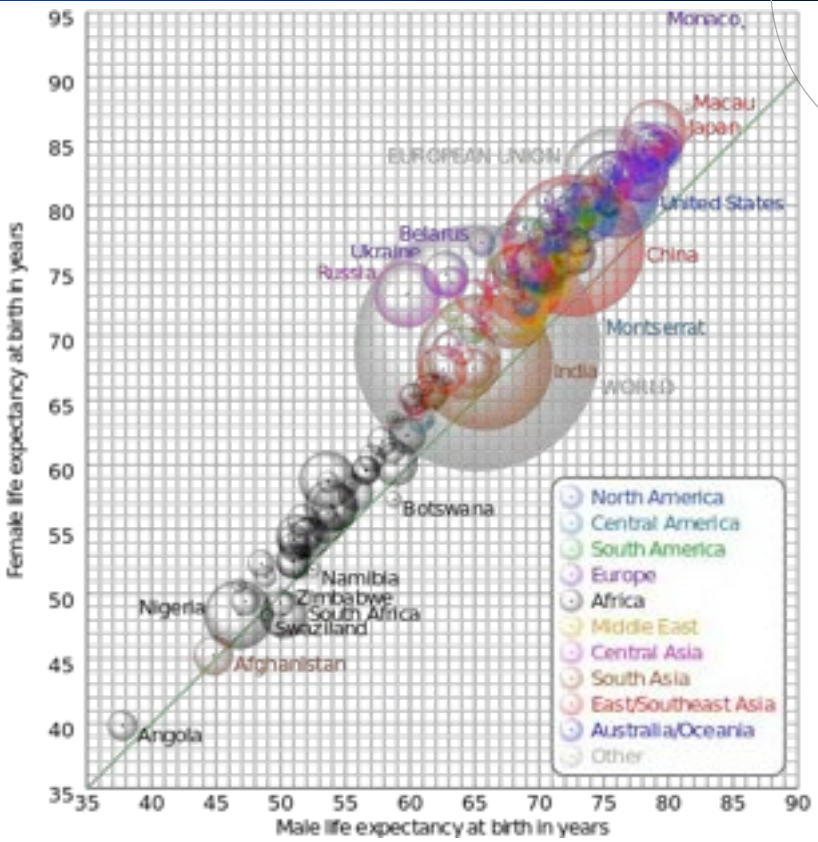


Trends of Longevity

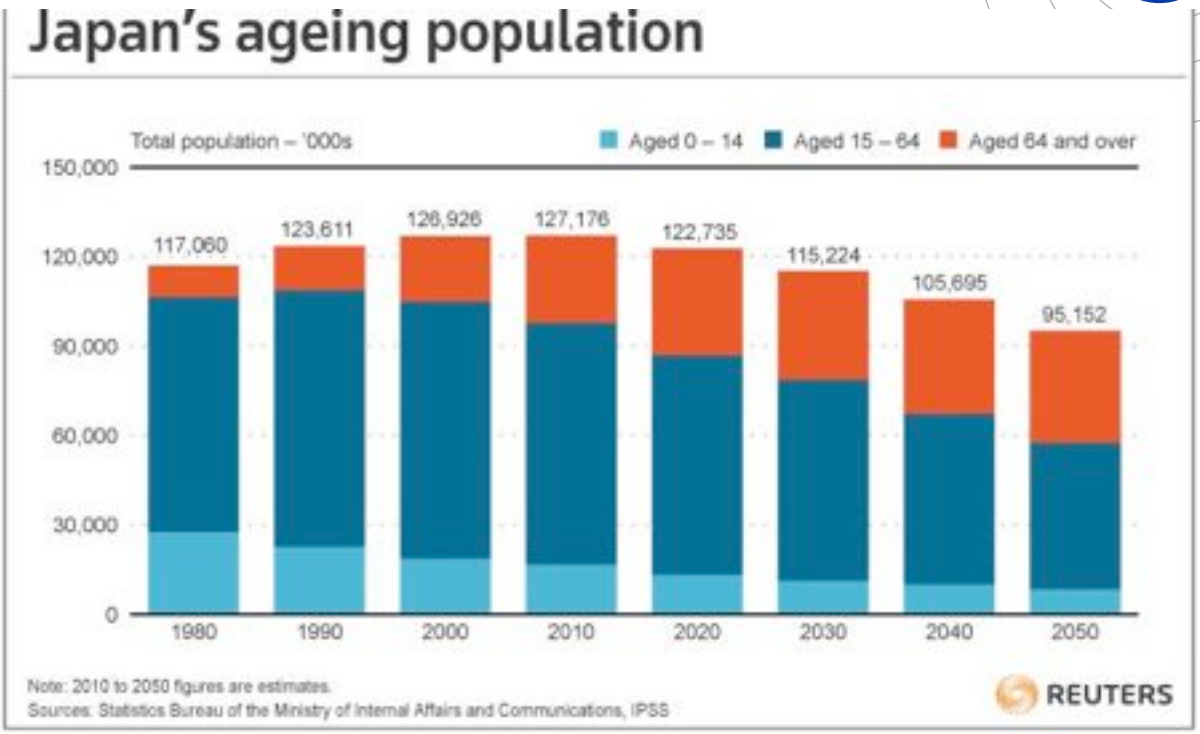


Source: Demographic Yearbook, 1996, Special Issue, U.N., etc.
Note: The figures for Germany through 1990 are for former West Germany.

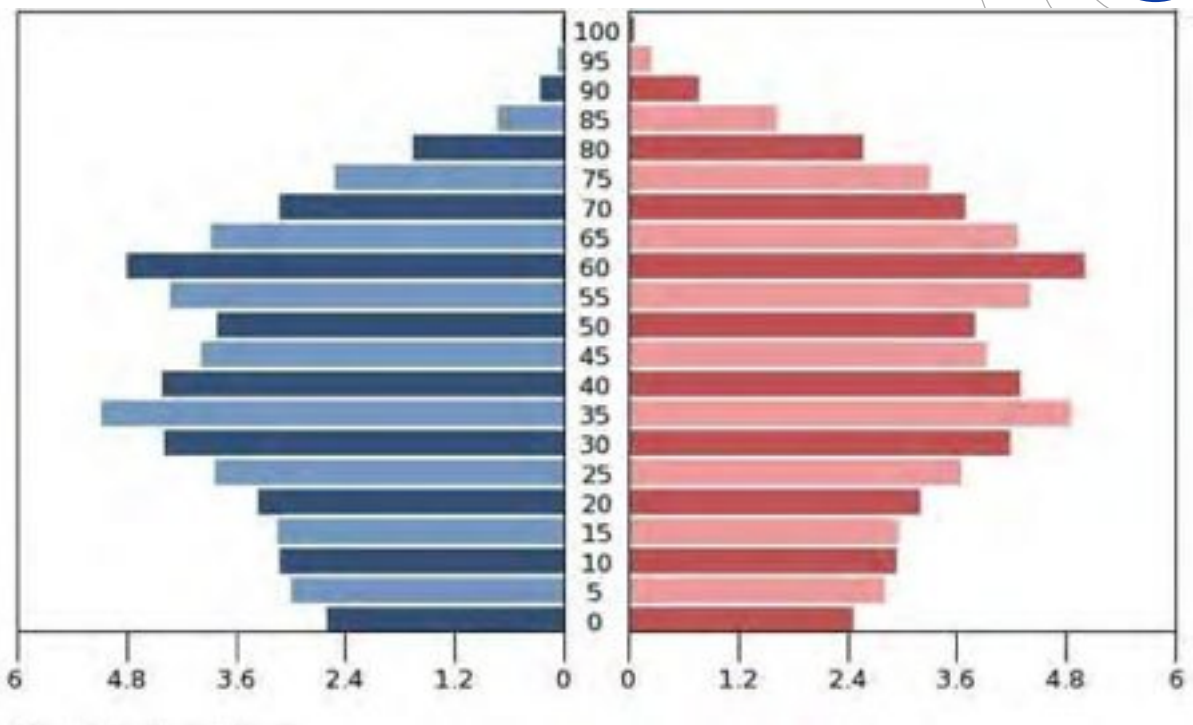
Comparison of life-expectancy by country and gender



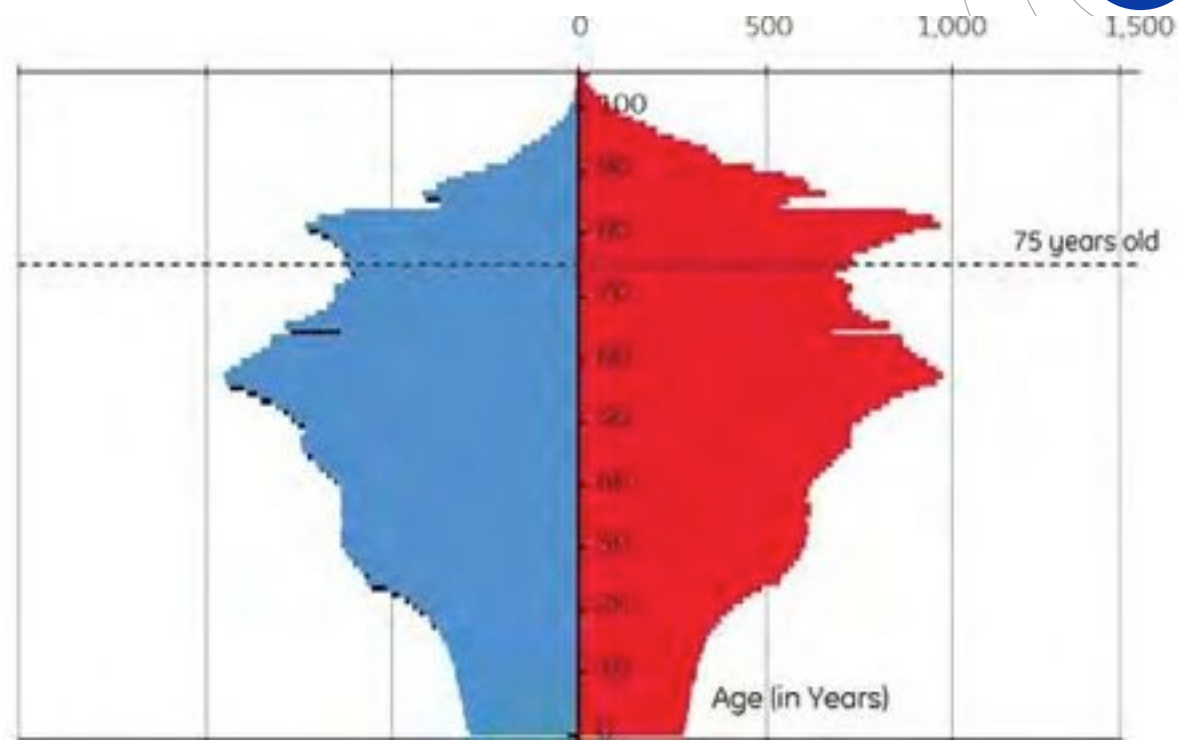
Proportion of ageing population



Population pyramid in japan (current)



Population pyramid in 2030



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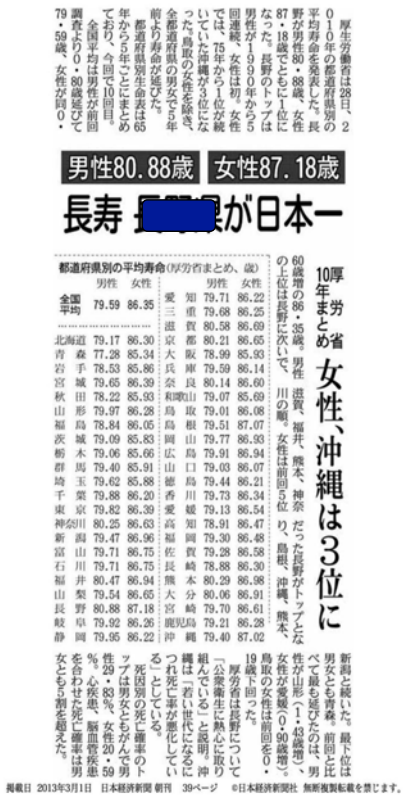
- The role of the community for public health
- Experiences in Zambia
- Education for Sustainable Development (ESD) and Community Learning Center (CLC)
- Challenge of Ageing society

Why community?

- **Definition of "Public Health" (Winslow 1920)**
  - Public health is "the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals."

Place of Longevity in Japan

Life expectancy of Japan by prefectures (2010)



厚生労働省は28日、2010年の都道府県別の平均寿命を発表した。長野が男性80・88歳、女性87・18歳でともに1位になった。長野のトップは男性が1990年から5回連続、女性は初。女性は75年から1位が続いていた沖縄が3位になった。鳥取の女性を除き、全都道府県の男女で5年前より寿命が延びた。

都道府県別生命表は65年からほぼ5年ごとにまとめており、今回で10回目。全国平均は男性が前回調査より0・80歳延びて79・59歳、女性が同0・

男性80.88歳 女性87.18歳

長寿 [redacted]が日本一

10厚労省まとめ 女性、沖縄は3位に

都道府県別の平均寿命（厚労省まとめ、歳）

	男性	女性
全国平均	79.59	86.35
北海道	79.17	86.30
青森	77.28	85.34
岩手	78.53	85.86
宮城	79.65	86.39
秋田	78.22	85.93
山形	79.97	86.28
福島	78.84	86.05
茨城	79.09	85.83
栃木	79.06	85.66
群馬	79.40	85.91
埼玉	79.62	85.88
千葉	79.88	86.20
東京	79.82	86.39
神奈川	80.25	86.63
新潟	79.47	86.96
富山	79.71	86.75
石川	79.71	86.75
福井	80.47	86.94
山梨	79.54	86.65
長野	80.88	87.18
岐阜	79.92	86.26
静岡	79.95	86.22
愛知	79.71	86.22
三重	79.68	86.25
滋賀	80.58	86.69
京都	80.21	86.65
大阪	78.99	85.93
兵庫	79.59	86.14
奈良	80.14	86.60
和歌山	79.07	85.69
鳥取	79.01	86.08
島根	79.51	87.07
岡山	79.77	86.93
広島	79.91	86.94
山口	79.03	86.07
徳島	79.44	86.21
香川	79.73	86.34
愛媛	79.13	86.54
高知	78.91	86.47
福岡	79.30	86.48
佐賀	79.28	86.58
長崎	78.88	86.30
熊本	80.29	86.98
大分	80.06	86.91
宮崎	79.70	86.61
鹿児島	79.21	86.28
沖縄	79.40	87.02

60歳増の86・35歳。男性、滋賀、福井、熊本、神奈川の順。女性は前回5位だった長野がトップとなり、島根、沖縄、熊本、

のと比べて最も延びたのは、男女とも青森。前回と比べて最も延びたのは、男性が山形（1・43歳増）、女性が愛媛（0・90歳増）。

鳥取の女性は前回を0・19歳下回った。

厚労省は長野について「公衆衛生に熱心に取り組んでいる」と説明。沖縄は「若い世代になにつれ死亡率が悪化している」としている。

死因別の死亡確率のトップは男女ともがんで男性29・83%、女性20・59%。心疾患、脳血管疾患を合わせた死亡確率は男女とも5割を超えた。

新潟と続いた。最下位は

掲載日 2013年3月1日 日本経済新聞 朝刊 39ページ ©日本経済新聞社 無断複製転載を禁じます。

- **Reported every 5 years on February, 28, 2013**
- **Male:**
  - Top: _____ (80.88 yr), 5th since 1990年
- **Female:**
  - Top: _____ (87.18 yr), first

Japan Times (March 1, 2013)

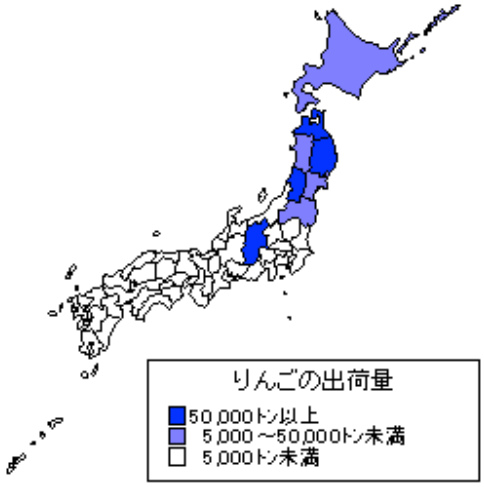
- Nagano ranks top in Japan's average life expectancy

(Jiji Press -- Mar 01)

- The average life expectancy for Japanese men and women is highest in the central prefecture of Nagano, a health ministry survey showed Thursday.
- Of the country's 47 prefectures, Nagano ranked top at 80.88 years for men and 87.18 years for women, according to the survey based on the 2010 national census. The lowest figures were in (?) in northeastern Japan, with 77.28 years for men and 85.34 years for women.

What are the factors that affect longevity?

- Food
- Climate
- Society
- Others



- Production of Apple

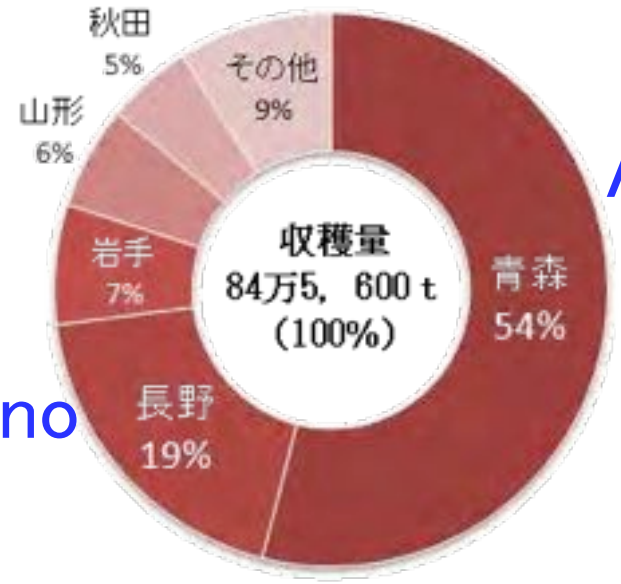
(Ministry of Agriculture, Forest and Fishery)

  - 1st : Aomori Prefecture (54%)
  - 2nd : Nagano Prefecture (19%)

- Consumption of Apple (capital city)
  - 1st: Nagano City 35.1kg/household
  - 2nd: Aomori City 33.9kg/household

  (average of Japan: 13.3 kg/household)

Share of Production of Apple

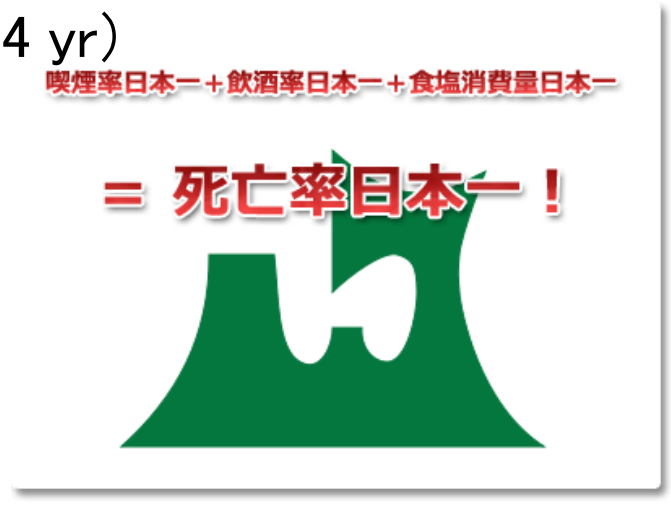


Aomori

Nagano

Lowest life-expectancy

- **Male:**
  - 47th: _____ (77.28 yr)、
    8 times since 1975
- **Female:**
  - 47th: _____ (85.34 yr)
    3 times since 2000



Why Nagano？-comments from Newspaper

- Community based prevention of disease？
- “Working rate of elderly people is high. Kominkan (CLC: Community Learning Center) and life-long learning activity is high.” (Prof. Tanji Hoshi, Tokyo Metropolitan University, Asahi Newspaper on March 1, 2013)
- “ Large attention has been paid to the life styles- food, exercise. Intervention based on the findings of Social factors (social capital) would be needed. (Prof. Katsunori Kondo, Nippon welfare university、Yomiuri Newspaper on March 1, 2013)

Kominkan (CLC in Japan)

- Kou(Public)-Min(Citizen)-Kan(Hall)
- Started in 1949, Act of social education
  - After the World War II
  - To promote adult education
  - To prevent war, and create peaceful civil society
  - Mission of Kominkan is similar to UNESCO
- 18,000 Kominkan in Japan

PPK(Pin Pin Korori) movement in Nagano

- Mr. Kitazawa, high-school teacher at Nagano (Graduate of Tsukuba University) initiated to promote the physical activity for the elderly people in 1980.
- Widely promoted at Kominkan.
- Concept of PPK is widely accepted in whole Nagano.
- Cost of elderly people is less
- Death at House (home based care) is common in Nagano

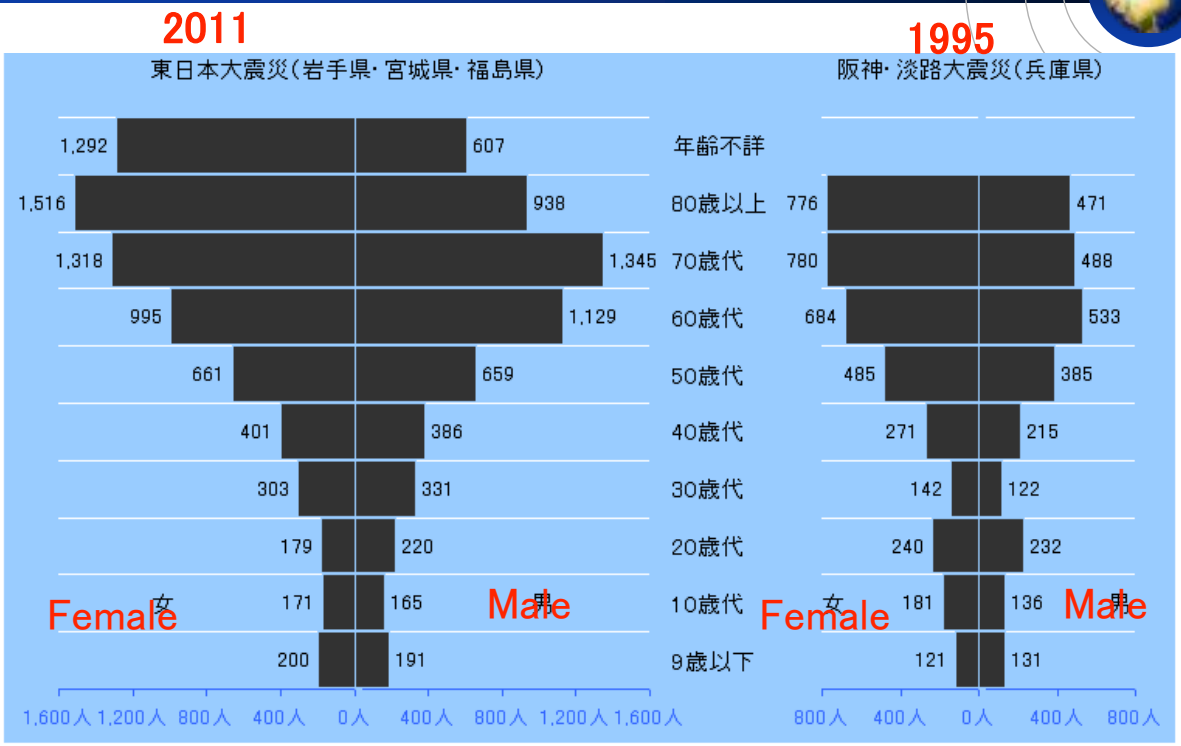
Number of Kominkans at Nagano

- Number in Nagano 1,852 (Japan:16,566) (MEXT:2008)
- Number of Kominkan is 63.2/100,000 (12.5)
- Number of Kominkan established by municipality government (Social education law ,act21)
- Number of branch-Kominkan, or autonomous Kominkan are large in Nagano

Challenge of the ageing society and community

- Mutual cooperation at the community is necessary for the Ageing society
- Strengthen the community capacity– social capital is necessary
- Community is the place where society and culture meet
- To reduce the vulnerability and build the resilience at the community level is important
  - Disasters

Victims of Great Earthquakes in Japan,(distribution of age, sex)



(注) 東日本大震災:警察庁資料から内閣府作成。平成23年4月11日現在、検視等を終えている者を掲載(性別不詳

Kominkan destroyed by Tsunami at Ishinomaki on 2011

picture on Jan 2012

Rebuiliding Kominan and community

Rebuilding community not for construction

Contents of the Presentations

- Japan commit for Africa
- Life expectancy in Japan
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Learning centers were started by the community initiatives

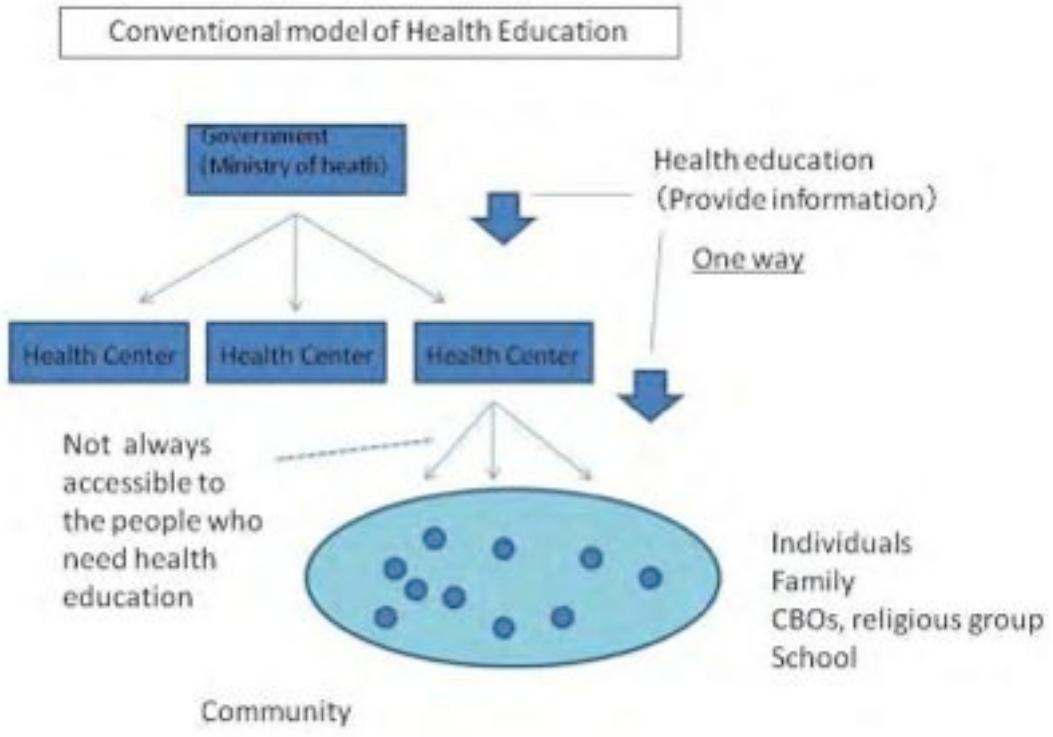
Drama on ESD(Education for Sustainable Development) on food, nutrition and health would be developed

Traditional dance would be a nice media to deliver the idea or ESD

Tiyanjane Theatre group **at Chawama**

Workshop in Lusaka, Zambia(Feb 2009)

Active participation by the community people



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Elderly people in Lusaka, Zambia

Kominkan as the platform of the CBOs in the community

- CLCs (Kominkan) has potentials for promotion of the community based organization (CBOs)
- Community is the place to learn society, community and culture
- Social education has the function to promote the “community participation” and “Social capitals” for the public health

Creating Community for the Ageing Society!

Japan's response to ageing

Challenges in socializing informal care with a tradition of family care

Haruko NOGUCHI
Waseda University

Japan's public long-term care insurance (LTCI) system was introduced in 2000, as care for older adults has become a social security issue as well as a family catastrophe. It provides formal care service for eligible beneficiaries with low copayment. Cash benefit for informal caregivers has not included yet in Japanese system, while other OCED countries have emphasized support for informal caregivers as potential human resources for their systems. Why did Japan choose this system? How much has the current LTCI system succeeded in "socializing care'? The impact of LTCI is evaluated in before-after difference in health, stress, and labour participation among female family caregivers by use of several nationally representative and community-based surveys from 1995 to 2007. Although the formal service use under LTCI was widely accepted and enhanced female labour participation, its impact on family caregivers' health and perceived stress reduction was only minimum up to 2007. Japanese challenge of the shift from traditional family-based toward society-based care still needs a breakthrough in family policies to achieve the efficacy and sustainability of the LTCI.

Japan's response to ageing: Challenges in socializing informal care with a tradition of family care

Presentation: Haruko Noguchi [1]

h.noguchi@waseda.jp

School of Political Scienc eand Economics,Waseda University, Tokyo, Japan

Co-authored with Nanako Tamiya[2](leading author), Akihiro Nishi[1,3], Mikiya Sato[1,4], Li-Mei Chen Uesugi[1,5], Hideto Takahashi[6], Masayo Kashiwagi[1], Gohei Kato[1,7], Ichiro Kawachi[3]

1 Department of theoretical social security research, National institute of Population and Social Security Research, Tokyo, Japan

2 Department of Health Services Research, Graduate School of Comprehensive Human Sciences, University of Tsukuba, Ibaraki, Japan

3 Department of Society, Human Development, and Health, Harvard School of Public Health, Boston, MA, USA

4 Tokyo Suginami Centre for Family Medicine, Kawakita General Hospital, Tokyo, Japan

5 Department of Social Work, School of Human Welfare Studies, Kwansei Gakuin University, Hyogo, Japan

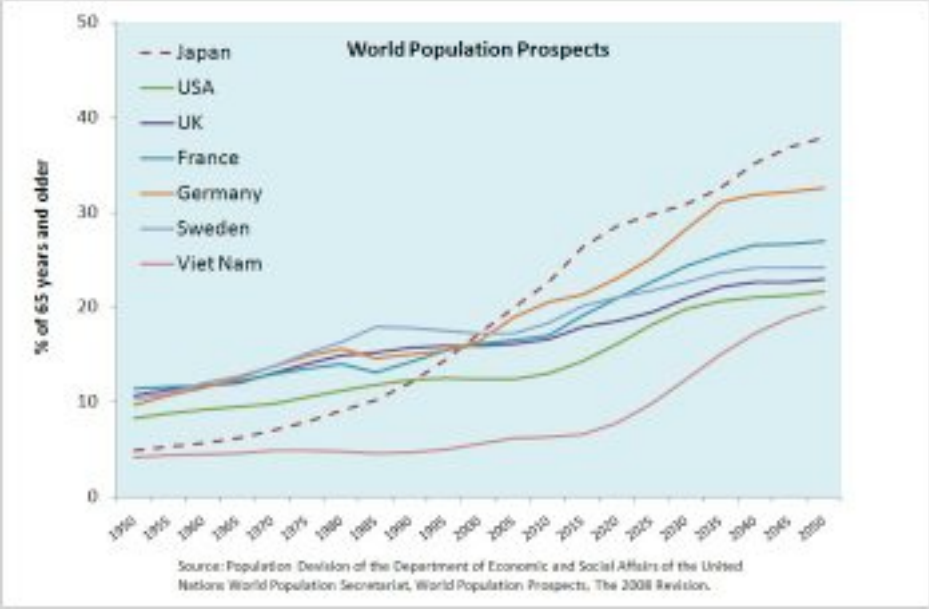
6 Department of Epidemiology and Biostatistics, School of Medicine, University of Tsukuba, Ibaraki, Japan

7 Department of Physical Therapy, Faculty of Health and Medical care, Saitama Medical University, Saitama, Japan

INTRODUCTION (1)

- The most rapid ageing in the world

  65 years old+ 10.2% (1985)=>22.6% (2010): 7%-14% increase in 24 years versus 46 years-UK, 114 years-French, etc.



Projection of Vital Statistics in Kenya

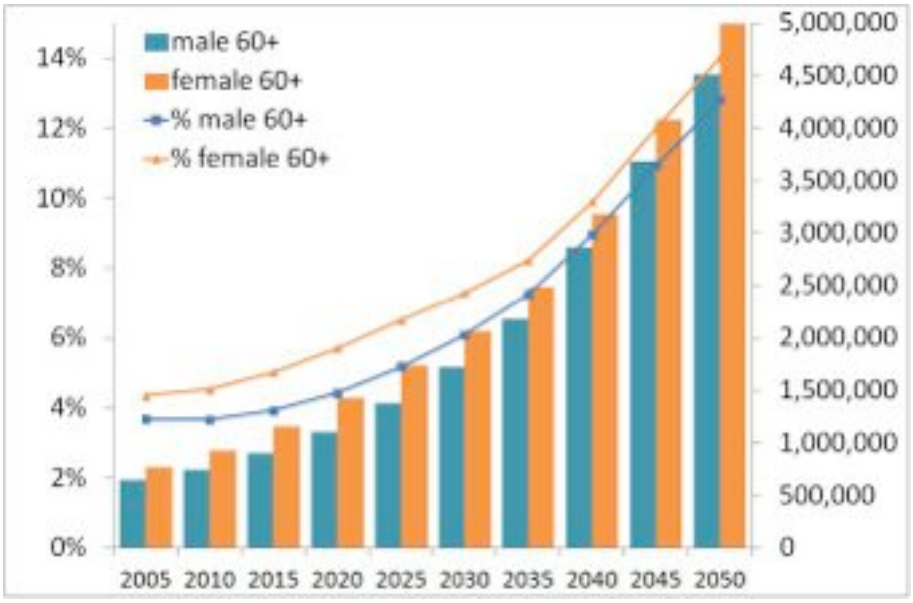
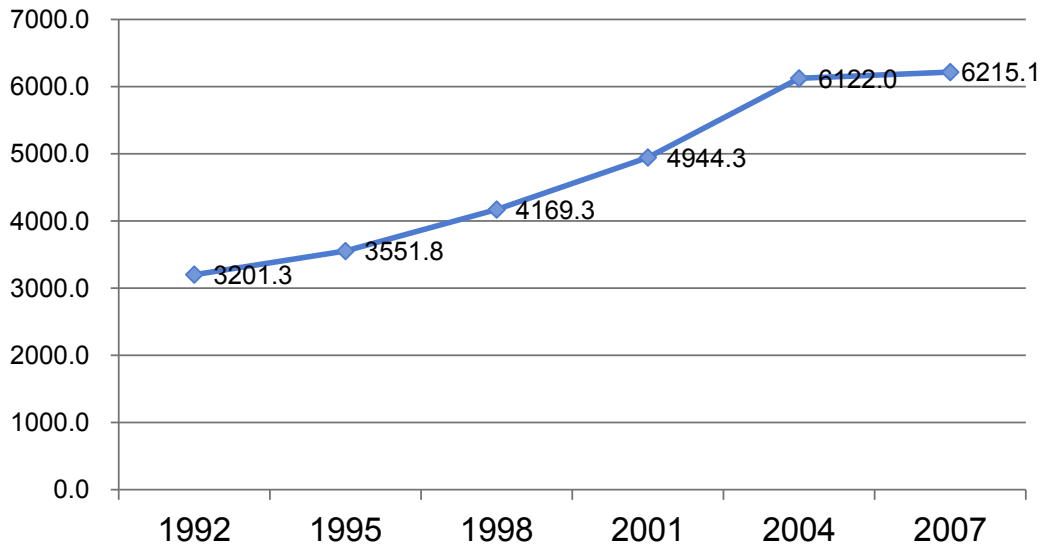


Figure 1: Projection of Vital Statistics in Kenya-Population and Ratio by Sex, 65 and Older
Source: United Nations, Department of Economics and Social Affairs, Population Division, Population Estimates and Projections Section

[PROJECTION OF VITAL STATISTICS IN KENYA]

Although population aging is currently not a major interest of the society in the, Figure 1 shows that population in Kenya will be rapidly aging in the next several decades, like other developing world. In 2010, the number of 60+ is 168 million for box sexes (4.1% of entire population) will raise to 950 million (13.4%) in 2050. Therefore, it would be profound for the society to examine a mechanism how socio-economic and other factors are correlated to well-being (most significantly, health status) of old population.

NUMBER OF PERSONS REPORTING DIFFICULTY WITH HEALTH IN DAILY LIFE (UNIT:1000 POPULATION)



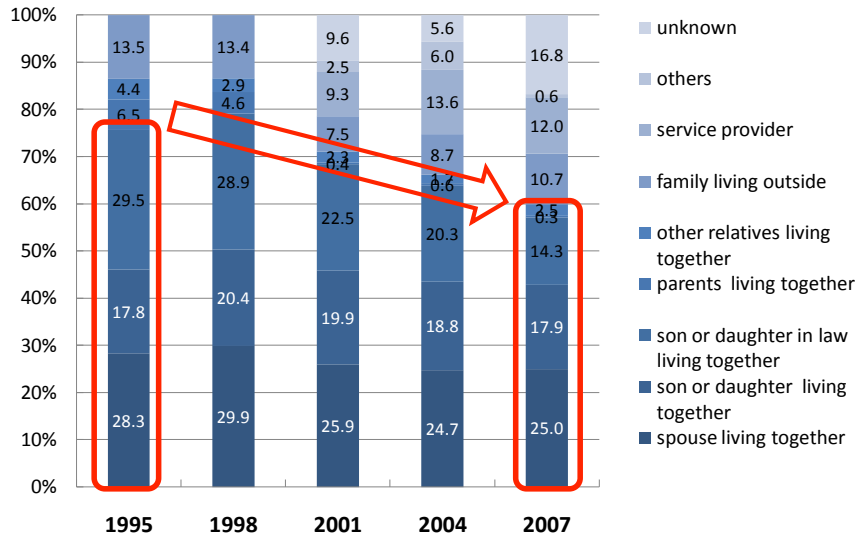
Source: Population 65 years old and over(as of October 1 of Each Year), the Statistics Bureau
National Livelihood Survey 1992, 1995, 1998, 2001, 2004 and 2007, Health, Labour and Welfare Ministry

Number of persons reporting difficulty with health in daily life = Population 65 years old and over (unit:1000 population)1) * Rate of persons reporting difficulty with health in daily life (per 100 population) /100

INTRODUCTION (2)

- Women (wives, daughters-in-law) have been playing the central role in traditional family-based care

COHABITATION STATUS OF CAREGIVERS AND RELATION

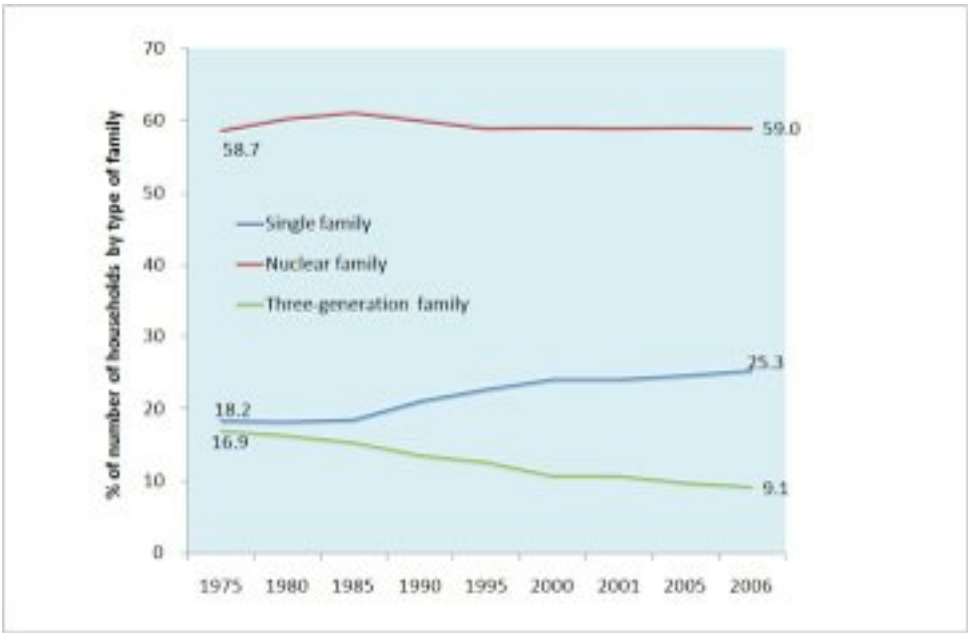


Source: Living Conditions of People on Health and Welfare (LPHW), The Ministry of Health, Labour and Welfare

INTRODUCTION (3)

- However, population ageing and urbanization limits the household capacity.

three-generation households, 16.9 % (1975)＝＞9.1% (2006)



Long-term Care Insurance (LTCI) was introduced in 2000 to socialize 'informal' care.
But without financial compensation for informal caregivers not like other OECD countries.

RESEARCH QUESTIONS

- How did Japan reach a social insurance system to cover LTC?
- What is unique in Japan's LTCI compared to LTC provisional systems in other countries?
- What is the impact of LTCI on caregivers?

How did Japan reach a social insurance system to cover LTC?

Background → **LTCI system**

- Need new financial resources
- Should be separated from the tax-based welfare program
- Should be able to choose the services as consumers
- Should not discourage the goodwill in the traditional informal care

- Combination of social insurance premiums and taxes
- Eligibility criteria solely by care recipient's physical and functional capabilities

→Socialization of care

- Not cash benefit to encourage service use, nor financial compensation

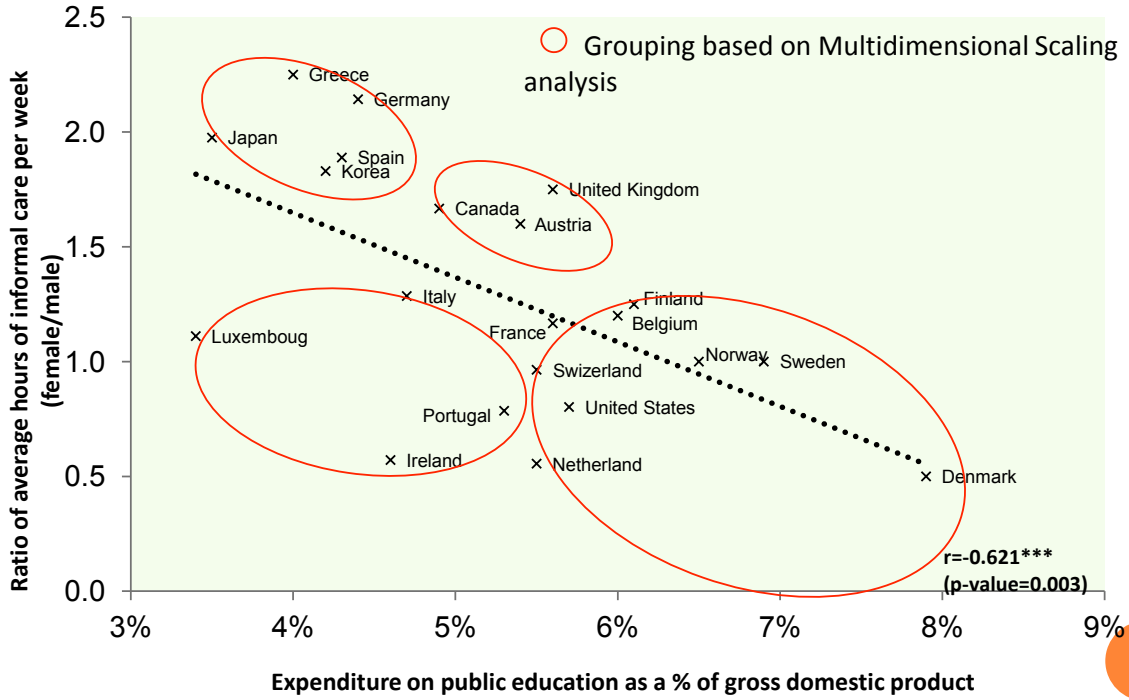
INTERNATIONAL COMPARISON OF LONG-TERM CARE POLICY FOR CAREGIVERS

	Austria	Canada	Germany	Netherlands	Sweden	USA	UK	Japan
Eligibility criteria[a)]	Universal	Usually means tested	Universal	Universal	Universal	Medicaid: Means-tested Medicare: Universal	Means-tested	Universal
Fund[a)]	General taxation	General taxation	Insurance contributions	Insurance contributions	General taxation	Insurance contributions and general taxation	General taxation	Insurance contributions and general taxation
Cash Benefit[b)]	"Full cash" allowance (care receiver & caregiver)	Cash allowance (care receiver)	Unrestricted cash allowances (family based arrangements)	"personal budget" to buy formal or informal home care	Sometime cash benefit for family caregivers	No cash benefit. Formal home-based care	No cash benefits	No cash benefit. Formal care is encouraged
Provision[b)]	"full cash" strategy	Government-funded services	Profit & nonprofit providers	Government, nonprofit and private providers	Local public monopolies and private providers (small)	Private profit and nonprofit providers	Public and private providers	Nonprofit, public and private providers
Cash Benefit Programme[a,c)]	Cash allowance	No cash benefit	Option of cash allowance or care-in-kind or a combination of the two	Personal budget available to all those qualifying for long-term home-based care	Cash payments-minimum need of 17 hrs a week of care	Medicaid pays for a specified number of hours of a user-hired personal assistant	Direct payment	No cash benefit
Employment of relatives[c)]	Yes	NA	Yes	Yes (but not in the same house)	Yes	Yes	Yes (but not spouse, close relative, or someone lives in the same house)	NA

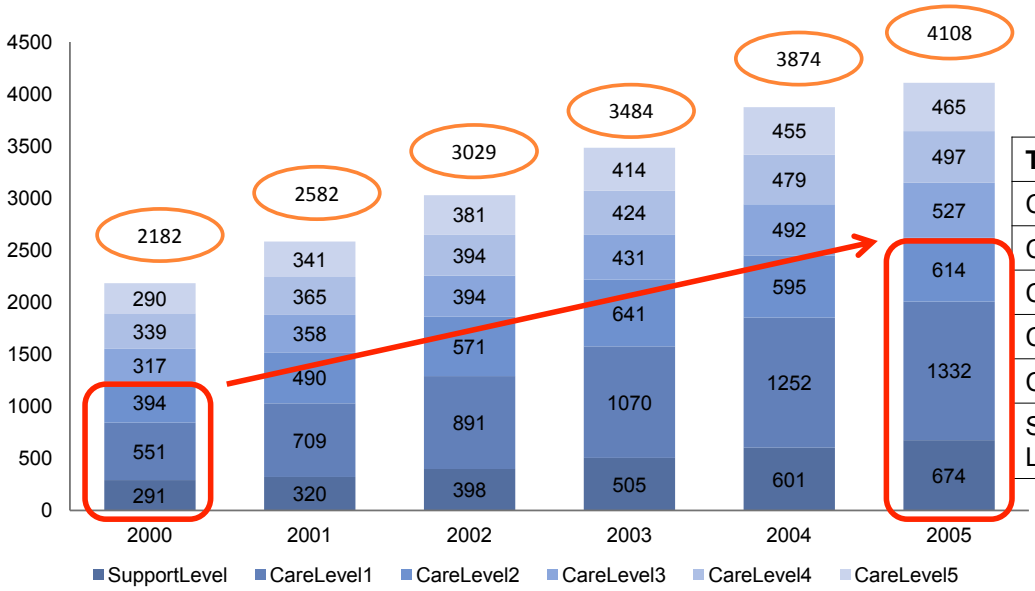
Note: NA= Not Available; a) OECD. Long-term Care for Older People: OECD Publishing, 2005; b) Nelly A, Jorge H. Summary of LTC in Developed Countries, 2005 . Available from: http://www.ciss.org.mx/pdf/en/studies/CISS-WP-05092.pdf; c) Lafortune G , Balestat G, The Disability Study Expert Group Members. Trends in Severe Disability Among Elderly People:Assessing the Evidence in 12 OECD Countries; d) Glasby J, Littlechild R. Direct Payments and Personal Budgets: Putting Personalisation Into Practice: The Policy Press, 2009

What is unique in Japan's LTCI

FAMILY AND INVESTMENT IN HUMAN CAPITAL (THE RELATIONSHIP BETWEEN EDUCATION AND CARE, OECD COUNTRIES)



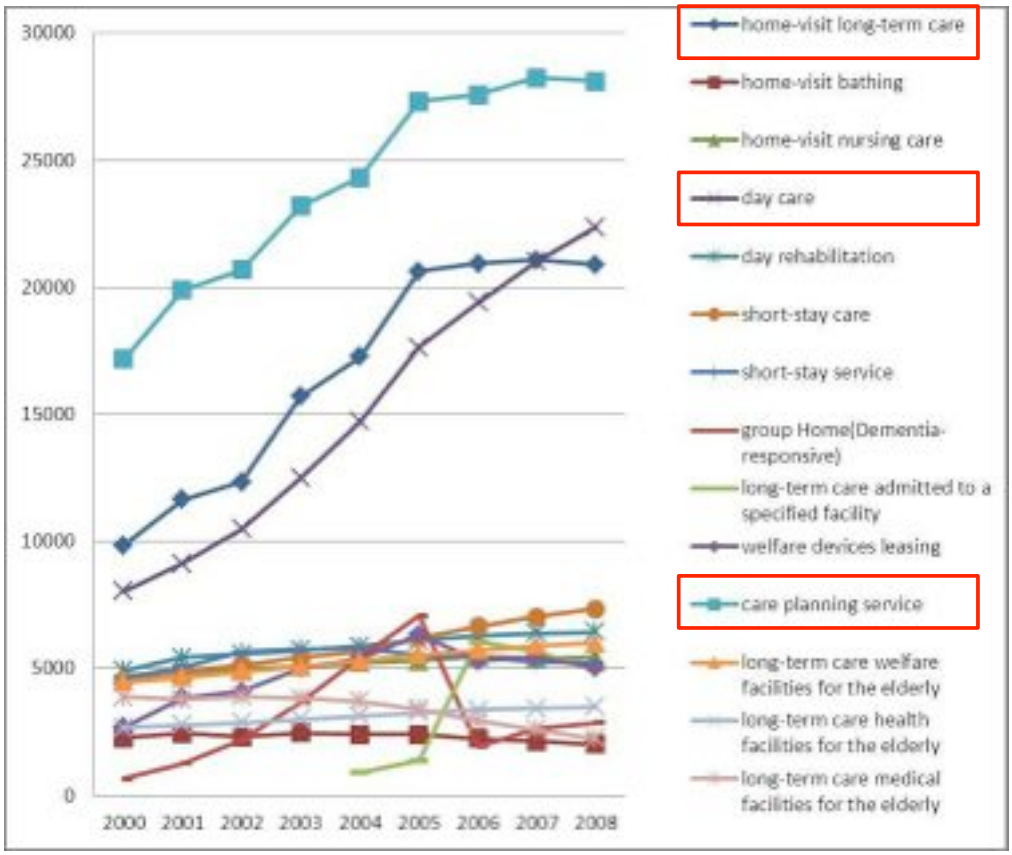
NUMBER OF LTCI BENEFICIARIES (1,000 PERSON): RATE OF INCREASE IN 5 YEARS FROM 2000-2005



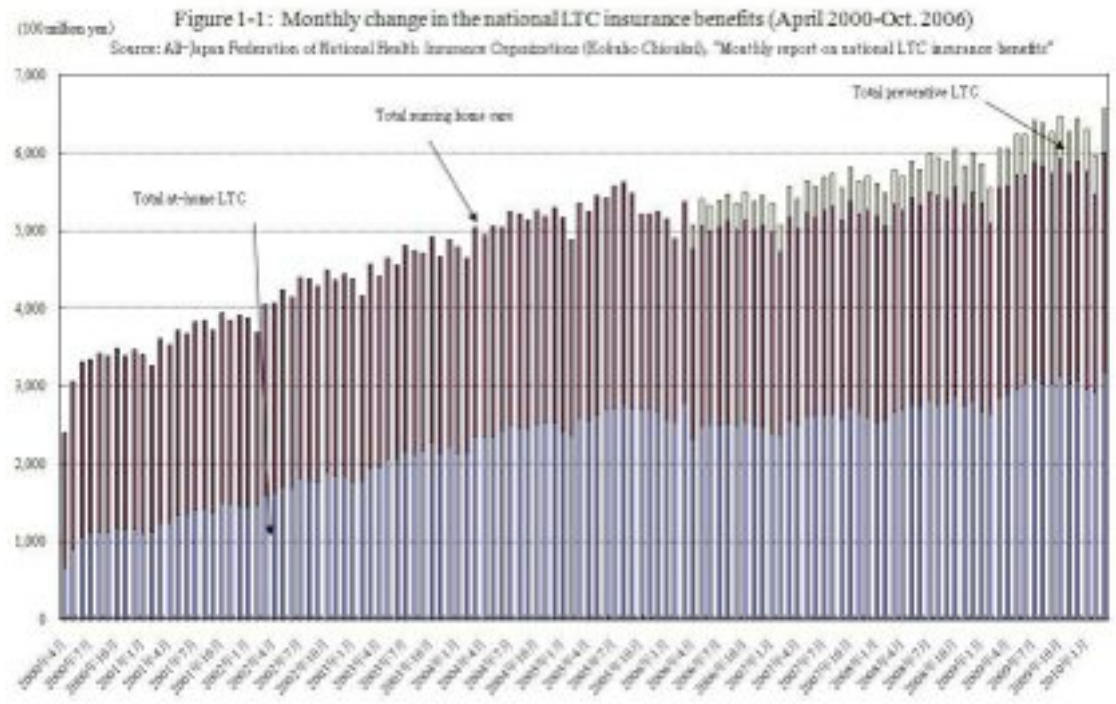
Total	**88%**
CL 5	60%
CL 4	47%
CL 3	66%
CL 2	56%
CL 1	138%
Support Level	

Source: Ministry of Health, Labor and Welfare, report of Benefits of Long-term Care Insurance

AMOUNT OF LTCI SERVICES USED (MONETARY BASE)

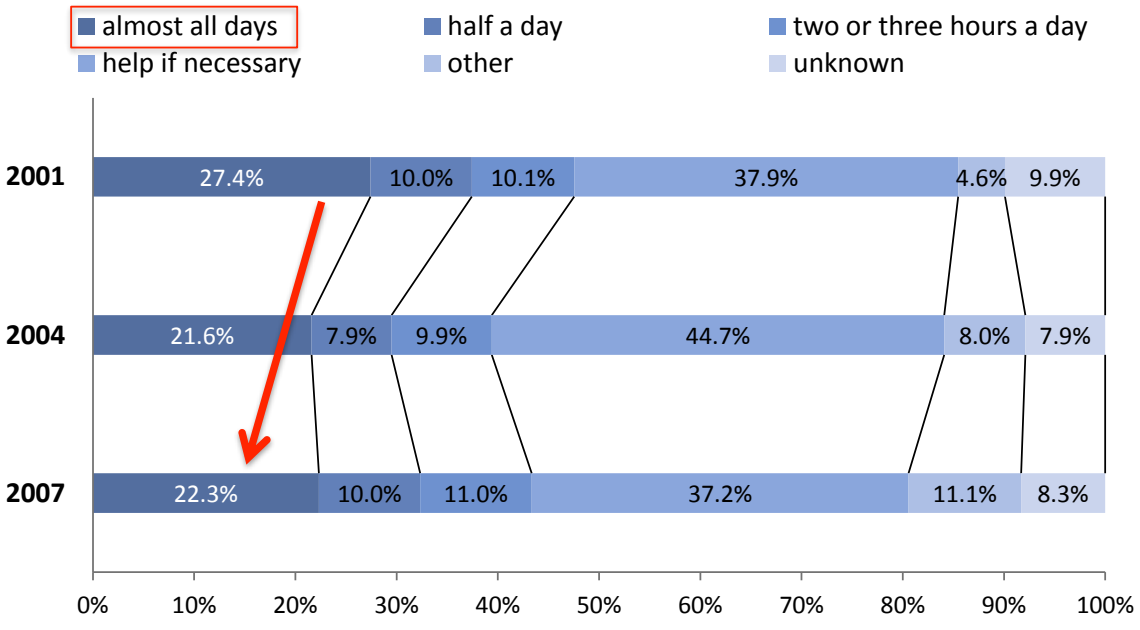


MONTHLY CHANGE IN THE LTCI BENEFITS (2000-2006)



What is the impact of LTCI on caregivers

AVERAGE HOURS OF CARE PER DAY BY INFORMAL CAREGIVERS



Suggesting care hours of informal caregivers decreased as LTCI was socially accepted.

Source : Comprehensive Survey of Living Conditions of the People on Health and Welfare (LCPHW) (2001, 2004, and 2007)

PURPOSE/METHODS OF MAIN EVIDENCE SYNTHESIS

- To evaluate the impact of LTCI for health , stress, and labour participation among female family caregivers before and after the introduction of LTCI.
- A difference-in-difference estimation with a propensity score matching
- Repeated cross section data (Comprehensive Survey of the Living Conditions of People on Health and Welfare)
- 1998 (before LTCI) and 2004 (after implementation of LTCI).

ONE OF THE MAIN RESULTS

TABLE 3: ESTIMATED IMPACT ON CAREGIVERS HEALTH AND PSYCHOLOGICAL DISTRESS BEFORE AND AFTER LTCI INTRODUCTION, 1998 AND 2004

Variable	Subjective Health (Very good/good)		Any interferers to daily living		Stress from caregiving	
	Coefficient	Marginal effect (Robust Std. Err.)	Coefficient	Marginal effect (Robust Std. Err.)	Coefficient	Marginal effect (Robust Std. Err.)
Difference-in-difference impact	0.19	0.02	0.08	0.03	0.05	0.02
		(0.02)		(0.04)		(0.04)
Log pseudolikelihood	-543.25		-1938.38		-2017.01	
Wald chi2(29)	(185.53)		423.80		254.94	
Pseudo R2	(0.12)		0.10		0.07	
N	(3127.00)		3127		3127	

No significant differences in health, ADL/iADL, and stress were observed.

SUPPLEMENTAL RESULT

TABLE 4: Change in QOL (the PGC) and Depression (CES_D)score from 1999 to 2001 in NUJLSOA

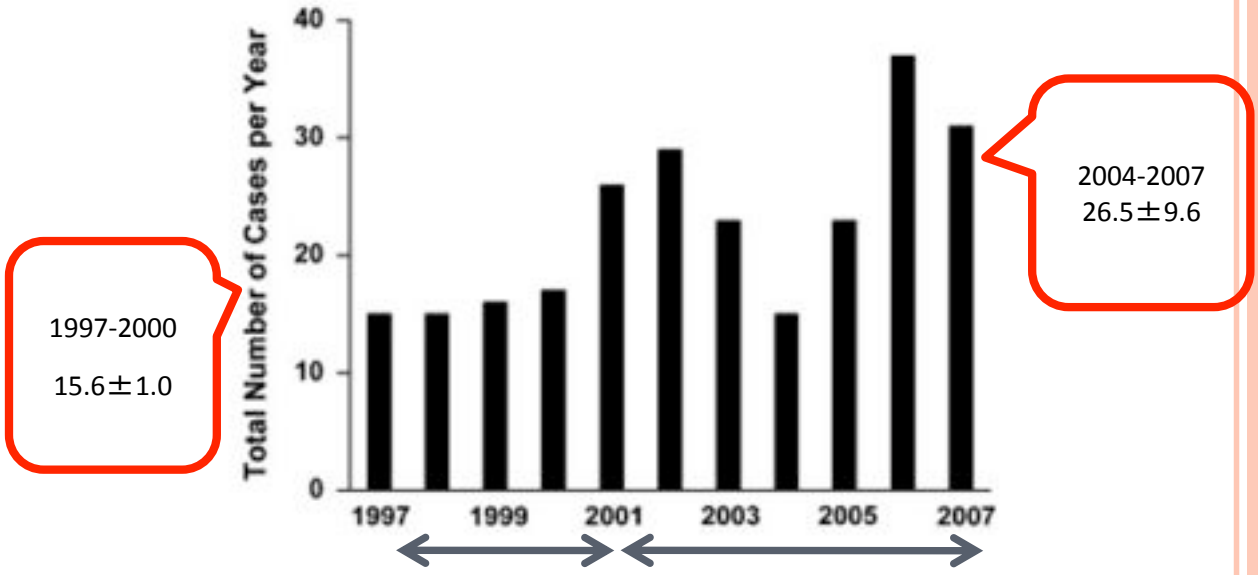
Never provided care in the past 2 years	1999		2001		p-value*
	Mean ± SD	Range	Mean ± SD	Range	
PGC Score (n=1521)	8.5 ± 2.3	(0 - 11)	8.5 ± 2.4	(0 - 11)	0.572
CES_D Score (n=1424)	14.9 ± 2.3	(11 - 27)	15.0 ± 2.6	(11 - 30)	0.229
Providing care or provided care in the past 2 years	**1999**		**2001**		p-value*
	Mean ± SD	Range	Mean ± SD	Range	
PGC Score (n= 89)	8.6 ± 2.4	(0 - 11)	8.3 ± 2.7	(0 - 11)	0.198
CES_D Score (n=157)	15.4 ± 2.6	(11 - 30)	15.5 ± 3.1	(11 - 30)	0.965

* Wilcoxon rank sum test

No significant differences in PGC and CES_D scores were observed.

HOMICIDES OF FRAIL OLDER PERSONS BY THEIR CAREGIVERS IN JAPAN

1997～2007 based on Asahi Shinbun articles **106**



Mei He, Takashi Ohrui, Hiroyuki Arai. HOMICIDES OF FRAIL OLDER PERSONS BY THEIR CAREGIVERS IN JAPAN. Journal of American Geriatric Society. 2009:57(1):173-174.

DISCUSSION

- The implementation of LTCI

  →alleviation of the caring time, and increased labour force participation of female caregivers (indirect effect)

  → but no detectable impact on caregivers' functional status or the psychological distress by caring (no direct effect)

Why??

- Unmet needs of caregivers

  ←Less social value for "caring"

  ←No direct support system for caregivers!!

  depending on volunteer work by informal caregiver →adverse effect

- Shortage of institutional care→Increasing waiting lists, and high burdens of caregivers (but no support for them!)
- Promotion of home care by medical insurance incentive → more burden for caregivers (but no support for them!)

CONCLUSION

- The goal of LTCI to socialize care widely supported in Japanese society, increased service use and supply
- A social policy that ignores informal caregivers and their compensation.
- It is time for Japan to examine their social and ethical values and public policies on care for the elderly.

Thank you for listening, and for your comments

Non-Communicable Diseases and aging in Kenya

A case of Kenya

Muthoni GICHU
Ministry of Health

This presentation aims to highlight the health status and welbeing of the older persons in Kenya from various studies conducted.

In Kenya like in other Sub-Saharan countries the population of older persons is increasing. There has been a steady rise from 1 million in 1989 to 1.9 million in 2009, which is 4.9% of the entire population and is projected to rise to approximately 8.5 million 8.7 % of the population by 2050.

Health challenges faced by older people in developing countries are often neglected amidst a wide range of competing priorities. Chronic Non-Communicbale Disesaes are now a common cuase of morbidity and mortality and associated with aging. They deliver a double burden of morbidity and poverty in that medical expenses are covered through family resources.

Against this background, the discussions on challenges of ageing and health are concerned about the heightened vulnerability of older persons to detrimental health outcomes in two ways. First the older persons are deemed to be at a higher risk of ill-health and disability from age related chronic non-communicable diseases due to a life time exposure to a growing prevalence of modifiable NCD risk factors. Secondly, they are believed to lack access to even basic health care commpared to the younger age-groups.
There has been inadequacy in the preparedness on availability of medicines, delivery of services and personnel suggesting an age related exclusion.

Aging and Non-communicable Diseases in Kenya

International workshop on Aging in Africa and Asia: Perspective and Prospective from Public Health and Ethnography
6th March 2014 at Shimba Hills Lodge Hotel, Kwale, Kenya.

Dr. Muthoni Gichu
Head: Health and Aging Unit
Ministry of Health, Kenya

Presentation Outline

- Background
- Introduction
- Situation of older persons
- Situation of NCDs
- Achievements
- Challenges
- Way forward

Background

- Located in East Africa
- Population 43.1 million:
- Pop. Growth 2.6%
- Life expectancy at birth:
  - 61.62 for males
  - 64.55 for females
- Birth Rate: 31.93/1000 (2012 est.)
- Death Rate: 7.26/1000 (July 2012 est.)

Situation of NCDs

- Major NCDs include:
  - Cardiovascular diseases
  - Diabetes
  - Cancers
  - Chronic air-way diseases
- Burden of NCDs rising in Kenya
  - NCDs cause 55% of total mortality
  - Mortality rate is 780/100,000 population in males & 575/100,000 in females
  - Cardiovascular diseases leading - causes 12.7% of total mortality

Cont……

- **Prevalence of common NCDs**
  - Hypertension – 44%
  - Diabetes – 4.5%
- **Cancer Burden**
  - Incidence – 38,538 cases each year(Globocan 2012)
  - Mortality – 26,941 deaths per year
- **Over 50% of in-patient admissions are due to NCDs**

Risk Factors Prevalence In Kenya

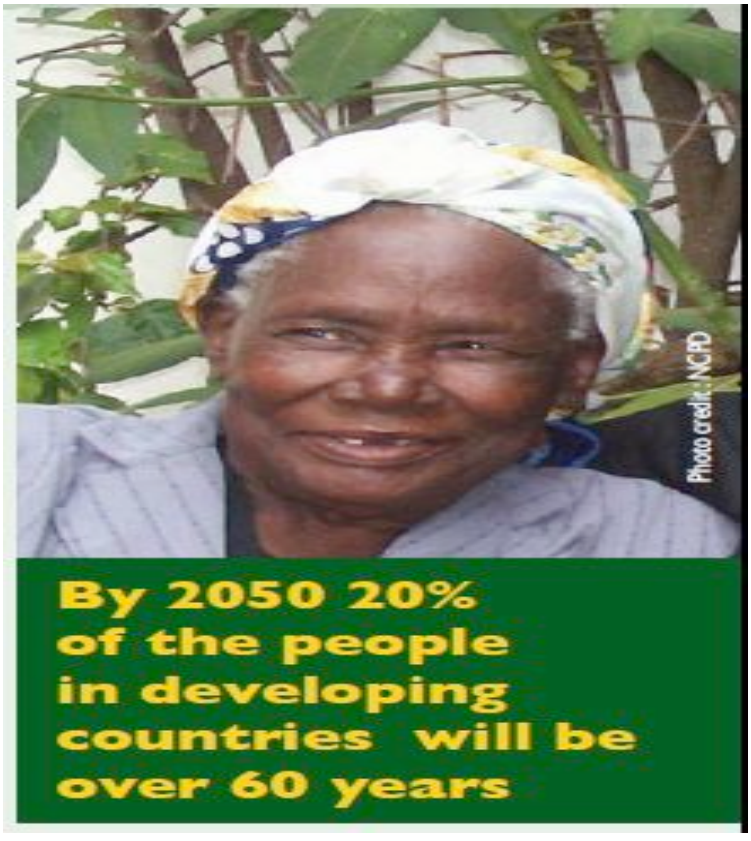
- **Smoking prevalence in adults:**
  - 18% in males
  - 1% in females
- **Smoking in children**
  - 12.7% in boys
  - 6.5% in girls
- **Overweight &Obesity**
  - 13.3% in males
  - 24% in females
- **Physical Inactivity**
  - 15% in males
  - 18% in females
- **Alcohol consumption**
  - 20% population consumes alcohol
  - Per capita consumption is 3.8 liters
- **Raised blood pressure**
  - 46.2% in males
  - 42.7% in females

Population ageing in Kenya

- Kenya has adopted the United Nations and African Union definations of older people as those aged 60 years and above, which is also the official retirement age for employees in the public sector.
- Kenya's population, as that of all other Sub-Saharan African countries, is rapidly ageing.

Cont…..

- The population of persons aged 60 years and above increased steadily from 1 million in 1989 to 1.9 million by 2009 and is projected to reach about 3 million people by year 2030. From 2015 to the end of the century their number is projected to rise a further 15-fold to 32 million, while their share of the total population is expected to more than quadruple to 20 percent.



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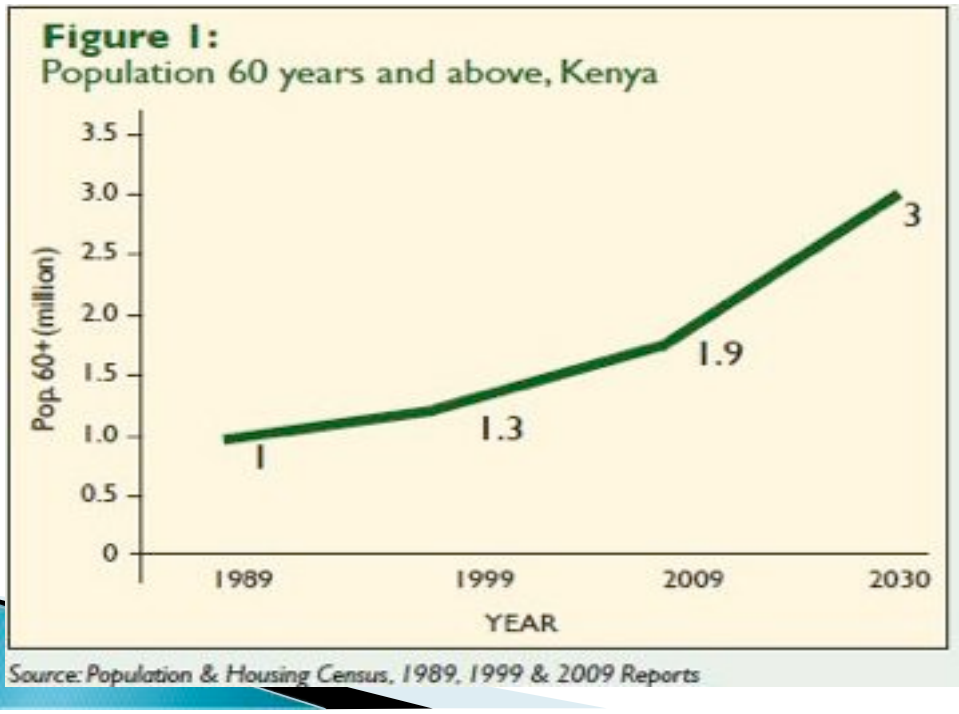
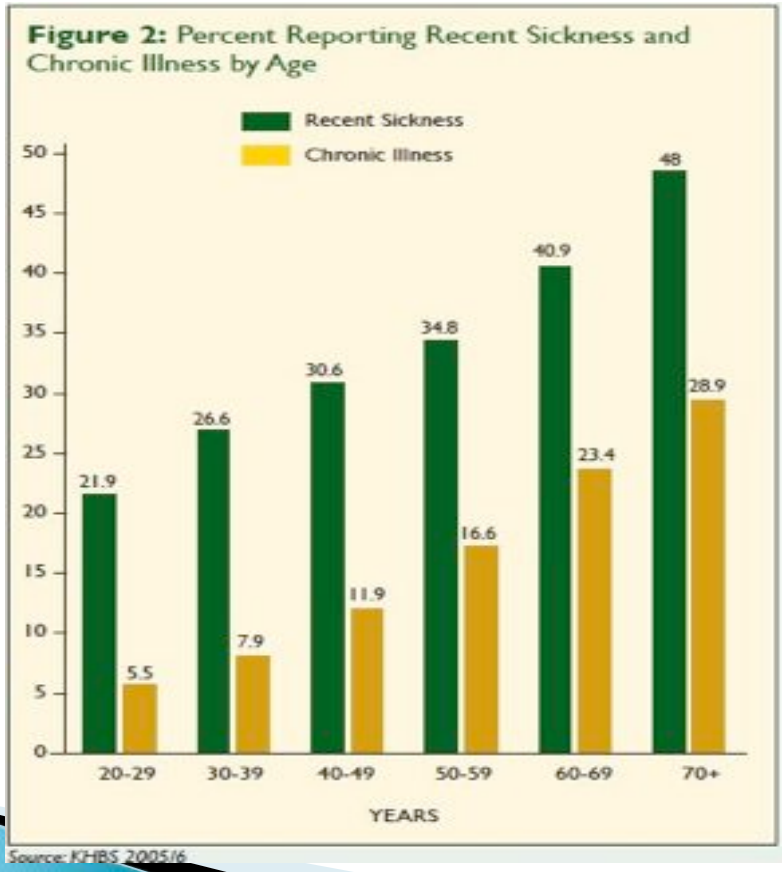


Cont.....

- As in most countries, women predominate in Kenya's older population, with older women currently outnumbering older men by a factor of 1.08.

Cont....

- Results in figure 2 show that the incidence of recent sickness and chronic illness increases with age. About half of those aged 70 years and above reported a recent sickness compared to one-fifth of those aged 20 – 29 years. At the same time about 6 percent of those in the 20-29 years age cohort reported having a chronic disease while among those aged 70 years and above the proportion was 29 percent.



Cont…..

- More than a third (34.9 -percent) of older persons who report sickness episode do not consult a health provider. The non-utilization of health services is significantly higher among older persons than among younger adults and children in both urban and rural areas. This can be attributed to particular access barriers and exclusion from services faced by older persons (Figure 3). The barriers are mainly financial in nature. They typically relate to transport costs and fees for private sector care, which is favored over the perceived lack of quality services in government facilities.

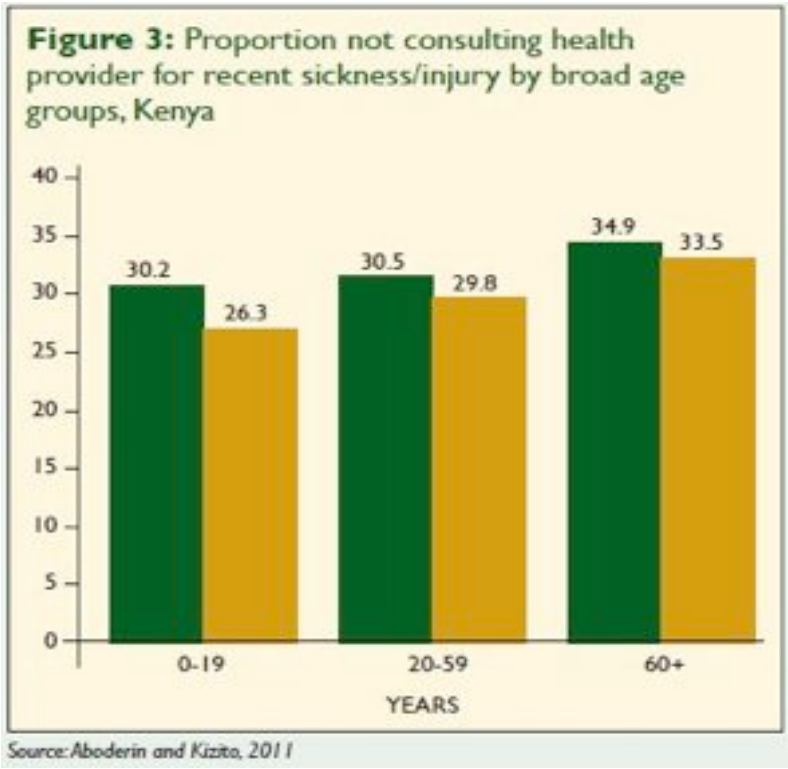


Figure 3: Proportion not consulting health provider for recent sickness/injury by broad age groups, Kenya

Source: Aboderin and Kizito, 2011

Achievements

- Creation of a unit on Health and Aging in the Ministry of Health.
- Provisions on older persons have been included in the National Policy on Older Persons and Ageing adopted by parliament in 2009 and finalized in January 2014; Population Policy for National Development, and in the Vision 2030 strategy.
- Social protection cash transfer scheme, providing 2,000 Kenyan shillings (US$ 23.5) monthly, to vulnerable older persons aged 65 years and over.

Cont…..

- The Second National Health Sector Strategic plan (NHSSP 2005-2010 extended to 2012) and the third NHSSP 2012-2017 includes measures to provide health care to older persons and enhance their access to health services by reducing cost and access barriers.

Cont…..

- The Kenya Constitution 2010 enshrines the right of older persons to full participation in the affairs of the society; pursuit of their personal development; freedom from all forms of discrimination, exploitation and abuse; live with dignity and respect; as well as their entitlement to reasonable care and assistance from family and state. It is further provided that older members of society have the duty to plan for their retirement, to share their knowledge and skills with others and to remain active in society.

Challenges

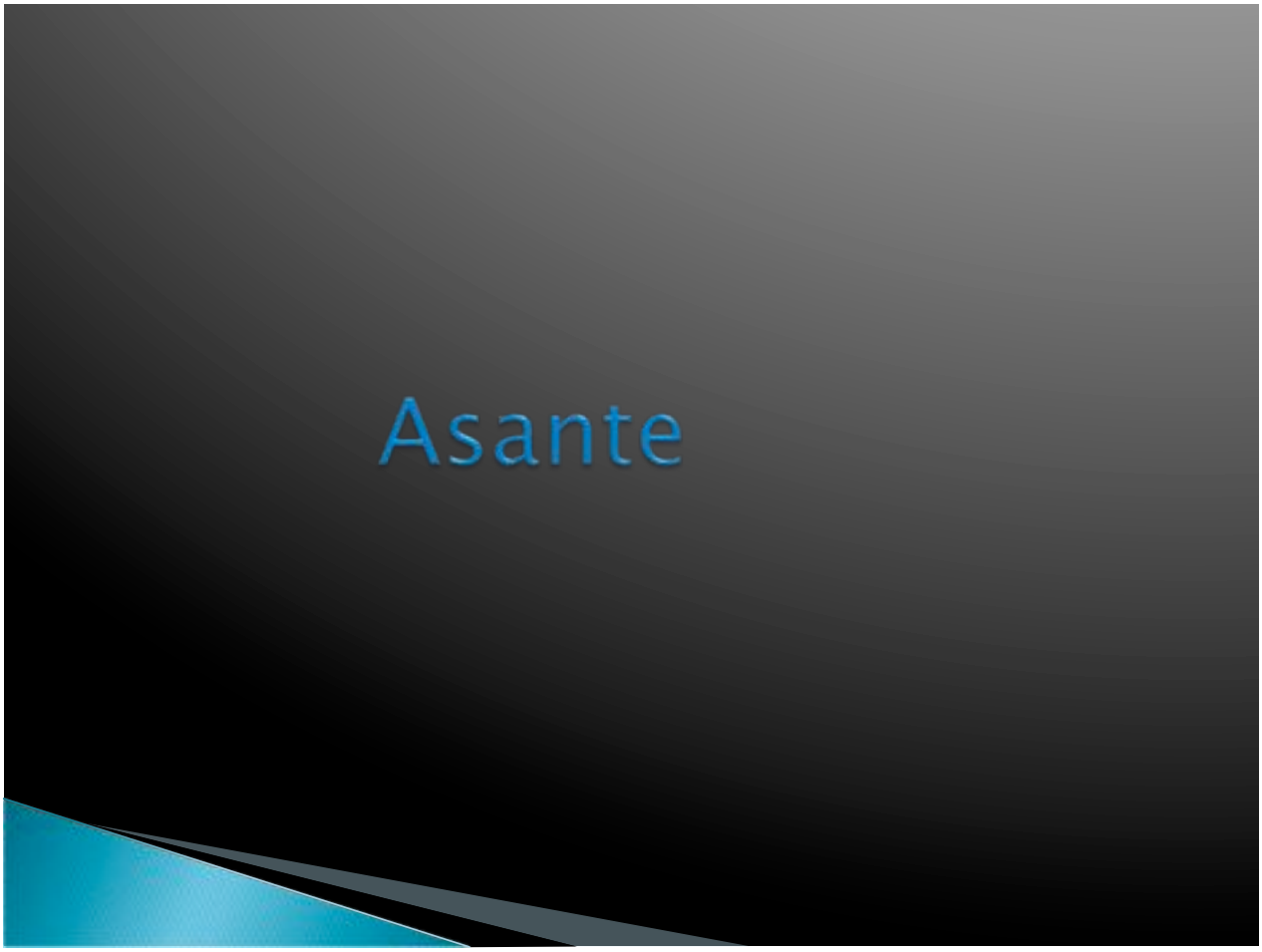
- There is evidence showing a lack of preparedness especially in government facilities on three key levels:
  - ✓ availability of medicines
  - ✓ delivery of services
  - ✓ trained personnel

Way Forward

- Advancing an evidence-based adjustment, Kenya's public health services to ageing require the following:
- Generation of robust, nationally representative evidence on the scope, patterns, determinants and impacts of ill-health and care access barriers in the older population.
- Consultations to elicit the voices and experiences of older women and men and their organizations on issues of ageing and health and active efforts to include them in strategy and programme design.
- Comprehensive evaluation of the impacts of the social protection cash transfer scheme on health care access of older beneficiaries.

Cont....

- Consultations to consolidate evidence and identify approaches for effectively integrating an ageing perspective into current plans on NCD.
- Incorporation of evidence based age-inclusive and age-specific recommendations on older persons' health within frameworks for a post-2015 development agenda to ensure that action on ageing and health is mainstreamed and outcomes monitored.


Asante

Gerontocracy in the on-going modernization

Changes and Continuity of Life Course among the Banna, Southern Ethiopia

Ken MASUDA
Nagasaki University

Gerontocracy used to be, and still is, a keyword that characterizes African "traditional" societies. Gerontocratic society is where older person, generally male, enjoys more prestige, dignity and authority than the younger. This study outlines how modernization process lead changes and continuity of life course to the Banna people in southern Ethiopia. The Banna is an Omotic afro-pastoralist group living South Omo Zone.

In this study, the term "modernization" has political and hegemonic implication in such a state like Ethiopia where Amhara-centered imperial domination annexed ethnic minorities in the south, while so-called *amharalization*, becoming Christian, speaking Amharic and adoption of Amhara "civilization", had embodied modernity in 20th century. Since 1990s, the early phase of post-socialist EPRDF regime, Ethiopia has been implementing new development policies especially in socio-developmental sectors that would result in gradual transition of social norms among the peripheral people. Gerontocratic and male-centered social structure of the Banna would inevitably adjust itself to the new era when increase of education opportunity in villages do not tolerate people to indulge in life in traditional norms, and when Health Extension Program (HEP) induces lower child mortality and longer average lifespan.

Traditional life course of Banna men is defined by a kind of grading system; the *donza* system. A boy (*naasi*) becomes *ukuli* when he starts preparation for initiation ritual (*atsa*). After the ritual he becomes a *maz* as he has his hair shaved and spends for weeks or months under strict ritual regulation. A *maz* then becomes a *donza*, adult man, once he has undergone the engagement ritual with his fiancée.

Dignity of *donza* is recognized in two aspects; agedness and masculinity. They are much subdivided from younger to older *donza*. In the past when only men who experienced killing large animal or enemy were permitted to be into adult stage, the dignity of *donza* was secured by showing his bravery and achievement. The characteristics of *donza*-centered gerontoctatic social norms is expected to change as on-going "modernization" processes introduce changes and continuity of a sense of value among the people.

Gerontocracy in the on-going modernization

Changes and Continuity of Life Course among the Banna, Southern Ethiopia

Ken MASUDA

Graduate School of International Health Development

Nagasaki University

International Workshop "Aging in Africa and Asia: Perspective and Prospective from Public Health and Ethnography", in Kwale, Kenya

March 6, 2014

Self-introduction: Ken Masuda (増田 研)

Personal History

- 1968.6. Born in Yokohama City.
- 1998.3. Graduate from Tokyo Metropolitan University
- 2004.10.- Nagasaki University

Teaching at

- Faculty of Environmental Studies
- Graduate School of International Health Development (Major and Research Activity

Current Activity

- Socio-Anthropological and Ethnographic Work among a Minority Group in Southern Ethiopia.
- Interdisciplinary approach to International Public HealthResearch Project for East Asia Socio-human network.

Language (in order of fluency)

- Japanese, Amharic, Banna, English

100-year-experience of peripheral people in Southern Ethiopia

The Banna (Banya)
-An Omotic Speaking group
-Agro-Patoralist
- sorghum-millet-maize cultivation
- cattle herding

-40,000 population (approximation)
-Dominated by Ethiopian Empire in the late 19c.

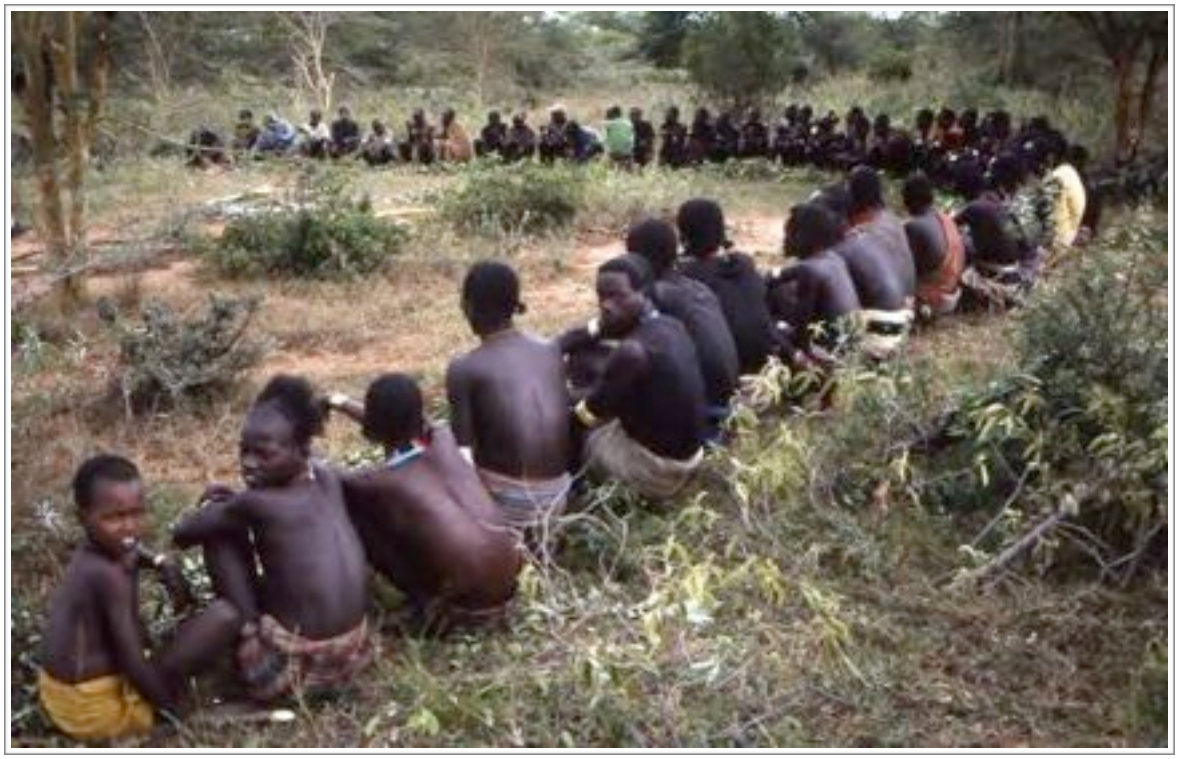
The Banna (*Banya*)

bitta
Adeno Garsho
(2011)

1994

Seniority Order,

appearing in a village among the Banna, Southern Ethiopia.



Seniority Order,

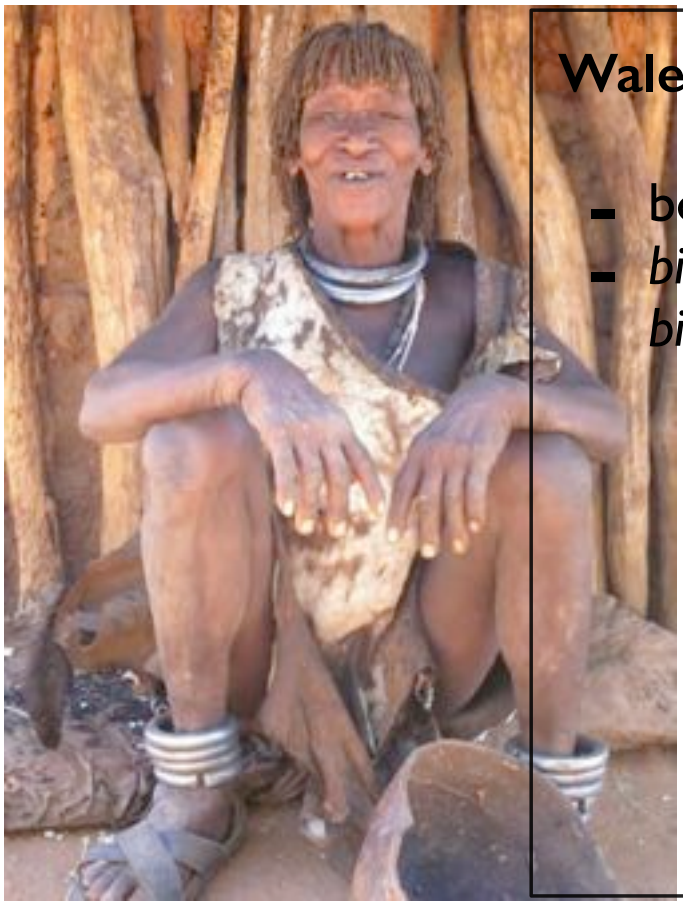
appearing in a village among the Banna, Southern Ethiopia.

Adeno Garsho

- born in 1940s (estimation)
- *bitta* (ritual leader) of Eastern Banna

Shelo Kara

- born in 1920s (estimation)
- died in 2000 (estimation)
- former *bitta*'s youger brother
- "the *donza*"



Wale Kayar

- born in 1930s (?)
- *bitta*'s first wife and next *bitta*'s mother

Erbo (father) and
Busko (son)
1993

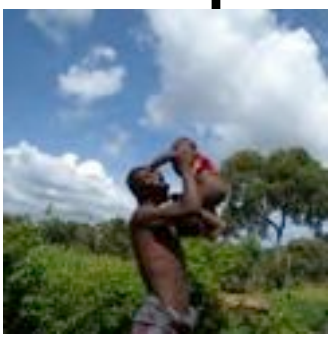
Busko
2005

Fieldwork among the Banna
in South Ethiopia since 1993

Busko
1993

Ken
2005

Busko
2011



atsa initiation among the Banna, southern Ethiopia
a *maz* whipping a girl

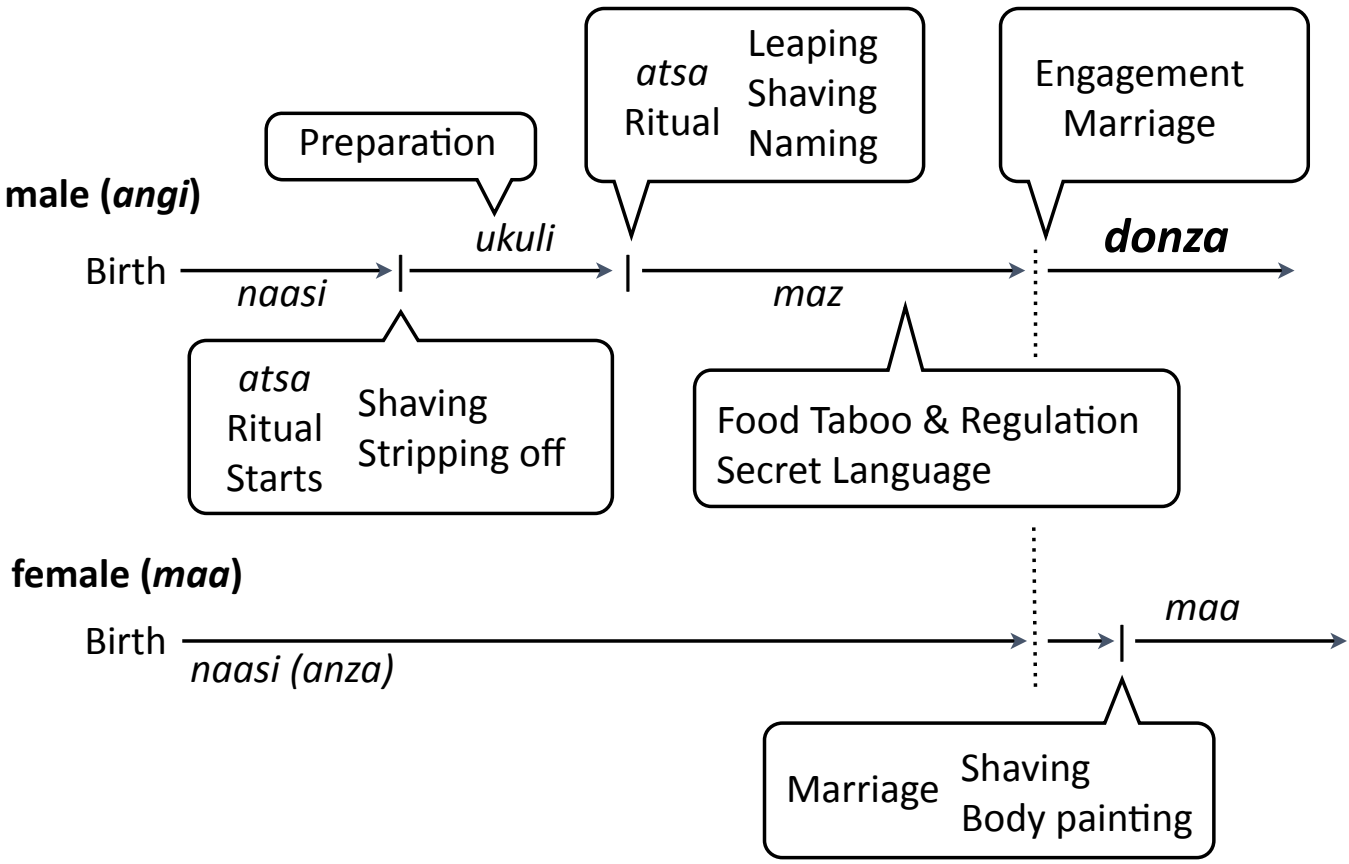
atsa initiation among the Banna, southern Ethiopia
a boy catching horn of cattle

atsa initiation among the Banna, southern Ethiopia
maz watching the cattle being driven

atsa initiation among the Banna, southern Ethiopia
an *ukuli* leaping across the cattle

atsa initiation among the Banna, southern Ethiopia
dancing after the ritual

Typical life course of Banna people.



Agedness and Masculinity.

- Agedness: Relative Seniority
  - Right to Left Order
- Masculinity
  - Experience of Killing Enemies, Hunting Animals and Raiding Cattle.

Ritual Elderhood in the Age System of the Borana of Southern Ethiopia

Gen TAGAWA
Hiroshima City University

This study examines ritual elderhood in the age system of the Borana people, based on ethnographic fieldwork. Many ethnic groups in East Africa maintain age systems, and numerous previous ethnographic studies of such systems have described them as social organization. The Borana are Oromo-speaking people who live in southern Ethiopia and northern Kenya. They maintain the most complicated age system called *gadaa*.

The age system of the Borana is based upon eight grades, which are called respectively *dabballe, gamme, kuusa, raaba, doori, gadaa, yuuba, and gadaamojji*. When the members of the generation set reach these grades, they are called by the names of the grades. A generation-set used to take eighty eight (or ninety six since 1980) years to complete all the grades.

A new generation-set is formed every eight years. All men are to be recruited into the fifth generation-set after his father's generation-set and all siblings belong to the same generation-set. As the generation-set is never closed, it continues to recruit members. Consequently, the age gap amongst the members of the same generation-set inevitably expands over time.

Therefore, the *gadaa* system is not an administrative institution, but rather a ritual complex, which represents manhood and fertility of the Borana. Since councilors of the generation-set perform those rituals, all Borana males are not required to pass through all grades. However, every male has a ritual duty to perform the transition ceremony of the most senior *gadamojji* grade. In the age system, the old man who has completed the rite of passage of the *gadamojji* grade reaches *jaarsa* which meant an elder. This study explores the elderhood of the Borana by focusing on the ceremony of the *gadamojji* grade.

Ritual Elderhood in the Age System of the Borana of Southern Ethiopia

Gen Tagawa
Hiroshima City University

Introduction

- In this presentation, I will explore two age-systems of the Borana.
- I will demonstrate how the age-systems give the Borana the perceptions of the ageing.
- 1.Explanation of the two age systems.
- 2. Contradictory perceptions of the ageing which are embedded in social structure.

→ambiguity of the ageing

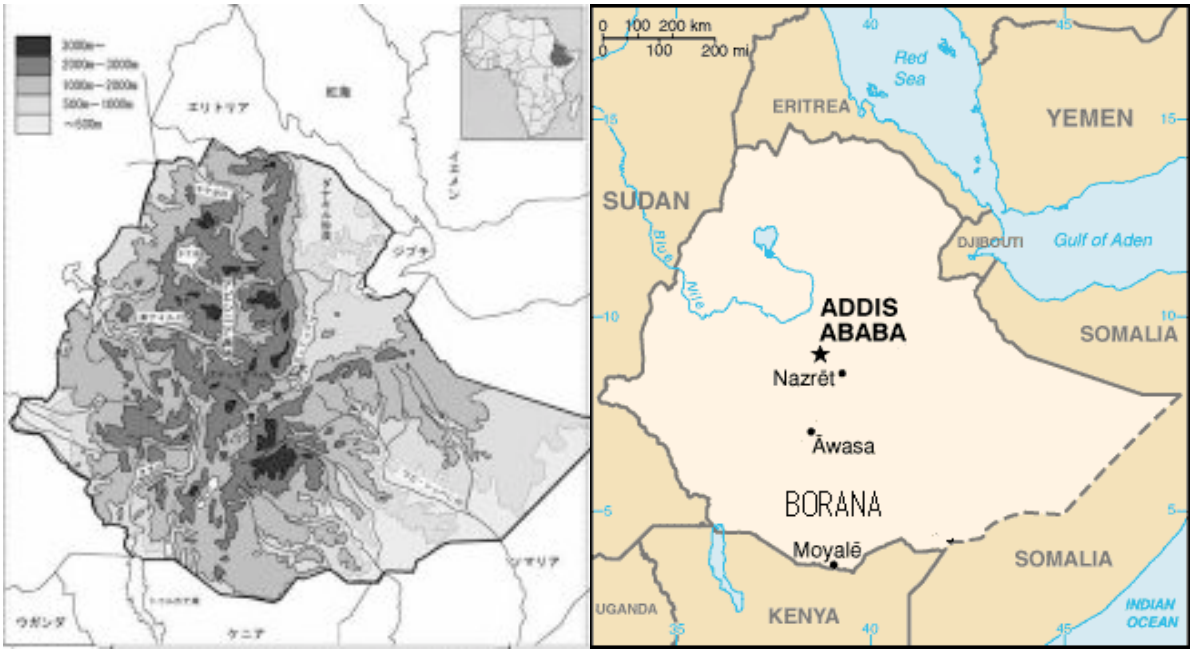
Fieldwork

- Research site: Oromia Region, Borana Zone.
- Period: 1994-2013.

The Borana

- Southern Ethiopia and Northern Kenya.
- Population 200,000 to 300,000 (Ethiopia)
- Elevation: 500m-1800m.
- Semi-arid land.
- Annual Rainfall : about 500mm.
- Pastoralist (or agro-pastoralist)
- Livestock: cattle(Borana Zebu), goats, sheep, camels, horses, donkeys, etc.
- Crops: maize, teff, wheat, etc.

Map



Landscape of Boranaland

Rainy season

- March-May

Dry season

- December-February

Small livestock: goats

Small livestock: sheep

Livestock: camel

Livestock: cattle

Grazing

grazing

Deep well

Drawing water
from the deep well

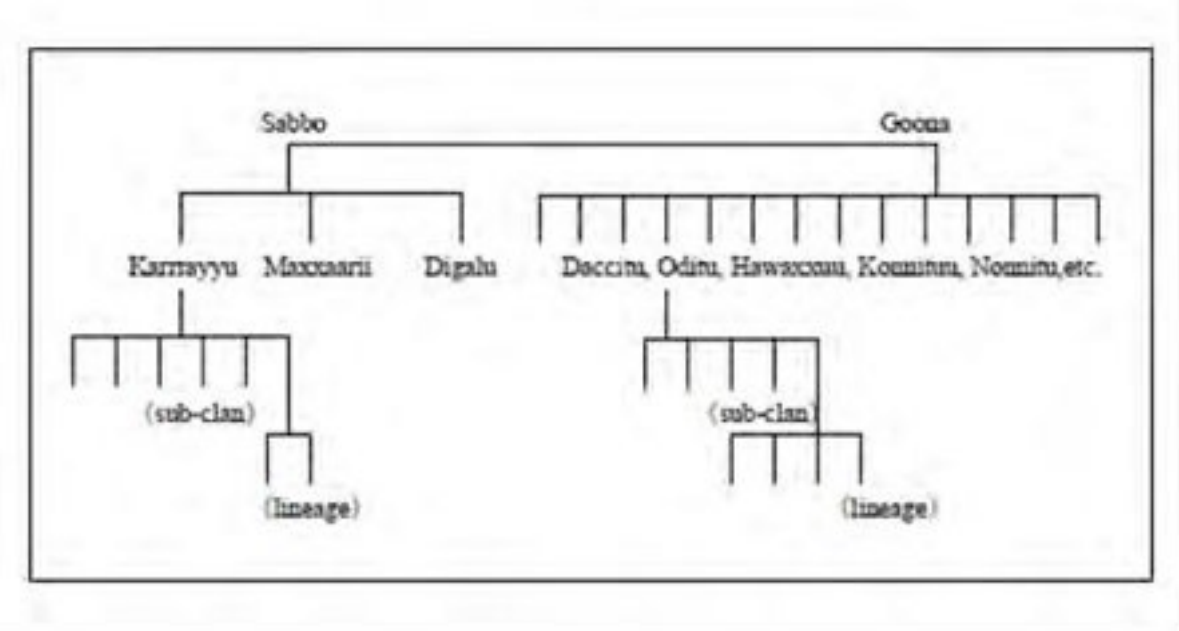
UN organizations or NGOs aid in
repairing the well recently.

Farming

Social Structure

- Exogamous moiety : Sabbo and Goona
- 14 patrilineal clans
- Patriarchy
- The clan is not localized.
- Semi sedentary settlment
- Satellite camp
- Settlement: 5～100 households.

A Model of Clanship



Settlement

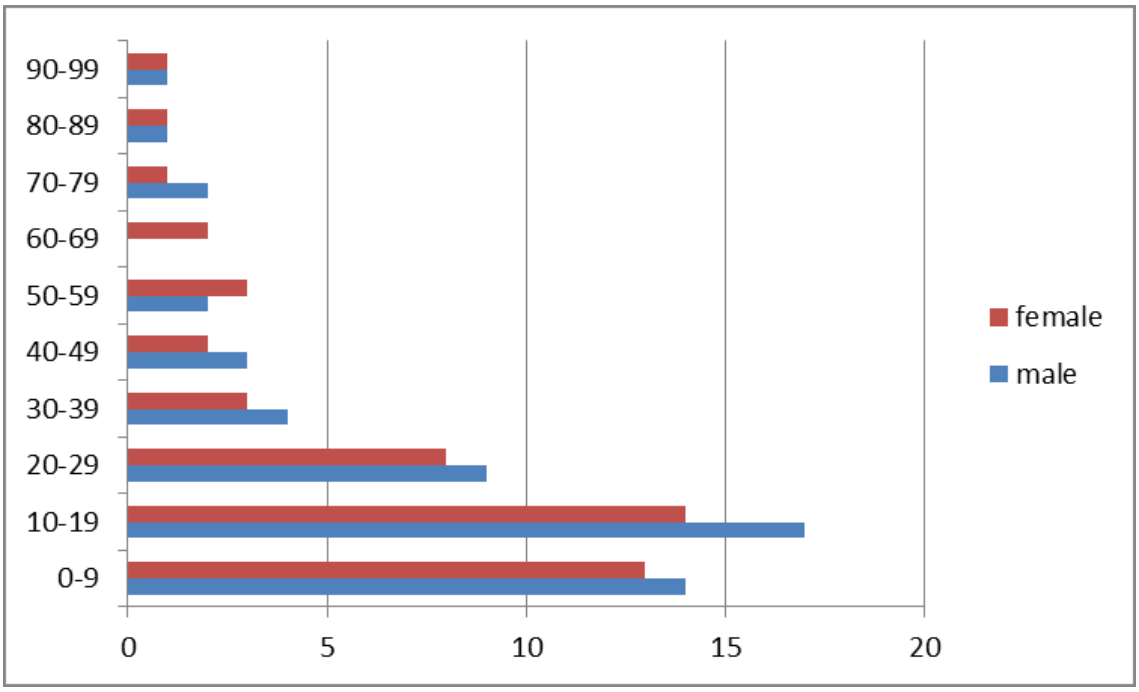
House and kraal

Semi-sedentary : this settlement moved here in 2002

population of the settlement

age	male	female
0-9	14	13
10-19	17	14
20-29	9	8
30-39	4	3
40-49	3	2
50-59	2	3
60-69		2
70-79	2	1
80-89	1	1
90-99	1	1
total	53	48

- 21 households
- 5 widows
- 1 widower


90-99
80-89
70-79
60-69
50-59
40-49
30-39
20-29
10-19
0-9
0
5
10
15
20
female
male

Care for female elders

- There is no widower in this society.
- The parents should not refuse the proposal to their daughter from the man who is dead.
- The Borana male should not cook and built a house by himself. Only woman can cook and built a house. If the male has no wife, he can not live.
- In the NT settlement I found a widower, however he is the Waata, who are endogamous hunter people. They are discriminated by the Borana.

- A widow is tendency to live in the same settlement as her son or daughter live, because she expects to be cared by her son or daughter's household.
- A young or a middle aged widow can have a support from her lover.
- An old widow adopts a female grandchild to teach Borana behaviors or be helped.

Religion

- Traditional Religion: God/ Sky (*Waaqa*).
- Islam: Kenyan side and border of Ethiopia
(＝Somalization)
- Christianity: protestants ←influenced by the modern education.

Two Age Sytems of the Borana

- *Gadaa* system: a generation-set system with the grades.
- *Hariya* system: an age-set system
- These systems are working separately.
- Different in the fundamental rules to recruit.
- The gadaa system is more important than the hariya in the Borana.

The Borana's perceptions of the ageing

- The Borana's perception of the ageing is based on the age systems.
- They contrasts between the two.
- I show some phrase the Borana express are represented as the perception of the ageing of the Borana.
- Positive image and negative image of the ageing.

- "A generation-set does not disappear."
- "An age-set disappears."
- "A generation-set is born."
- "An age-set is not born."
- "A generation-set circulates."
- "An age-set is cut."
- The above demonstrates the Borana's perception of the ageing, contrasting the *gadaa* system with the age-set system.

Age-set system

- An age-set is called "*hariya*" which is also means as age-mates.
- Youngsters (18-26 years old) are initiated every 8 years.
- The age-set is named after a top officer.
- Initiation : lasting 8 years.
- Preparatory (18-26 years old) can not go to battle and sacrifice. They are called children.
- A ritual of the age-set: sacrificing uncastrated goats (*korbeesa*) a ritual site.

Ritual of the age-set: sacrificing an uncastrated goat.

Bond of the age-mates

- The age-mates have the joking relationship.
- Age-mates feel a strong bond in the initiation.
- The bond is weakening over time after initiation.
- Because the kinship is important for the life.
- (The age-set has no right on the property.)

Old age in the age-set system

- An elder lamented his old age.
- “Now I do not find any age-mates. I am sitting alone here. There is no age-mate to chat and play a game with me. An age-set disappears. An age-set is not born”
- In the puberty, the bond is strongly created, and then weakens. Finally it is lost.
- A sense of loss.

Gadaa system

- A generation-set passes through 8 grades.

Figure 2— grades of the gadaa system

Generation-set

- Every eight years, the generation-set is officially formed.
- All males are recruited into the fifth generation-set after his father's one.
- The recruit is never closed.
- All siblings joint into the same generation-set.
- The generation-set is homogeneity in the junior grade, however the discrepancy of the ages of the members increase over time.

grades

8. *gadamojji*
7. *yuuba*
6. *gadaa*
5.*doori*
4.*raaba*
3. *kuusa*
2.*gamme*
1.*dabbale*

Figure 2— grades of the gadaa system

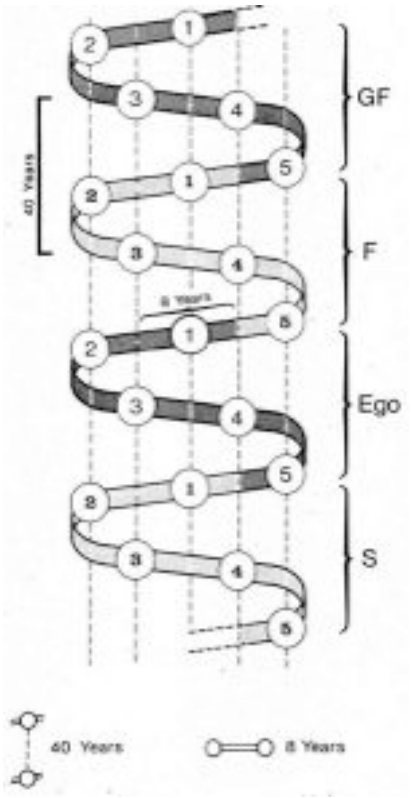


Figure3: Movement of Generation Sets
(Baxter 1978:131)

Eight grades

1. Dabballe 8years
2. Gamme 16years
3. Kuusa 8years
4. Raaba 8years
5. Doori 5years
6. Gadaa 8years
7. Yuuba 27years
8. Gadaamojji 8years

Total 88 years (until 1980)

grades

8. *gadamojji*
7. *yuuba*
6. *gadaa*
5.*doori*
4.*raaba*
3. *kuusa*
2.*gamme*
1.*dabbale*

Father of the gadaa

- The supreme officer is appointed as Father of gadaa (*abba gadaa*).
- He has the highest political and ritual authority during the period(eight years).
- The Borana memorize the period when he takes the office, as an era, and refer to a name of the highest 'Father of gadaa' as an index when they speak of the past.

1st. Grade: dabballe

- Not be named
- Uncut hair style called guduru.
- It is decorated with cowries.
- In past time, the Waata reared them.
- Their grandfathers are elders of the gadaamojji grade.

2nd: gamme

- The gamme means the hairstyle which is tonsured. It is same as an unmarried virgin girl's one.
- The gamme boys are regarded as "children", which can not go to battle and sacrifice.

Senior gamme boys

Transition ceremony from the gamme to the next grade.

After the ceremony, they enter into the kuusa grade.

3rd: kuusa

- A generation-set is officially formed in the kuusa grade.
- Members of the generation-set of the kuusa grade are admitted to go to battle and sacrifice.
- They are not admitted to get married.
- They are associated with a grazing camp.

grades

8. *gadamojji*
7. *yuuba*
6. *gadaa*
5.*doori*
4.*raaba*
3. *kuusa*
2.*gamme*
1.*dabbale*

4th: raaba

grades

8. *gadamojji*
7. *yuuba*
6. *gadaa*
5.*doori*
4.*raaba*
3. *kuusa*
2.*gamme*
1.*dabbale*

5th: doori

- A member of the generation-set which enters into the doori grade can beget a son.
- The doori people make a “dannisa” black stick which symbolizes the fatherhood.
- But in the past, it was not admitted to beget a daughter.

grades
8. *gadamojji*
7. *yuuba*
6. *gadaa*
5.*doori*
4.*raaba*
3. *kuusa*
2.*gamme*
1.*dabbale*

6th: gadaa

- When three top officers of the generation-set take their offices from the former ones, their generation-set enters into the gadaa grade.

7th: yuuba

- "Yuuba" means retirement.
- After the former Father of gadaa leave his office, all the members of his generation-set enter into the yuuba grade.
- All the councilors also leave their offices.
- The generation-set does not have a duty to perform the rituals.

The final grade: gadamojji

grandfather: gadaamjji
grandson: dabballe

- The grandsons of the gadaamojji are in the dabballe grade.
- Undcut hair style called guduru which is the same as the dabballe's.
- Taboos
- Blessing
- Every male should complete this grade.

- Every eight years, the gadaamojji elders make ritual camps in the ritual sites which are scattered throughout the Boranaland to complete the final grade.
- The whole society concerns the completion of the ritual and aids in completing it.

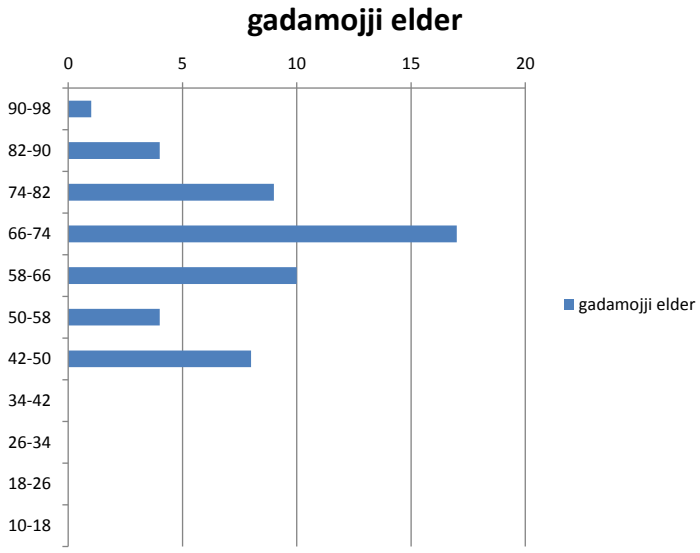
Gadaamojji ritual camp to complete the final grade

Gadaamojji ritual camp to complete the final grade

- The Borana says “one becomes the dabballe, and then enters into gamme, after gamme, becoming kuusa▪ ▪ ▪ ▪.”
- According to the narrative, the subsequence of the grades seems to be expressed as an ideal life course.
- But it takes 88 years to complete all the grades.
- Every male should complete the most seinor grade, gadaamojji.

Population of the gadaamojji elders in Diida Yabelo ritual site, 1994

age	gadamojji elder
90-98	1
82-90	4
74-82	9
66-74	17
58-66	10
50-58	4
42-50	8
34-42	0
26-34	0
18-26	0
10-18	0
total	53



How the Borana can achieve the most senior grade.

- The generation-set is never closed so that new member continue to be recruited.
- As a result, the generation-set is possible to pass through all the grades on recruiting the members.
- The members who are born into the middle grades (eg. gamme, kuusa, raaba, and so on) can participate the rite of passage of the gadaamojji grade.

Population of the gadaamojji elders in Diida Yabelo ritual site, 1994

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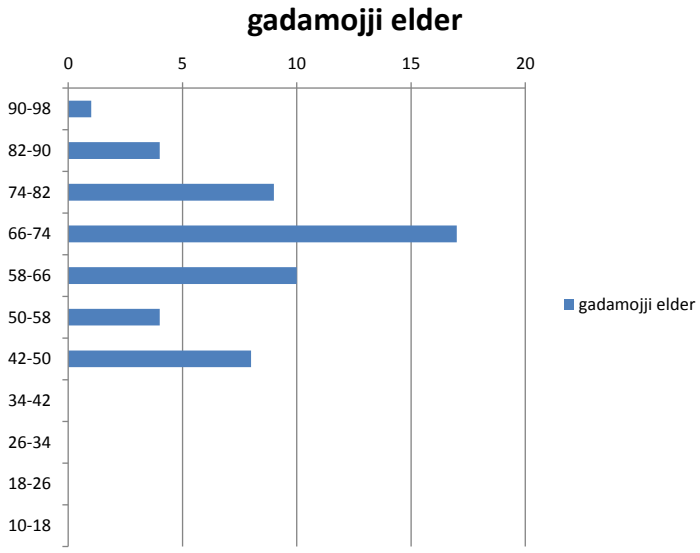

- Until the completion of the gadamojji ceremony, the dabballe can be named.
- The dabballe become members of the society through the naming ceremony.
- The completion of the gadaamojji grade regenerates the Borana society.

- The Borana should complete the final grade.
- This is the achievement of life.
- That is the aim of life, which is embedded in the social structure.
- Whole society celebrates the achievement which regenerates the society.

Three phases

- “A generation-set does not disappear.”
- “A generation-set is born.”
- “A generation-set circulates.”

- In the subsequence of the grades, a generation set continues to be recruited.
- As the result, a large number of members of the generation set can complete the final grade.
- The completion of the final grade regenerate the society.
- An elder feels the achievement, not loss.

Conclusion

- Two types of the perceptions of the ageing which is embedded in social structure.

1. A sense of loss ←the age-set system
2. Achievement of life ←the gadaa system

- Whole society concerns the ritual elderhood of the gadaa system.
- The ambiguity of the ageing.

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Elderly people in a pastoral society

A case study of the Karimojong in Uganda

Itsuhiro HAZAMA
Nagasaki University

This paper examines the possible contribution of fieldwork conducted in a pastoral society in Karamoja in northeastern Uganda to delineating the diversity of care provided to elderly individuals. Fieldwork-based research regarding gerontology in African societies has shown that many societies approach the care of elderly individuals on the basis of a social exchange theory of the body and property. A sense of socially engendered moral debt, awe of transcendent existence, and economic rationality encourage elderly people to survive, despite their disadvantaged and socially alienated status. At the same time, these experiences also allow them to appreciate their power. Drawing on individual experiences of aging that are embedded in, and shaped by, the reality in which people live, cultural anthropology has elucidated some of the cultural diversity associated with the experience of aging. In other words, the subjective experience and meanings, including the cues associated with life stages such as menopause and geriatric conditions such as dementia, vary cross-culturally, as they are strongly connected with the social categories associated with age. In the context of such a culturally and morally relativistic perspective, disengagement theory has given way to an aesthetic view of growing older. The poetics of the lives of elders have been ethnographically described, intertwined with the symbols and meanings that define and construct each period in relation to others. However, the existence of the socially constructed body (i.e. as the object of ethnographic description) may result in unsuccessful aging, whereby the body acts under the influence of introjected negative aspects of communal life by committing suicide or is subjected to death-hastening non-supportive treatment or involuntary confinement. Siding with the world and the relation of distress and life that the sick experience, which is beyond pathological intervention, can be the basis of a critical ethnography of gerontology, showing the correlation between the ineffectiveness of therapy and the indignity to human beings.

Aging in Africa and Asia:
Perspective and Prospective from Public Health and Ethnography
6th, March, 2014, Kwale

Elderly people in a pastoral society

A case study of the Karimojong in Uganda

Itsuhiro Hazama
(Center for International Collaborative Research/
Graduate School of International Health Development,
Nagasaki University)

Care on the basis of a social exchange theory

- Fieldwork-based research regarding gerontology in African societies has analyzed care for elderly people on the basis of a social exchange theory. A sense of moral debt, awe of transcendent existence, and economic rationality functions to survive elderly people.
- Intergenerational reciprocity model integrates the perspective of life-course with social exchange. It regards family support as exchange between generations. Accordingly every individual is regarded as the tactician who makes the best use of opportunities (Cattell 1990).
- In societies depending on subsistence economy, wealth and profits flow from children to parents. Extended family can be a protective system for elder members, in case children are in debt to their parents and this debt does not diminish. The mother's breast is the image and metaphor of this final exchange: "I fed you with this breast. How can you refuse me? ''

- In this reciprocity, exchange goods are not confined to something material but includes non-materials such as money, labor, service, care, and knowledge.
- Prince and Geissler (2001), using a case study on indigenous healer and her grandson in Luo society, points out how the way one person learn to treat is embedded in close relationship of reciprocity between grandmother and grandson. Learning to treat is not only embedded in everyday practice but it is moral and emotional processes into which elderly people lead children.

Hardship of elderly people expressed in the reciprocity

- They bear too heavy burden economically and physically in taking care of grandchildren.
- In western Kenya, major difficulties are in caring for the orphans in terms of schooling, food and medical care. There is a difference between the present hardships of these caretakers and the traditional position of the elderly in the past (Eric et al. 2003).
- In Botswana, the contributions of older to the household are so different from those of younger women that they cannot replace younger women (Bock 2008).
- In Tswana society, subsistence economy changed into monetary market and their traditional power based on pastoralism have been declined so that system of respect and care have been collapsed (Guillette 1990).
- Somali fathers used to be taken care of by family members of his son. This tradition was the social program to secure the inheritance (Glascock 1991). However, once their son can make earning by working in the city, they become less dependent on inheritance.

Biomedical reduction and diversity of aging experienced

- Cultural and medical anthropology have elucidated experiences of aging. The subjective experience and meanings, including the cues associated with life stages.
- In many societies, menopause marks the stage of old women. Margaret Lock (1995) writes that while north American women tend to reduce menopause to biology, Japanese women accept it as a part of aging process. In Japan it is not disorder to be cured but the beginning of story about experience in relation among family and workplace.
- Some elderly people with Alzheimer neuropathology do not show behavioral sign. Both social and biological process concerns aging. Lock (2013) demands focusing on hereditable changes in gene expression or cellular phenotypes caused by lifestyle and environmental exposure. The disease may be “normalized” and embedded in individual life and society.
- In the Tuareg, aging is not synonymous with physical decline (Rasmussen 1997). In this society, disengagement theory has given way to an aesthetic view of growing older.

Alienation of Elderly People and Critical Medical Anthropology

- The socially constructed body may result in unsuccessful aging, whereby the body acts under the influence of negative aspects of communal life by committing suicide, which is very common among Japanese elderly people (Traphagan 2004, 2010), or is subjected to death-hastening non-supportive treatment or involuntary confinement.
- The Tswana do not show respectful attitude for the frail. As long as the elderly people are regarded as healthy, support is provided for them. However, once they get classified into the frail group, support is suspended drastically.
- Community care is recommended to cope with elderly people with cognitive impairment related to aging. It may prevent against mechanism the condition develops unlike hospitalization. However, it is often criticized that in some counties in Africa including Uganda, their policy contribute to institutionalization of treatment for the sick.
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For Future Fieldwork in Karamoja and Its Possible Contribution to Aging Studies

Karamoja and Medicalization

- In the Karamoja, the living space for pastoral peoples extending on semiarid savanna in northeastern Uganda, state imposed forcible disarmament began in 2001 and it changed into counterinsurgency operation against pastoral peoples in 2004.
- After sending combat troops abroad and decrease of the armed forces stationed in Karamoja, Karamoja Integrated Disarmament and Development Programme was brought in and sedentarization around army barrack in the area was forced.
- Persistent aerial bombings were carried out against nomadic households, pastoral refugees fled to the border area neighboring South Sudan, and international organization like MSF sent emergency medical teams to Karamoja.
- After 2010, many pastoralists accepted to settle down, extreme emergency program ended, medical facilities were constructed in widespread area of Karamoja. They are for treating the patients with mild symptom.

Karimojong Indigenous Medicine

- The Karimojong recognize that the elderly people tend to think too much, feel lonely, and forget. If medicalization develops, such tendency may become target of biomedical treatment.

  **In the Yoruba, community based aging research of mental health has been conducted as the Indianapolis–Ibadan Dementia Project. Prevalence of probable dementia was 10.1% as with persons aged 65 years and above (Gureje et al. 2006).
- Disease result from conflict of internal body. Important procedure of treatment is to rid interior somatic conflicts. The body is the total place for disease and treatment.
- The Karimojong cope with mental problem by listening to his story, understanding the history of the patient, and detecting the cause of distressing life in social relationship. They treat the patient by not only intervening with affected body parts especially the heart but placing the patient in the network lived.
- Indigenous healers criticize that keeping the patient in the hospital causes syndrome of institutionalization. New symptom emerges and health worsen like loss of desire and interest, passive non-resistance, and irritability. Diagnosis and treatment by biomedicine is another type of violence.

Coping with mental illness

- The Karimojong do not conceptualize violence as intrinsic to people; it is learned through exposure to violence, which is imitated and transferred as a mental illness (*ngikerep*). Victim and perpetrator such as returning soldiers, the tortured, and their family, are affected by violence in form of mental illness "caused by seeing what should not have been seen and doing what should not have been done".
- In the first approach, treatment consists of counseling, musico–kinesiotherapy, and heart massage. Musico-kinesiotherapy is performed to "remove anger from the heart" of the patient.
- Herders invite the marginalized soldiers to visit healers and participate in this treatment. Healers not only provide treatment but also explain to people that attacking for revenge is tantamount to devoting one's life to violence.

Coping with mental illness

- To let the patient do subsistence activity

  - re-education in the form of milking: accompanied by the attendant, they are reminded of how to communicate with the mother

  - recovery of patient's animated body in life world

- Day-trip-herding to sense "the existence as beautiful" "how surprising, it is as it is…"

"Rain, rain, raining, raining/Black cotton soil is swollen and swollen/It has come out, has reached, grass, grass/Rumen and stomach are satisfied/ Prismatic water is flowing/Full of oil/Hump is swaying on the back of an ox."

The body of elderly people in hunger

[Karimojong Elders Left to Starve]

The food shortage in Karamoja has reached crisis levels, which has prompted the able-bodied and the young to isolate the elderly and leave them to starve, Mr Musa Ecweru, the minister of State for Relief and Disaster Preparedness has said."The entire Karamoja population is food insecure. Old women and men have been isolated from younger ones because they are unable to fend for themselves," Mr Ecweru said. "The able bodied Karimojong say old people are useless and food should not be wasted on them," he said.…He said people in the affected areas are using their physical strength to deprive others of food. (March 24, 2008 Global Action on Aging. By Olandason Wanyama & Agencies Kampala, Allafrica.com.)

[Karimojong Elderly Women Doing without Food]

In the conversation in my compound, the four Karimojong married women talked about nutrition of children in the period of hunger because of chronic drought or war, and referred to pattern of morality related to aging. One old woman aged 63, Lomus, said that elder mothers are not attacked by "madness of hunger" without food so that it is kept for younger mothers and children to eat. If elderly women are good in physical condition, it means the community is in peace.(20th Aug. 2013)

Towards critical ethnography

- Descriptions referring to African elderly people are sometimes contradictory, even when they are in same society and in similar phenomenon. For example as to elderly people without food in hunger, which is better describing the reality? Or if they are coexist in one society, how does the switching behavior of the community happen? Ethnographical study will enable us to think over the answer to these questions.
- Through ethnography it will be also possible to discuss about the possibility of siding with the world and the relation of distress and life that elderly people with the sick experience, which is beyond pathological intervention. If so, it can be the basis of a critical ethnography of gerontology, showing the correlation between the ineffectiveness of therapy and the indignity to human beings.

Daily Life of the Elderly in Rural Southwestern Ethiopia

Mariko NOGUCHI
Kyoto University

The presentation aims to present a study describing how the elderly make a living and organize their living arrangements in a rural setting in Ethiopia.

In Africa, as in other regions of the world, the number of people in old age has increased rapidly in recent years. The absolute number of older adults in Ethiopia increased fourfold between 1950 and 2005. The United Nations has estimated that the number of people aged older than 60 years in sub-Saharan Africa may quadruple by 2050 (UN 2012).

Many scholars insist that the extended family as "a traditional welfare system" has eroded, thereby leaving elderly people vulnerable. For example, rapid urbanization has influenced the young generation to move to cities, whereas the death of young people caused by the HIV/AIDS pandemic has left only the elderly and children (Apt 1997, Eyasuu et al. 1987, Nyambedha et al. 2003). However, actual long-term investigations of these issues have not been conducted. Therefore, comparative long-term research in various areas is needed. This research offers basic data for the abovementioned purpose.

Research was conducted for a total of 20 months beginning in 2008, mainly among Aari people primarily living in one location in southwestern Ethiopia. Participatory observations and interviews were undertaken in this research.

Results showed 16 elders residing in the location, most of whom are very active. They do some arrangements in their residential pattern and livelihood activities to make a living. They manage their lives by reducing a part of their daily hard work, which they ensure by living near those who are related to them. Most of them, for example, live with their families, such as their spouse, children, and grandchildren. Younger family members, wives, or children often support the livelihood activities of these older adults. Sons help with farming activities, such as in handling the ox-plow. If the wife cannot work hard because of her advanced age, daughters, granddaughters, or sisters could help by cooking for them.

Some of the elderly live with those who are not related to them by blood; the study found two widows who live next to their ex-husband's relatives. In this case, communal association called *idir* also plays an important role in supporting the daily lives of elders.

In conclusion, after these results are taken into consideration, a possible scenario or way of reciprocal relationship building among the elderly and other members of the community is discussed.

Daily Life of the Elderly in Rural Southwestern Ethiopia

Mariko NOGUCHI
Kyoto University

The Aging in Sub-Saharan Africa

- Growing concern about the rapid increase in the number of people older than 60 years
  - Particular in rural areas:
    lack of access to public social/ health care support structures
  - The function of the extended family has eroded because of urbanization/ modernization

  →leave the elderly vulnerable

  [Apt 1997; Ogwumike & Aboderin 2005; Muga & Onyango-Ouma 2009]

The situation of elderly in Ethiopia

- Serious shortage of data
  →Difficult to provide detailed analysis about the socio–economic conditions of the elderly
- The modern way of life is now eroding the culture of intergenerational solidarity and mutual support
- Rural area: left the elderly vulnerable
  – The 90% of the aged population live
  – No public welfare/support system

[MOLSA 2006; CSA 2008]

Purpose of the study

- To examine how the elderly make a living and adjust their living arrangements in a rural setting in Ethiopia

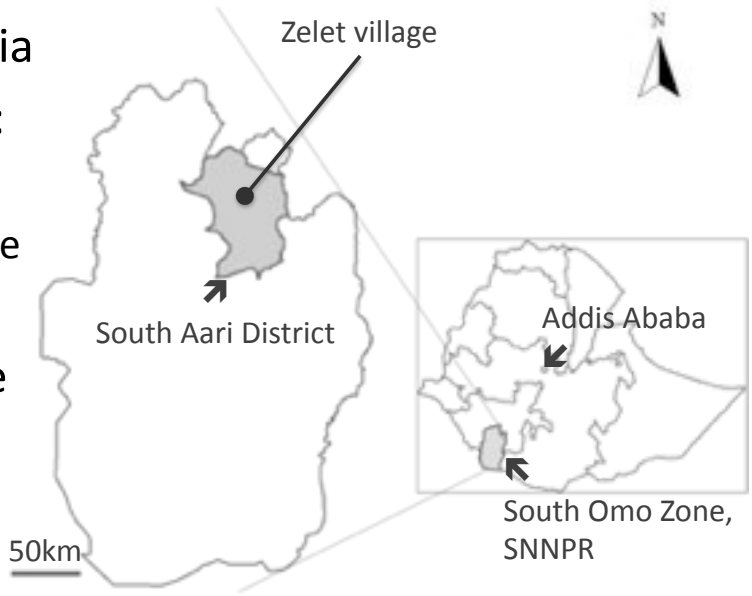
- Topics of today's presentation
  – General background
  – Physical condition of the elderly
  – The case study of living arrangement of the elderly

→The way of reciprocal relationship-building among the elderly and others

GENERAL BACKGROUND

Research site

- Zelet village, southwestern Ethiopia
- Most of the resident: Aari people
  - Engaged in agriculture
  - Patrilocal residence
- 71 households reside (292 people)(2009)



Agricultural activities of Aari

- Mostly self-reliant on agricultural production
  - Performed in collaboration with household members

	wony haami	***tika haami***
Type of farm	field	garden
Main crops	***ishin***: Annual grain crops (ex. maize, sorghum, tef), pulse (ex. pea, lentil)	***tika***: Perennial root crops (ex. yam, taro, ensete), vegetables
Location	depend on household	surrounding house
Ox plowing	◎ necessary	× rarely

↓Field for grain crops (*wony haami*)

↑Kitchen garden (*tika haami*)

The collaborative work for daily diet

- Husband and wives have own field and garden.
- They do agricultural work in collaboration with spouses, other household members and other people who helped them
- Husbands sometimes give a part of the harvest to their wife and other people who helped them
- Wife sells crops picked, buys condiment, oil, salt and so on →prepare meal

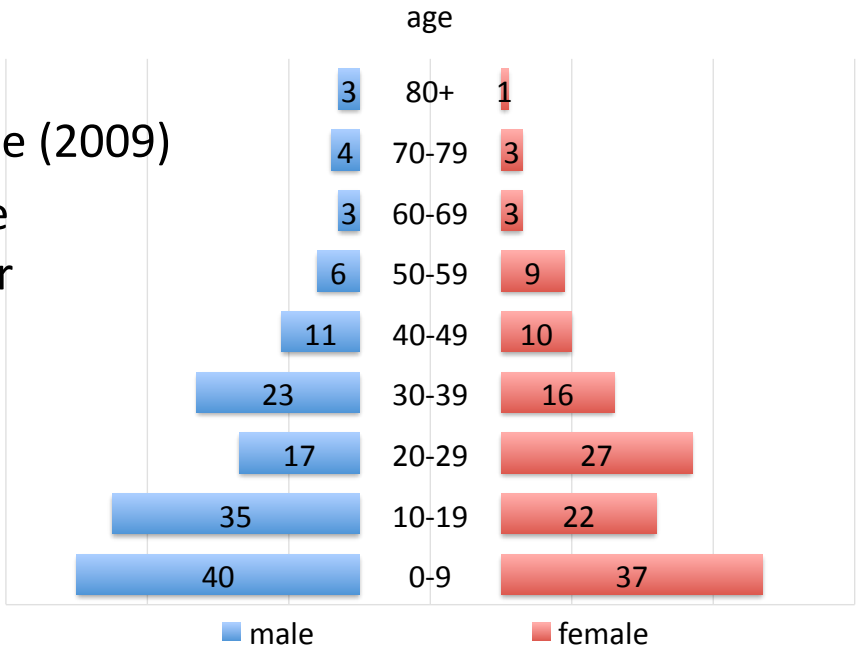
Residence pattern in Aari

- Household: based on nuclear family
- Average No. of household composition: 4 (1~12)
- Each adult has his/her own house
- People are less likely to move from their original residence
  - "The Aari think it best that people stay in their own villages to work in farms, take care of their cattle, and keep the house in order [Kaneko 2013]"

PHYSICAL CONDITION OF THE ELDERLY

The Aari elderly in Zelet

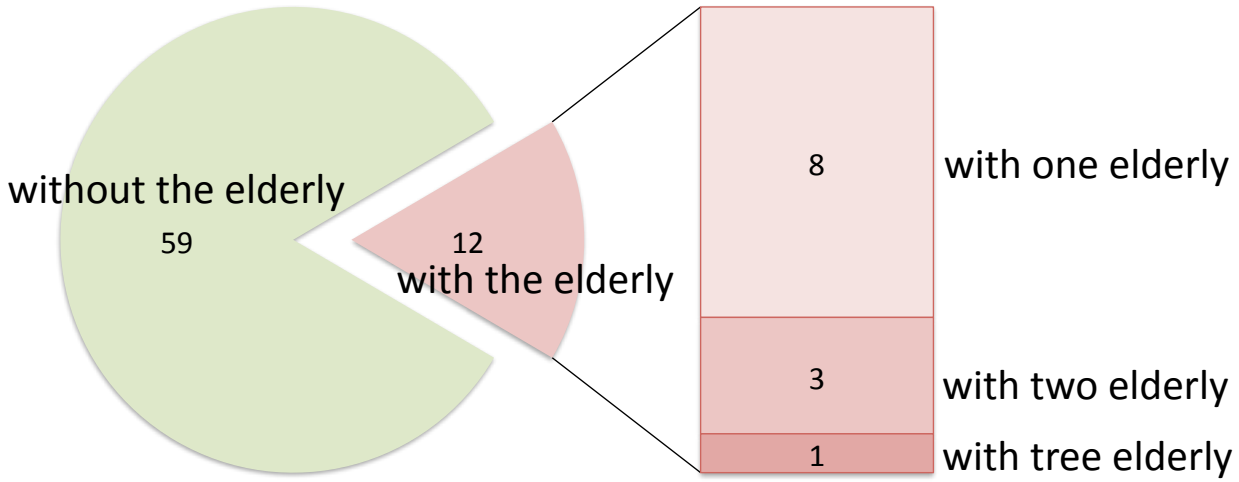
- Called "*galta*"
- 17 *galta* people (2009)
- All of them are estimated over 60 years old



Population pyramid of Zelet (data collected in 2009)

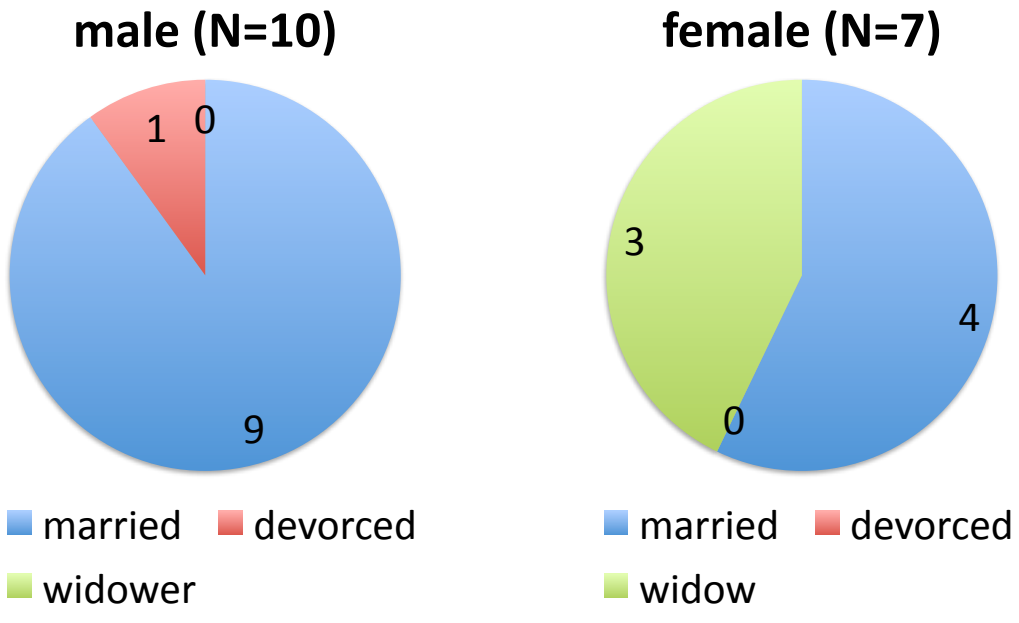
Number of the elderly per household

- 12/71 households(17%) have one or more elderly



[N=71]data collected in 2009

Marital status of elderly by sex



data collected in 2009

Physical condition of the elderly

- ADL (Activities of Daily Livings) evaluation: all the elderly were able to perform it [Noguchi 2013]
- They have developed problems such as hearing loss, visual degradation and joint pain
- Most of male elders reduce their physical work such as ox-plowing but they are responsible for it
- Elder women also continue their domestic work as long as they can
  - Only gathering twigs for firewood / cooking quickly / getting water with small jerrican

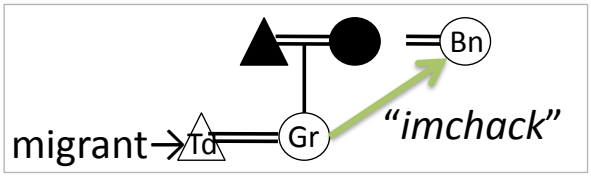
LIVING ARRANGEMENT OF THE ELDERLY

With whom do the elderly live?

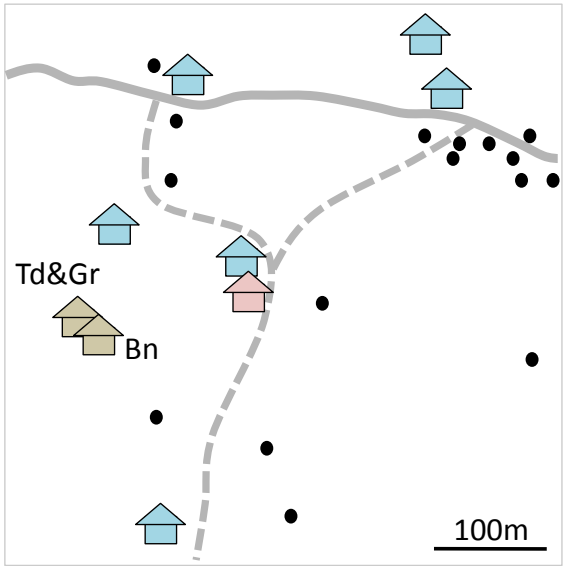
	husband (year)	wife (year)	near/with son	near/ with daughter	with people in other relation
1	Ag (90)	Bi (90)	×	×	
2	Td (85)	Gr (60)	×	×	Bn (75): Gr's step mother
3	Ak (75)	Lt (55)	○	×	
4	Gi (75)	Da (70)	○	×	
5	Ga (70)	Yi (55)	○	×	
6	Ed (70)	Br (60)	○	×	
7	Bt (65)	Tr (45)	○	×	
8	Yj (60)	It (45)	×	○	
9	At (60)	Ha (50)	×	×	Son of At's sister
10	Be (85)	×(divorced)	○	○	
11	×(past)	Bj (75)	×	×	late husband's son
12	×(past)	Ta (65)	○	×	

Case study of a widow and elderly couple

- Mr. Td (85) and Ms. Gr (60) are spouses living with Ms. Bn (75)



- Both of them (Bn & Gr) allowed to remain the deceased person's place
  - Gr can get job to get money or harvest
  - Bn asks money or food



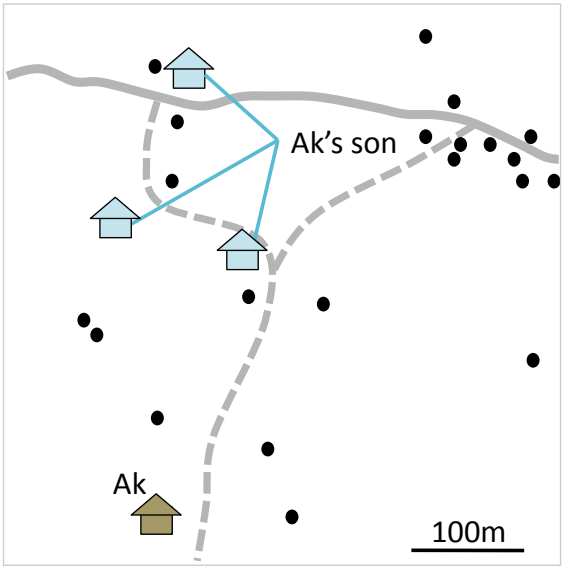
Gr's kin

Grandchild of Bn's late husband

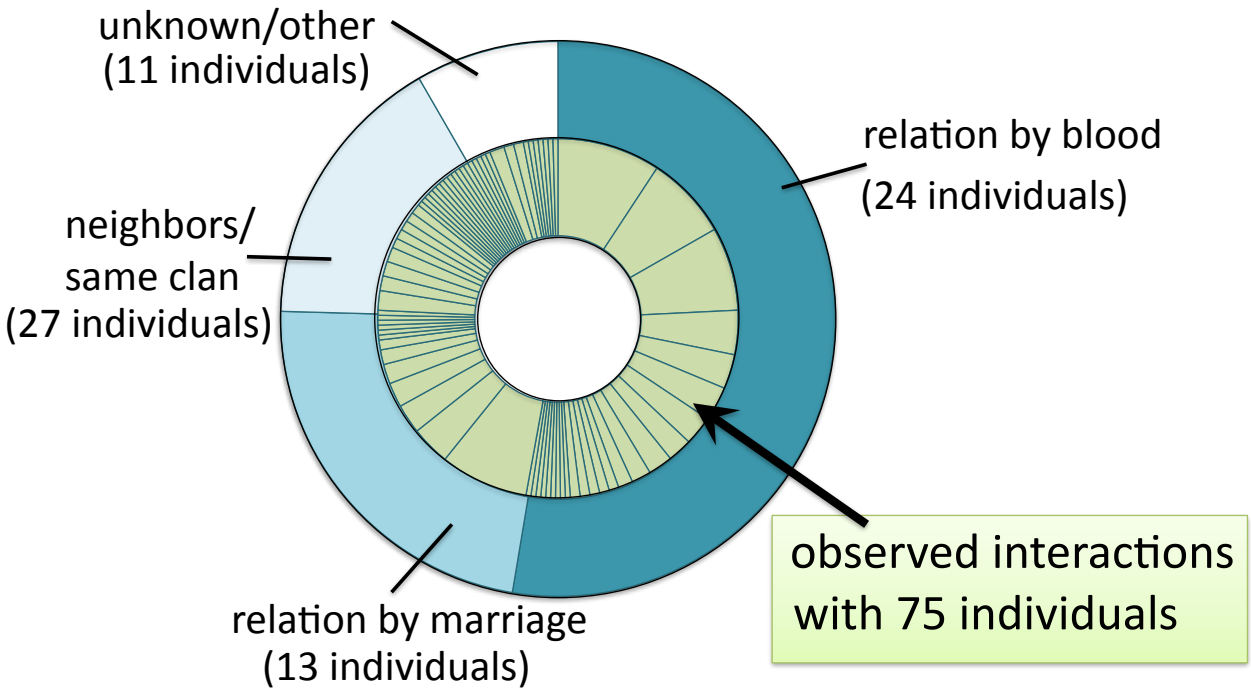
Case study of the elderly with wife, living near his sons

- Mr. Ak (75)
  - Lives with his wife (55) and one of his son (15)
  - All his 3 married sons live nearby

  →they work together
    - Ak has oxen
    - Sons plow their field and Ak's field with Ak's oxen



Ak's interactions observed during the 74 days in 2009 [N=393]



Interactions with association

- *Idir*: communal association mainly for holding funerals in the location
- All the residence have to pay weekly payments
- Taking an important role for elderly:
  - Construct a house if necessary
  - Lend money to the elders who cannot work hard and no children
  - If he/she refused the weekly payments, he/she cannot receive these support

Summary of the finding

- Each elderly has different way of living arrangements
  - Based on the reciprocity
  - With their kin, each individuals, association and the community

The elderly could have much larger social network than we expect

Further research plan

- The relation between the social interaction and their daily activities of the elderly
  - The intensity of their activities
  - The spatial distribution
- The range of their reciprocal relation and its history
- Focus on “new *galta*”

→The potential of the social network and of the elderly themselves as people who can adapt problems

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Meaning of “Aging” for Women

Comparison of Kenya and Japan

Kaori AMP MIYACHI
Saga University

Gerontology has been a wide theme in several academic fields. As far, the natural and social sciences researchers are mostly focusing on the problems coming to the age of elderly, compared to the younger one. In Japan, “aging” become social issues and it is considered sometimes to be “problems”, and there are variety of services and businesses to support elderly people. It is getting to be wide from the basic services in public health and to make a profit such as “anti-aging” cosmetics etc.

Since 1990s, I have carried out several anthropological researches in the western part of Kenya, Kisii, and focused on women’s life stage events. I recognized it that it has been important in the society to step up life stages based on life events, like circumcision, marriage, and childbirth. Therefore women, who do not marry, nor bear children, are in the disgraced position, and the same time, there are several practices of adaptation of children and so on. In Japan, nowadays the percent of woman who do not marry is increasing, and it is not so surprising the couple decide not to have a child after the marriage. The declining of birthrate is social problem to increase the speed of aging in Japan. But for many women, to bear a child means to give up their carriers and women has to choose “to be a mother” or to raise her career.

In this paper, I would like to describe the differences between Kenyan local community and Japanese ones, raising some examples, focusing on elderly women in the society.

The 1st International Workshop on *"Aging in Africa and Asia: Perspective and Prospective from Public Health and Ethnography"* @Shimba Lodge Hotel, Kwale, Kenya

Meaning of "Aging" for Women: Comparison of Kenya and Japan

Kaori AMP MIYACHI
Assistant Professor, Office for Gender Equality Promotion, Saga University, Japan

Self-introduction

- Social Anthropology (Anthropology of Development)
- Work to promote reproductive health rights (international NGO, JICA, UNFPA projects) and gender equality promotion activity in Saga University
- While in Nagasaki University during 2009-2012, carried out researches on TBA and pregnant women in Mbita using HDSS data

Today's Topics

- Observation from the field work in rural community in Kisii (in 2000 and in 2011)
- The women's situation in Japan

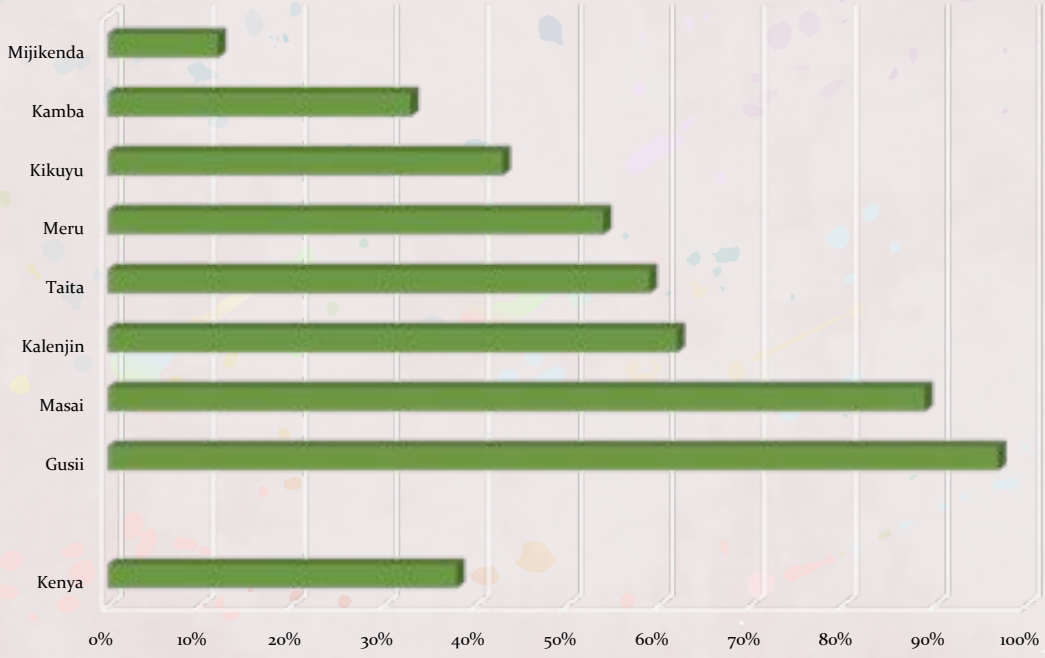
Table 1 : Life Stages

	Female	Male
Infant	*ekengwerere*	*ekengwerere*
Before circumcision	*egesagaane*	*omoisia*
After circumcision	*omoiseke*	*omomura*
After marriage	*omosubaati*	
Elderly	*omongina*	*omogaaka*

[LeVine 1994: 81]

Ceremony of the rite of passage

Figure 1: Prevalence of Circumcision among Women Aged 15 to 49 by Ethnic Groups



[KDHS 1999:169] In 2010 KDHS report, the prevalence of FC among the Gusii has not substantially changed, having decreased only to 96%.

Findings

- After the circumcision of grandchildren, grandmothers are considered to be into the top of their life stages. Respect ("*amasikani*") is important in the society.
- Mainly, last born (son) in a same compound take care parents.

The women's situation in Japan

Women as a “Christmas cake” in 1980’s…

Average age of marriage and childbirth among Japanese women

Women in Japan

- Younger is better!?

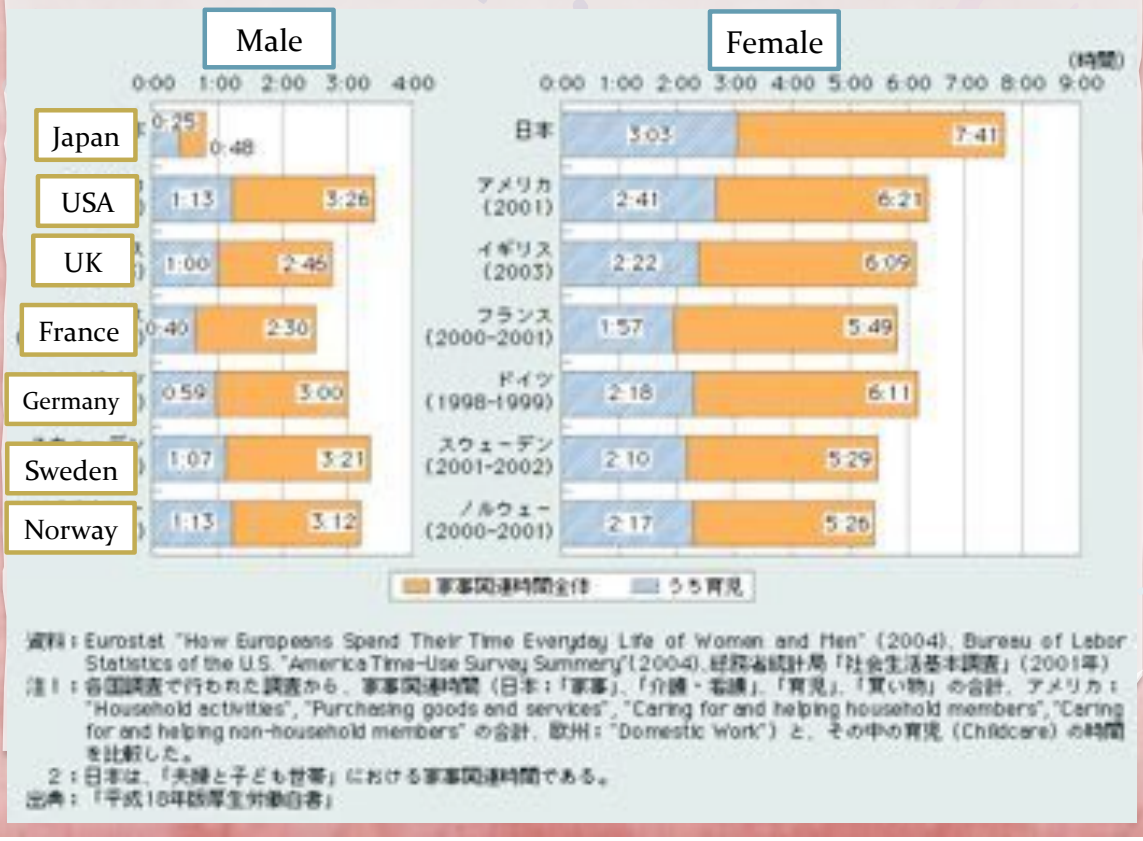
  For example,

  - Teenage idols…
  - Anti-aging cosmetics

  (In France, they say that women is beautiful from 40s…)

- Recently, not so much social pressure to marriage nor having children (cf. DINKS, single…)

International comparison of domestic work hours



資料：Eurostat "How Europeans Spend Their Time Everyday Life of Women and Men" (2004), Bureau of Labor Statistics of the U.S. "America Time-Use Survey Summery"(2004),総務省統計局「社会生活基本調査」(2001年)

注1：各国調査で行われた調査から、家事関連時間（日本：「家事」、「介護・看護」、「育児」、「買い物」の合計、アメリカ："Household activities", "Purchasing goods and services", "Caring for and helping household members", "Caring for and helping non-household members" の合計、欧州："Domestic Work"）と、その中の育児（Childcare）の時間を比較した。

2：日本は、「夫婦と子ども世帯」における家事関連時間である。

出典：「平成18年版厚生労働白書」

Findings

- Women in Japan to choose “marriage” or “career” or “care taker”?
- Women spend more time in care taking of their families.
- In rural community in Kisii, social system to respect elders and care by families.

Asante sana!

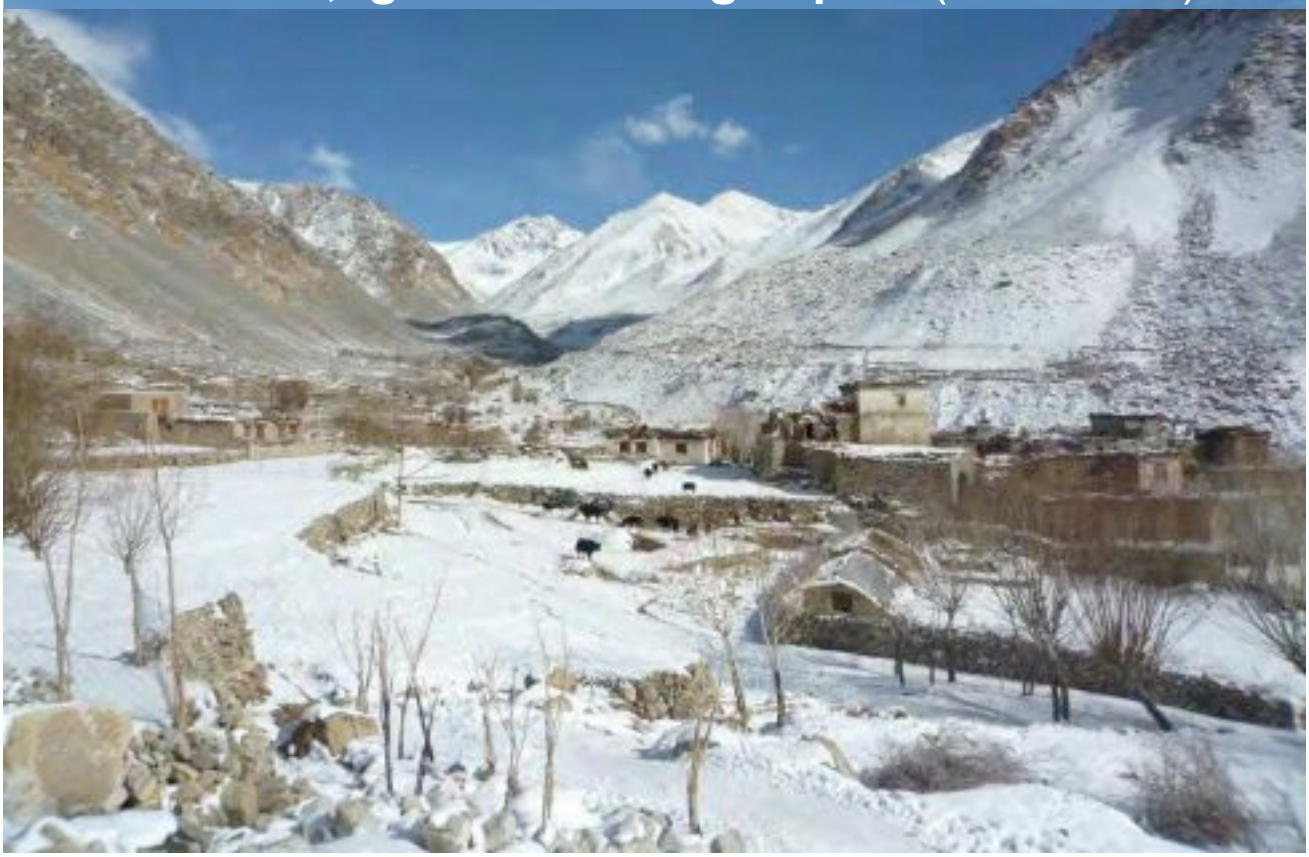
Tutaonana tena!

kmiyachi@cc.saga-u.ac.jp

Human Life, Aging and Disease in High-Altitude Environments:
Physio-medical, Ecological and Cultural Adaptation in “Highland Civilization”

Dr. Shinji MIYAMOTO
(Associate Prof. Okayama University of JAPAN)
Project leader
Dr. Kiyohito OKUMIYA
(Associate Prof, Kyoto University, JAPAN)

Low oxygen, low temperatures and limited natural resource, global warming impact (IPCC2007)



Aging and Diseases－ Quality of life

Old people

・Effects of high-altitude environments have accumulated in the human body in their long life.
・ They may be vulnerable to recent changes.

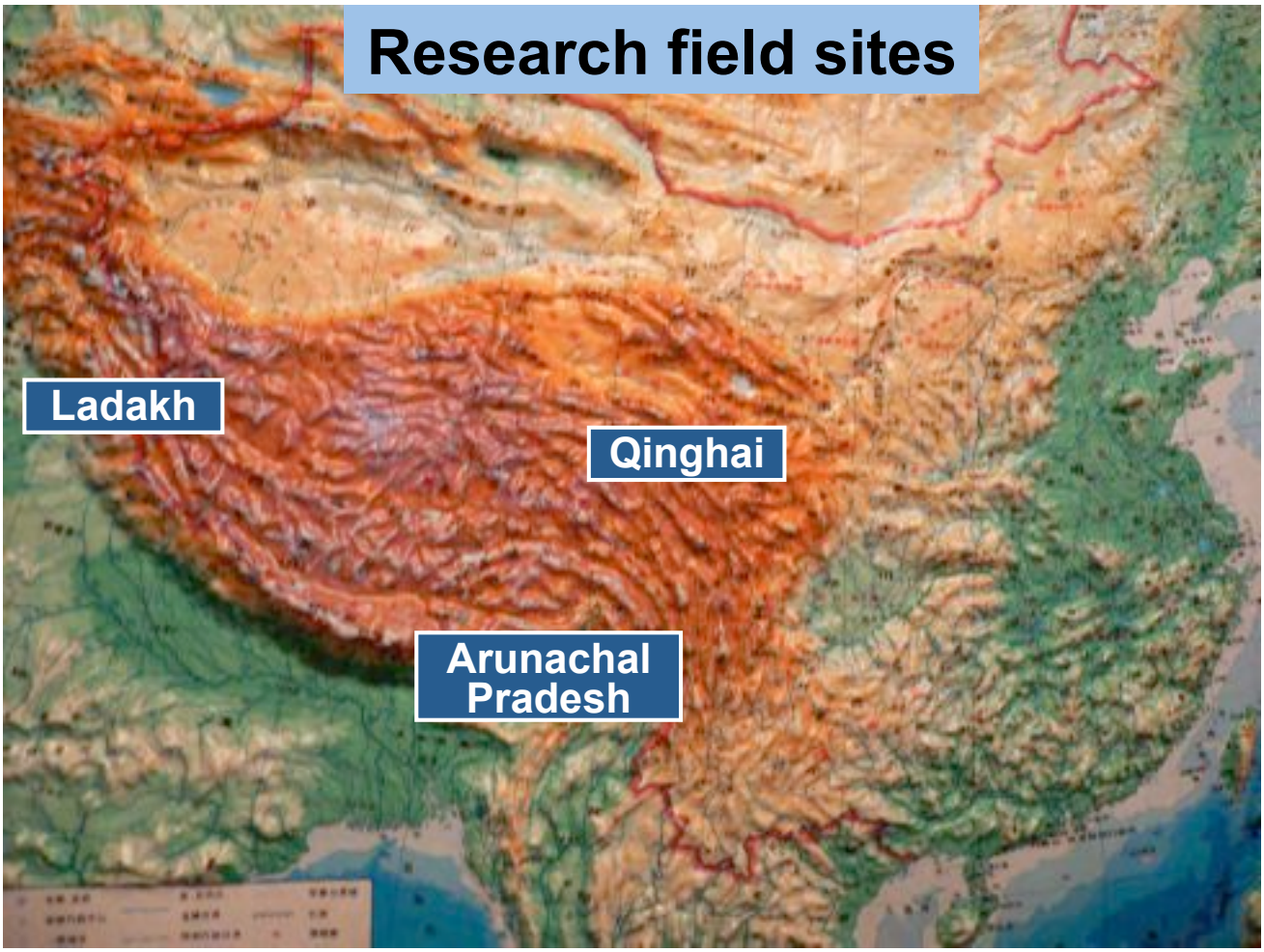
Research Objectives

1. We explore new perspectives regarding how people live in high-altitude environments. We focus on aging problems and lifestyle-related diseases because we regard these as manifestations of global environmental issues in the human body.

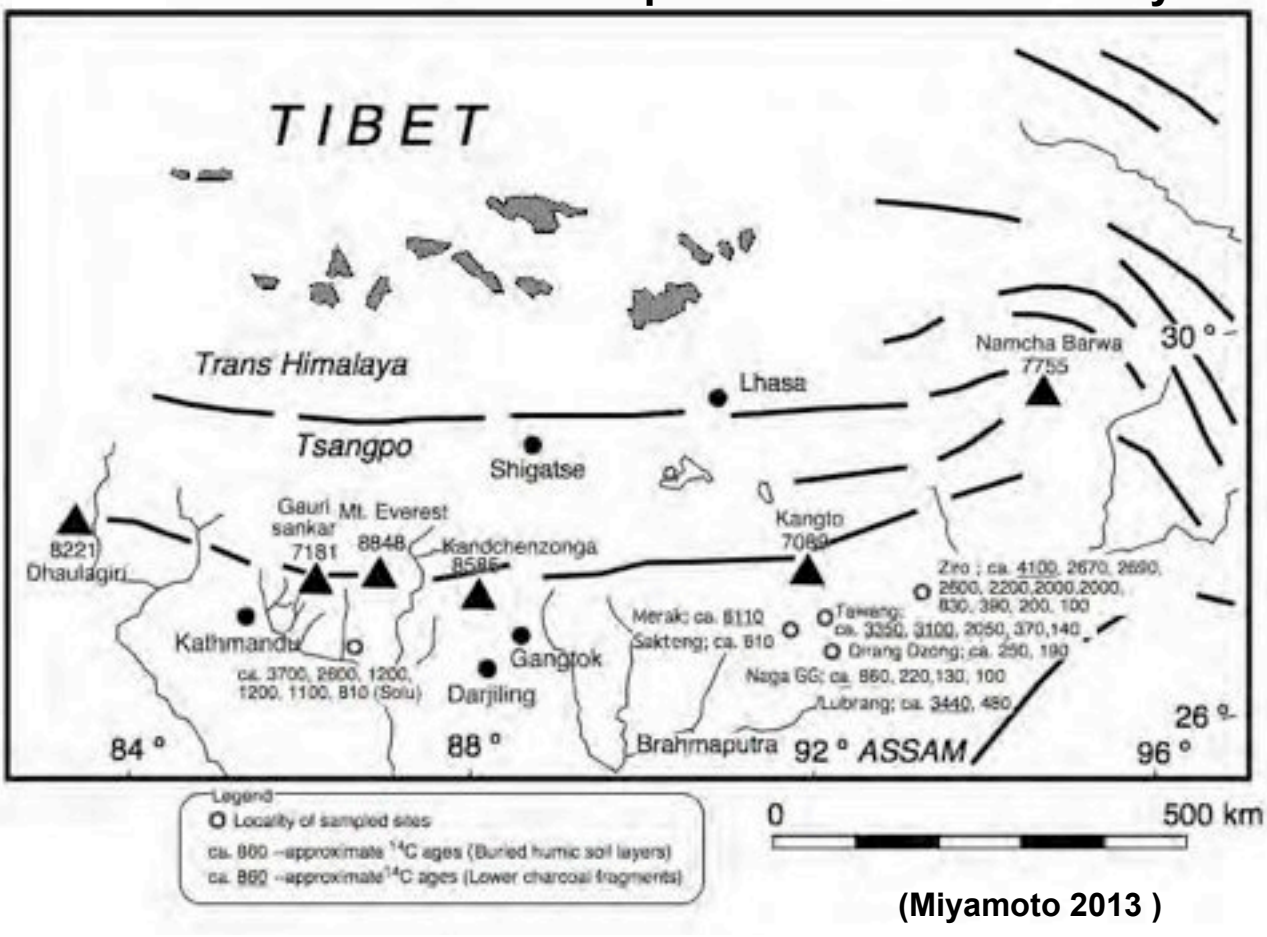
2. We clarify “Highland Civilization”, from the viewpoint of ecological and cultural adaptations to high-altitude environments, physiological adaptations, and how recent changes in lifestyle have affected quality of life (QOL) among the elderly.

Structure of the Presentation

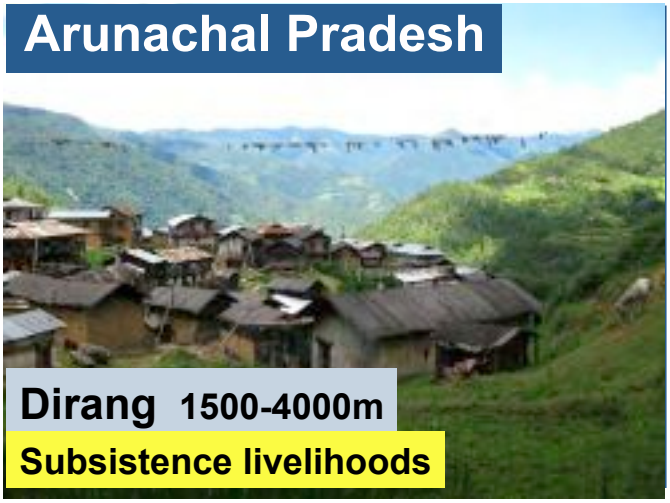
1. Research Objective
2. **Research Framework**
3. Progress of the Research
4. Improvement following Comments of the Evaluation Committee



Historical Land Development in Eastern Himalaya.



(Miyamoto 2013)



Time-series chart on Tibetan Plateau

Time

Human beings started to stay on Tibetan Plateau

Physiological adaptation to hypoxia

The rise of the T'u-fan Kingdom

Tibetan Civilization
Ecological / cultural adaptation

Last 50 Years

Modern cultural change in Tibet

Recent Transformation of Tibetan Civilization

Stein 1987
Aldenderfer 2003

Recent lifestyle change (Case of Ladakh)

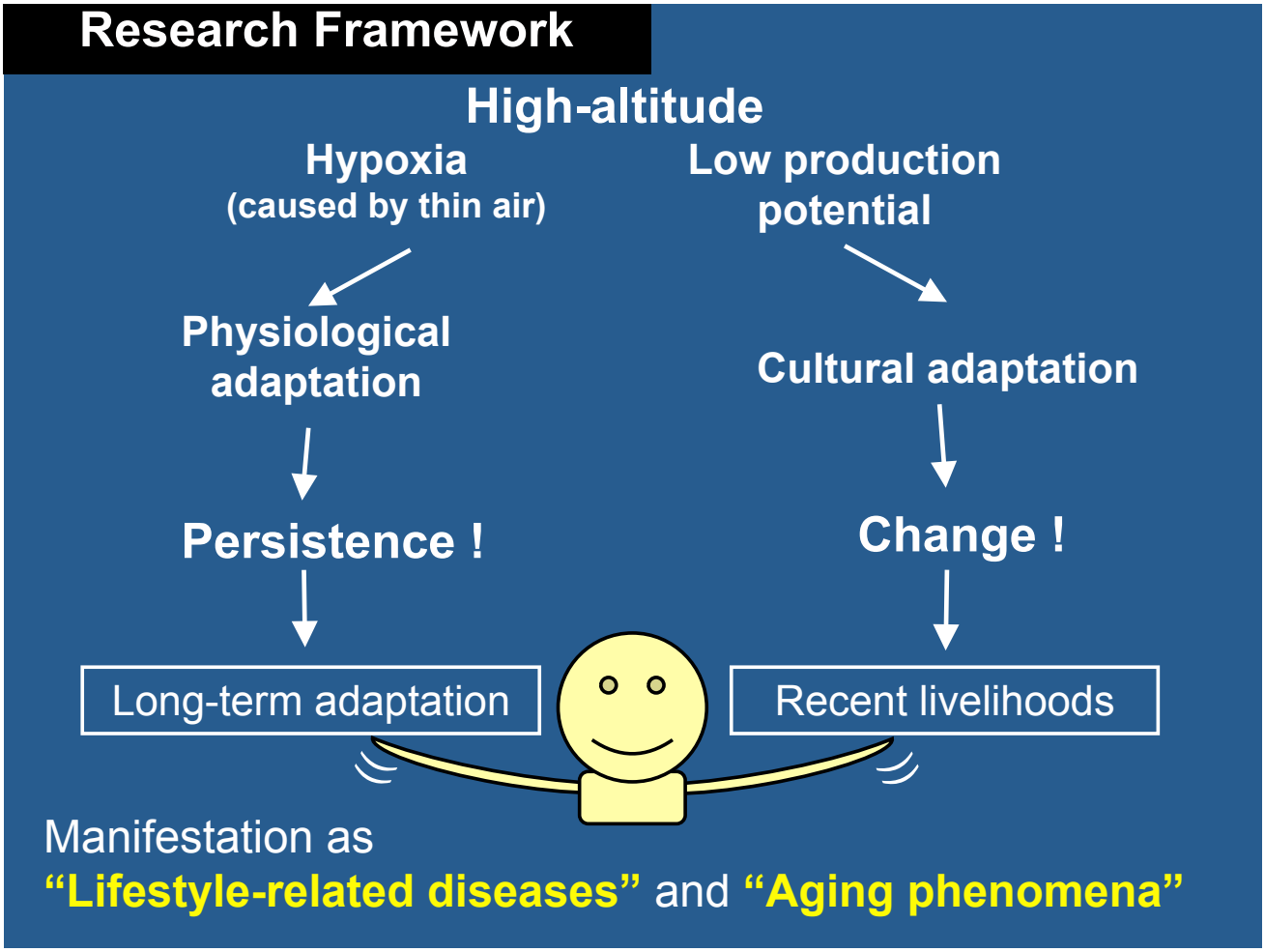
Dependence on army

Penetration of market economy

Progress in transportation

Population flow to cities

Research Framework



Organization

Project leader (Okumiya)

integrating committee (core project members)

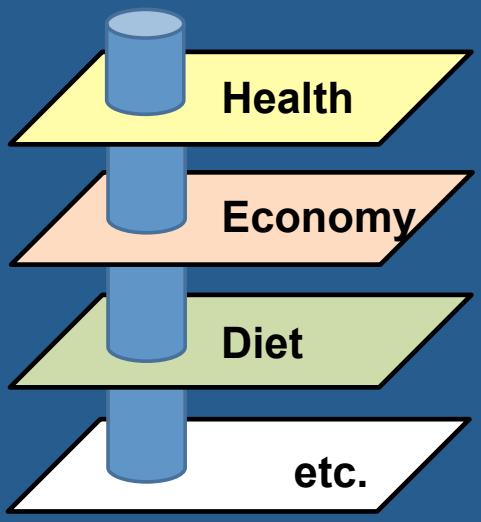
Qinghai	Ladakh	Arunachal Pradesh
(Qinghai University)	(LIP, LEDeG)	(Rajiv Gandhi University)

Medical group (Okumiya)	**Nutritional status Lifestyle-related diseases & prognosis Aging phenomena**
Cultural group (Tsukihara)	**Life-history, Diet, Livelihood change Traditional healing, Movement to cities**
Ecological group (Takeda)	**Temperature, precipitation, Climate change Vegetation, Land use change**

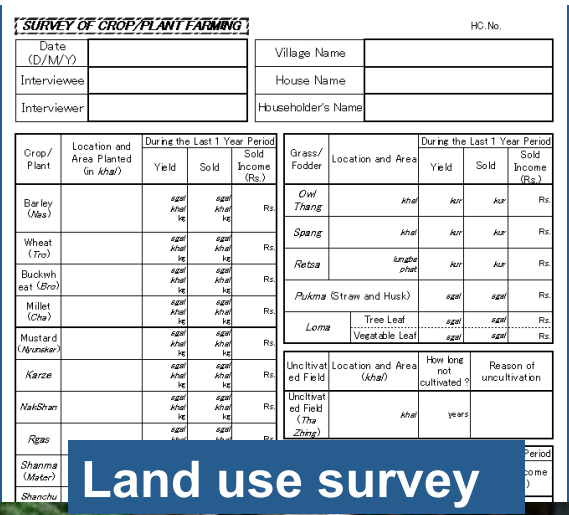
Integration of data using a household database

Resident lists of every households in the respective research sites.

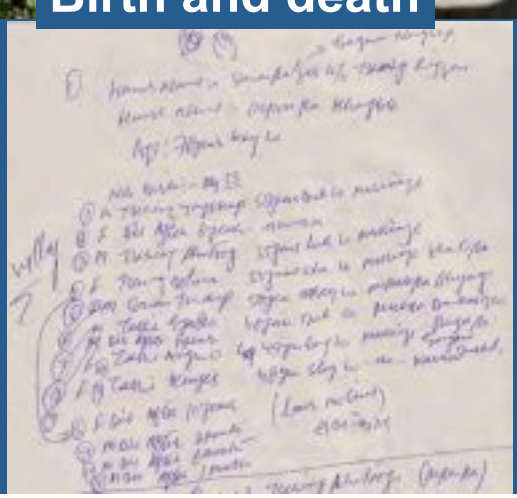
Household data



Birth and death



Land use survey



Medical checkups in collaboration with local health staff

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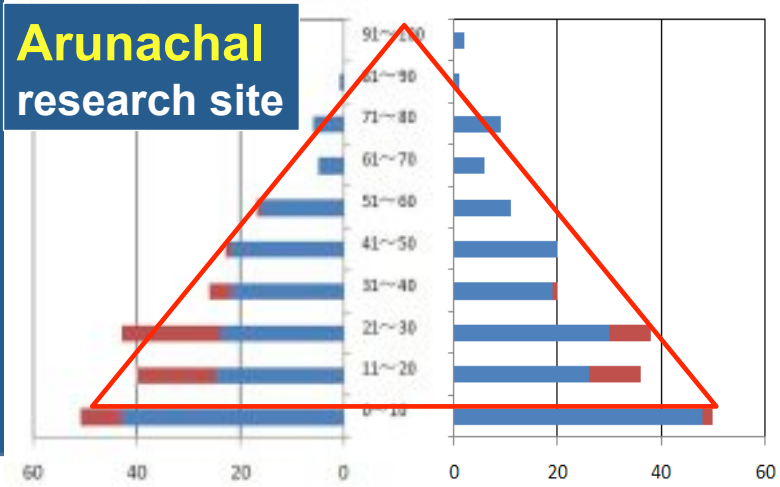
Age pyramid of population

Arunachal
research site



Ladakh
research site

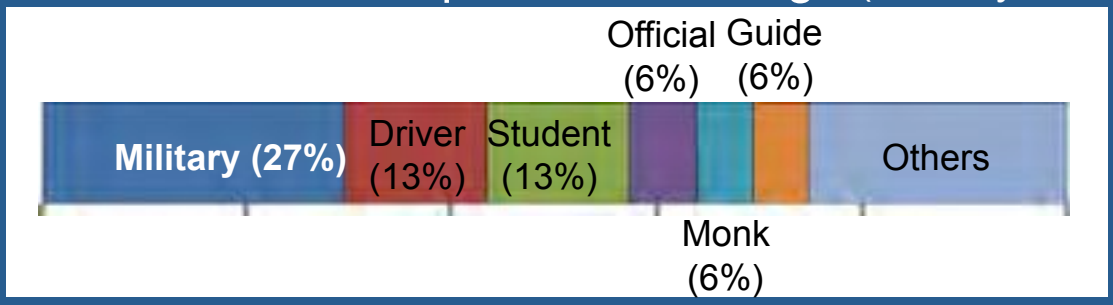
Dwelling in village

Dwelling outside village

Yamaguchi, Kosaka 2010 in press

Off-farm work and income (Case of Ladakh)

Off-farm work of People outside village (20-60 years old)



Difference of income by occupation (Rp/year)

Military	200,000～
Carrier in military camp	30,000～60,000
Day worker (2 months)	15,000～
Cash income by farming	Average 5500 (0～30,000)

Yamaguchi 2010 in press

Change in dietary habit (Case of Ladakh)

Low ratio of food self-sufficiency

Per day	Calories		Carbohydrate	
	kcal	(%)	g	(%)
Total intake	2128	100	374	100
Self-sufficiency	537	25	118	32
Dependence on market	1591	75	256	68

Cheap food supply from government

Rice 650Rs/50kg

Wheat 420Rs/50kg

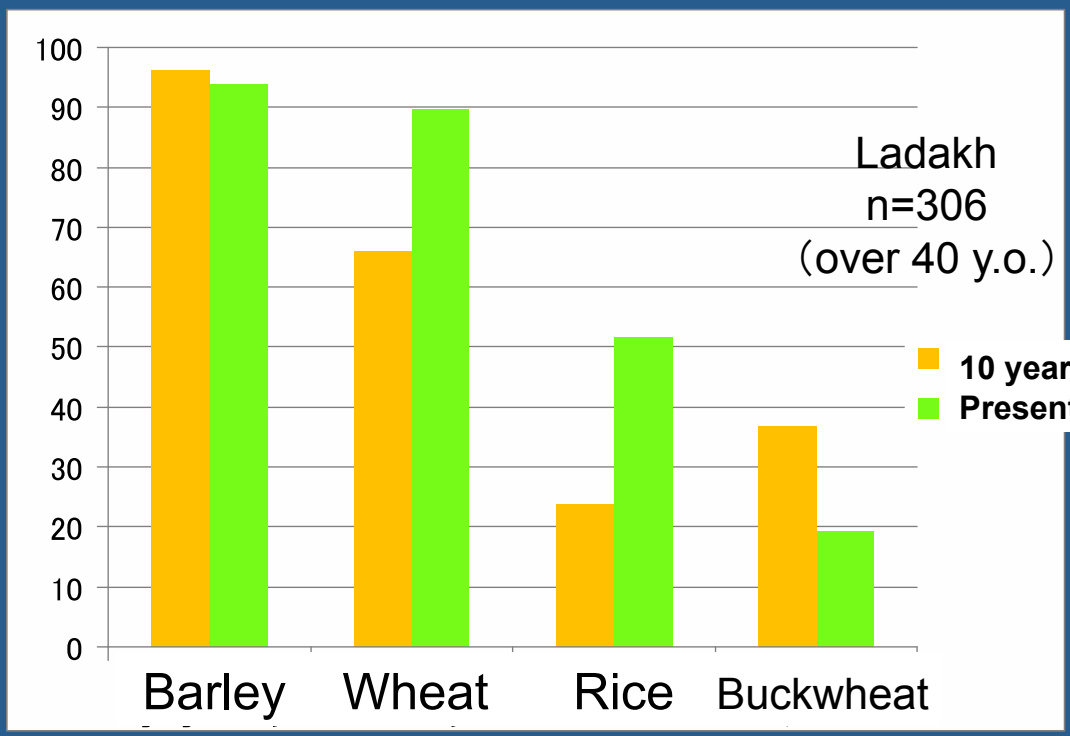
Sugar 14Rs/kg

Subsistence economy
→ Market economy

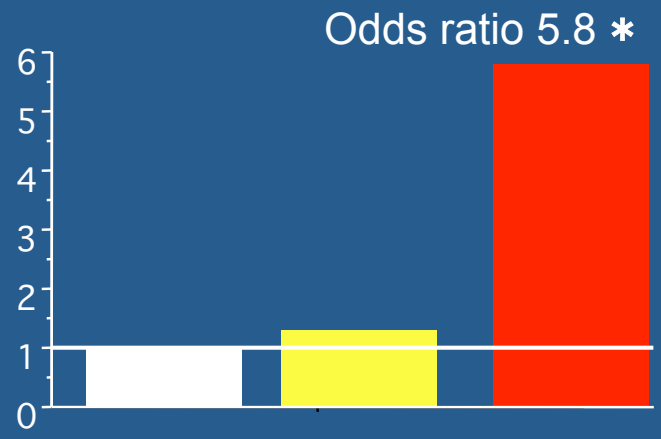
Hirata 2010 in press

Changing intake of grains

(intake more than 3 times /week)



Changing intake of grains and risk of Diabetes/ pre-diabetes

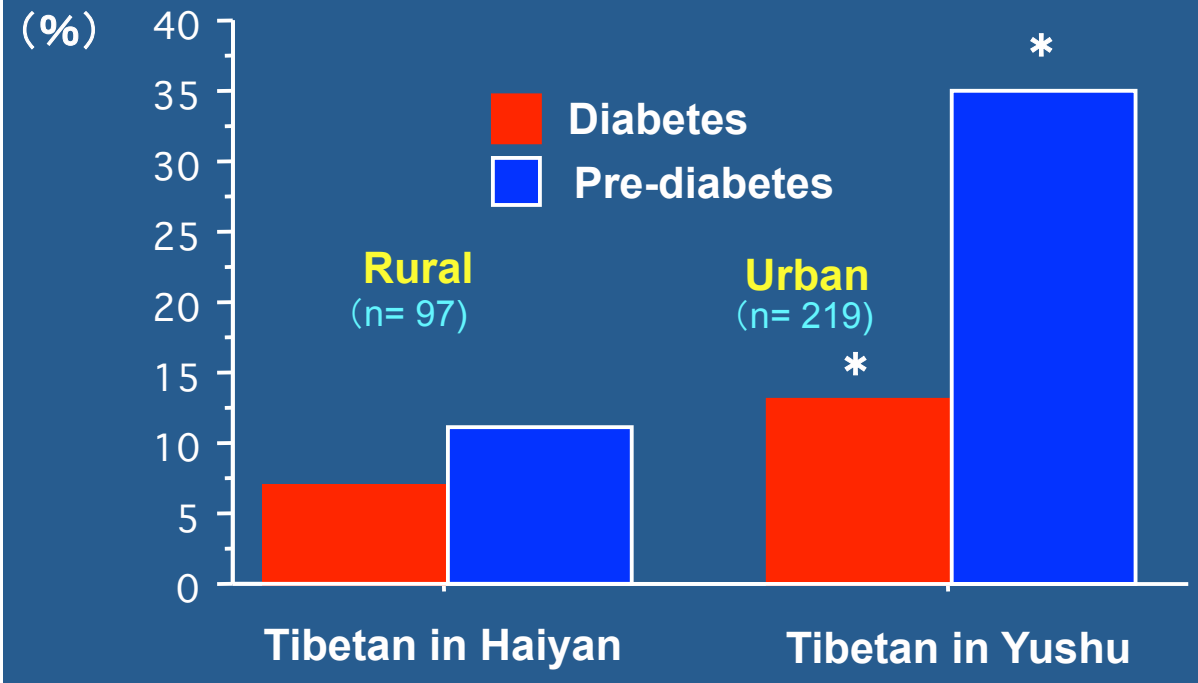


Ladakh
n=115
(over 60 y.o.)

Wheat	No change or Decrease	Increase	**Increase**
Barley	No change or Increase or Decrease	No change or Increase	**Decrease**

New finding

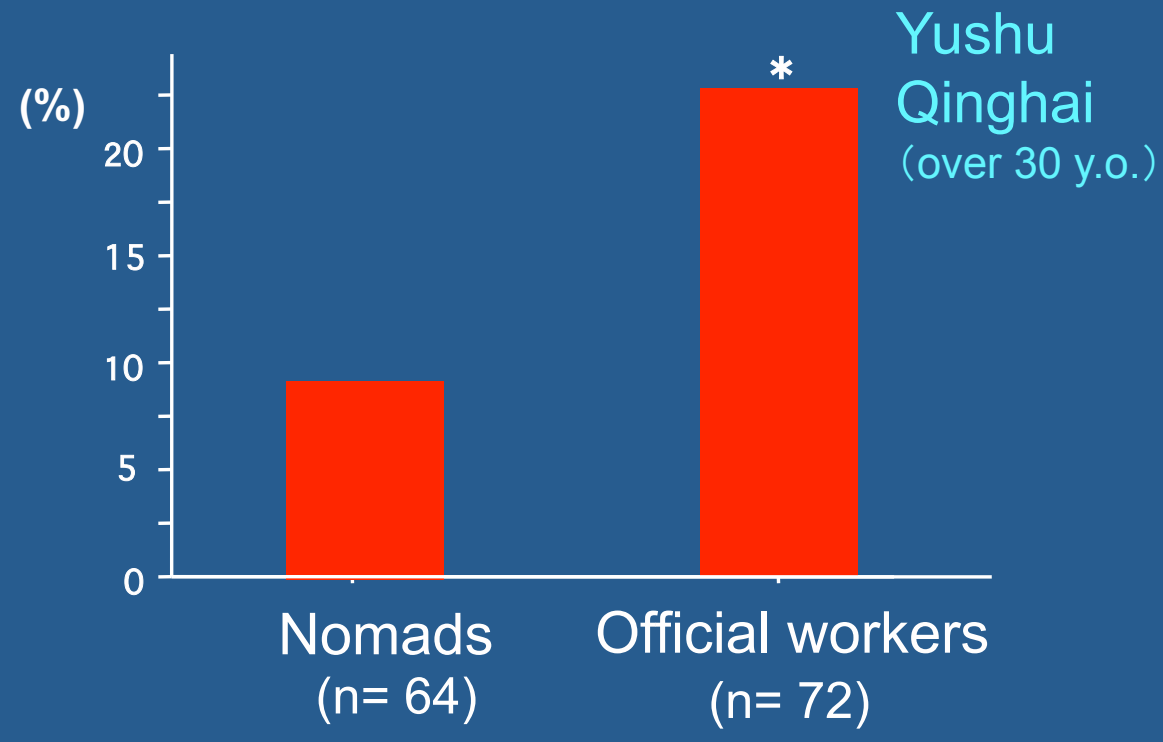
Higher prevalence of diabetes and pre-diabetes in Tibetan in Yushu (urban) than Haiyan(rural)



New finding

Okumiya 2009

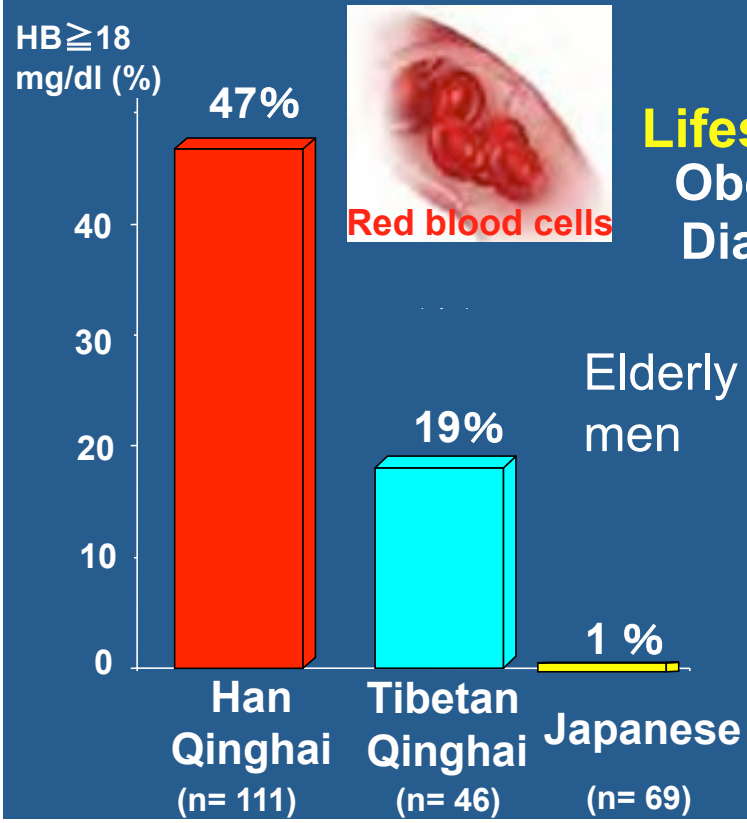
Higher prevalence of diabetes in official workers compared with nomads



New finding

Increased red blood cells: Han people >Tibetan

Differences in the history of adaptation to hypoxia



New finding

Lifestyle-related disease

Obesity Hypertension

Diabetes

Okumiya 2009

How is the association of different hypoxic adaptation and lifestyle-related diseases ?

Andes

Increase in Red blood cells

Tibet

Increase in blood flow

Ethiopia

High saturation of oxygen

Beall 2006

New findings

1) Changes in lifestyles under pressure from economic changes have brought about increases in the prevalence of lifestyle-related diseases and change of aging phenomena.

2) Increase in the prevalence of diabetes mellitus was strongly associated with increases in hemoglobin levels caused by adaptation to hypoxia.

3) Lifestyle-related diseases and aging are influenced by the interrelationships between long-term adaptation to the environment and recent use of the environment.

“Highland civilization”

A system with various apparatuses and institutions for ecological and cultural adaptation in high-altitude environments.

	Traditional aspects	Recent change
Ecological space	wise use of limited natural resources	→ Threat of global warming
Society	Networks connecting different ecosystems	→ Divided by nation border Improved accessibility
Economics	Agro-pastoral linkage & trade	→ Subsistence economy →Market economy
Unity in mind	Tibetan Buddhism	→ Areligious in young people

How to adapt to change

Difference of change of the regions

Arunachal	Conservation of traditional lifestyles , while prevailing of food supply	Low prevalence of diabetes
Ladakh	Dependence on tourism and army strategically important region in border conflict. Penetration of food supply	Increase of pre-diabetes
Qinghai	Livestock farming→ Collection of herval medicine Immigration by environment strategy. Urbanization	High prevalence of obesity, hypertension and diabetes

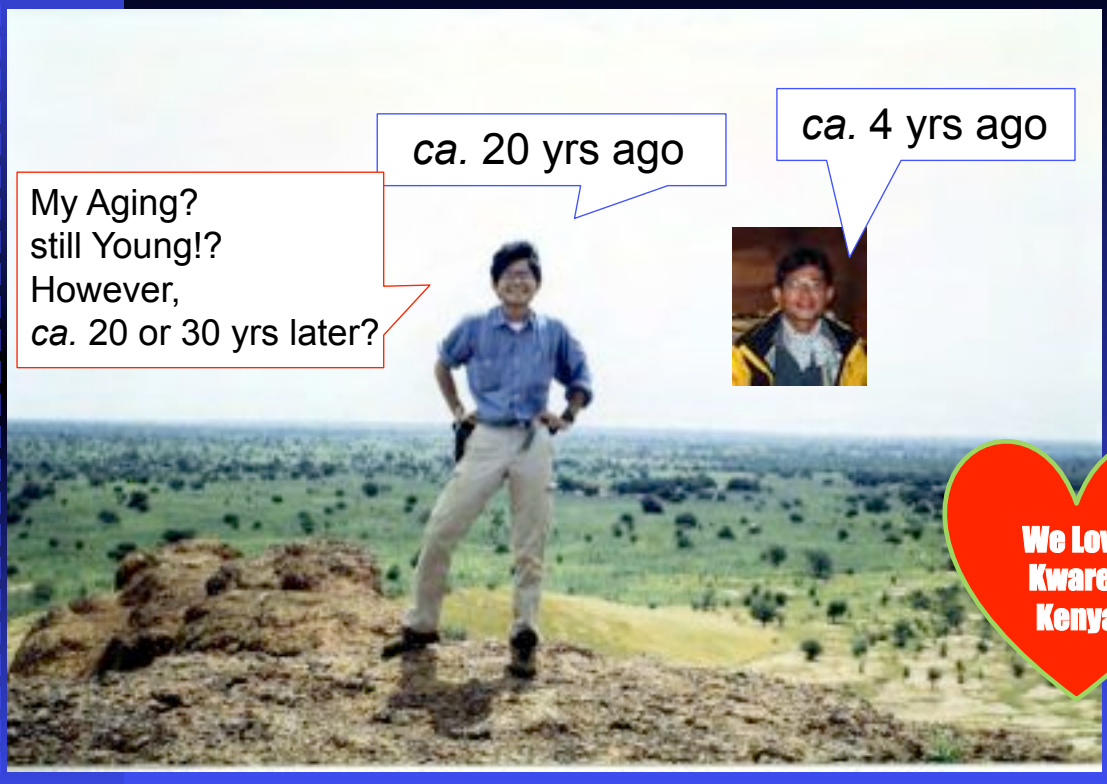
Manifestations of global environmental issues in the human body

1) Highland civilizations are changing under the twin influences of socioeconomic globalization and global warming.

2) Lifestyle-related diseases and change of aging are brought about by the interrelationship between long adaptation to environments and recent environment use.

3) Disease prevention, health promotion and improvement of QOL in highland peoples will require reconsideration of present lifestyles and the future of modern civilization.

Thank you. I'm very happy to back to "AFRICA"



First Africa, Cameroon. Aug. 1993. Photo by Prof. Hiroshi KADOMURA