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Speaker 1 ([00:00](#)):

The Gerontological Society of America, meaningful lives as we age.

Speaker 2 ([00:05](#)):

Welcome to our podcast series on Aging in developing countries. I'm Barbara Bowers, um, Amer professor at the University of Wisconsin Madison School of Nursing. And I'm here with Dr. Jing Wang, who is an assistant professor at the University of New Hampshire. This presentation is part of a podcast series that we're trying to provide some insight into how culture, competing population health priorities, political conflict and resource limitations influence older people, their families and paid caregivers. In, we've selected six nations along a trajectory of economic development. So why are we doing this? Why focus on developing countries? Well, I think most people are surprised to learn that out of an estimated 2 billion older adults who will represent 22% of the global population in 2050, 80% of these older people will be living in developing countries. And contrary to what most people believe, about two thirds of people living with dementia currently live in low income and middle income countries.

Speaker 2 ([01:03](#)):

So this is not, as a lot of people have thought a problem of wealthier nations. Well, it is, but not, certainly not wealthier nations alone. The impact of population aging is generally recognized and studied pretty extensively in developed countries, but we really know much less about what the experience is in low income countries as populations age and, and the aging population expands. We don't really know how developing countries have been responding to aging. The rapid population aging in many development con developing countries has also reflects a shift from primarily infectious diseases to chronic and age-related conditions. And this really, the rapidity of the aging has left little time for peoples who respond for the countries to respond to the aging. So today's guest will be Nagu Shiru, who is from Ethiopia. He's a student at the University of Adelaide in Australia. Um, and he has two master's degrees, one in clinical epidemiology from the University of Gren in the Netherlands, and adult health nursing from Sababa, uh, university in Ethiopia.

Speaker 2 ([02:18](#)):

He is also an assistant professor at De Baron University and worked at the same university in different positions for a while as dean of the College of Health Sciences for three years and is head of the nursing department for two years. So has a lot of experience. To bring a little bit about Ethiopia. Ethiopia is a low income developing country with one of the fastest growing populations in Africa. It's second only to Nigeria in terms of population has sort of amazing. Ethiopia has grown from 18 million people in 1950 to 120 million today. Similar to other developing countries, Ethiopia has a relatively young population as other developing countries. They really use 60 as the entry into old age rather than 65, but that'll probably change as the population ages. Right now, only 5% of their population is over 50. So, as I said, a pretty young population.

Speaker 2 ([03:12](#)):

Their life expectancy is only 68 and a half years, uh, from five though in 1990. So certainly they've made quite a bit of progress. Like other developing countries. The percentage of older adults, however, is increasing rapidly driven partly by a dramatic drop in the fertility rate as is common, uh, across the world. And they've experienced a significant amount of out migration. Although it declined for a few years, it's trending up again. And this is mostly young people leaving the country to find opportunities in other places in more developed countries. Prior to 2015, infectious diseases and infant mortality were the leading causes of death in Ethiopia. But since then there's been a significant shift reduced deaths related to communicable diseases and nutritional deficiencies and maternal neonatal deaths and an increase in deaths, uh, from chronic illnesses and people who are aging. So they've achieved an impressive impact on infant mortality and infectious disease treatment. At the same time, communicable diseases like cardiovascular conditions, diabetes, cancer, chronic respiratory illnesses really have figured prominently in death rates in Ethiopia. And this has clearly created new challenges for the country. Some of these challenges are gonna be discussed by our guest Negu Shiru today. So I will let Dr. Jing Wang and Nagu Shiru take it from here.

Speaker 3 ([04:37](#)):

Thank you for the introduction Dr. Blu. Hello Nagu. Welcome to our podcast. We're so honored to have you with us and talk about elder care in Ethiopia. How do people think about aging, caring older adults? What to expect when you are older in Ethiopia? Could you just give us some general ideas about aging in Ethiopia?

Speaker 4 ([05:02](#)):

In Ethiopia, like, uh, aging is like considered as as normal part of life. And like for example, having a disease or having a while, uh, doing aging is normal in Ethiopia. Even the care is not much structured for those old adults, especially for age population. Therefore like being I or being sick, while all is not as such a big deal.

Speaker 3 ([05:29](#)):

So how do other people feel about older people in their family? Are they respected or are they considered as a burden?

Speaker 4 ([05:39](#)):

The good quality of Ethiopian community, especially for elders, we try to respect our families with respect the elder for every person's care for the old diet. But the problem is like having the formal care is not, there's not that much, but like giving some support, like giving some social recognitions or giving some assistance is just normal. Like for example, any person can give priority for, for all that, that is very much good From Ethiopia for example, while traveling, like in public transport when there is like understand without like having a seat, therefore the person will leave the seat and being chance to to seat and again for example, just the try to close the road, every individuals responsible to assist him while closing. Even the person in Hollywood also assist every older that go there. Yeah.

Speaker 3 ([06:44](#)):

What happens to older people who have no

Speaker 4 ([06:49](#)):

Family's a big problem actually. Yeah. In Ethiopia, most of that are given by those family caregivers and the family like the childrens or the children try to give care of all old adult. But in of old adult having any children or like stuff, I think they're suffering a lot. Like even they will not be silly medical care or they will not be even like buzzing. Even food and shelters will be the basic issue and the the for for that huge, for Ethiopia least to be the family must be there otherwise the old adult will be live in state.

Speaker 3 ([07:30](#)):

So there was a presentation at the Gerontological Society of American meeting on Ethiopia and they were saying that one of the problems in Ethiopia is that there are so many young people migrating that there are fewer people left to take care. Older adults. Adults in Ethiopia. Is that true?

Speaker 4 ([07:52](#)):

Yeah. Yeah. <laugh>, yeah, that's, that is the, the current issue, especially due to the political instability due to like low and like that staff actually most of the young adults or the young population, the country and of them try to move from Ethiopia as that time older adult are living alone.

Speaker 3 ([08:16](#)):

What about finance? Are there other pensions in Ethiopia for older adults or older adults or completely dependent on family members for financial help that they might need?

Speaker 4 ([08:31](#)):

That is a big problem also in Ethiopia. Like we don't have any public pensions. We don't have any like uh, formal support or, or okay. The only is the family are responsible for caring for all. Yeah.

Speaker 3 ([08:45](#)):

Are there training programs for people specialized in care for older adults like nurses, physicians, anybody else?

Speaker 4 ([08:55](#)):

Actually, I know there is a curriculum for the project nurse, but still we don't have a graduate uh, nurse in that programs. Even we don't have uh, medical specialty in geriatrics and the staff.

Speaker 3 ([09:10](#)):

So what do you think are the biggest issues that need to be taken care of in Ethiopia in terms of caring for older adults?

Speaker 4 ([09:21](#)):

Yeah, I think the first issue is our uh, perceptions should be changing. Like for example, having or being older will have uh, sort of kids or sort of chronic illness if of chronic change is one of the big issue in Ethiopia. The other issue the government should involve in care of all, like for example, the government coordinate different, uh, government institutions, different like private institutions. Even the families or the individual stem cells should be involved in the uh, order care, but the system is not as valid for the government should establish the system for that integration. And again, the government also, uh, needs to revise the national policy for all because we don't have any like guidelines. Okay. Yeah. We don't have any standard for long-term care system, Ethiopia, but still we have some voluntary organization in

Ethiopia, but most of the charity or that voluntary are not adequately staff for when we see the staffing profile. Any healthcare professional who is volunteers, who has like free time to go there, center to give to our care for that illness. There is no any formal schedule for the healthcare professional. Everybody who are working there are always voluntary. They're not paid.

Speaker 3 ([10:51](#)):

If someone is 40 years old and have hypertension, would they be treated

Speaker 4 ([10:57](#)):

Still? He'll have the chance to be treated actually. But the problem is they, they didn't receive any thyroid care. Like for example, we have different care life for children, for womens and all that stuff, but we don't have any priority care for all adults. Okay. They treat them as normal individuals. But regarding the person in those like voluntary organizations, actually most of the elders with no family support, with mental illness, with no any like force they try to contain by those foreign organizations. But the entrance or the uh, the entrance is too much difficult in Ethiopia. That is the problem. Yeah. Even like the available s is too much park. Like for example, within three by four rooms there are about eight individuals. You can imagine how like for example, we have like two layer, so adult therefore is very crowded like the snap hygienic and the the adult take adult mental illness should not be asleep with the normal the but to just uh, aggregate them together in the, yeah, when the person have like waiting on the, waiting in that institutions like any voluntary individual type to support that, that two shield can established.

Speaker 4 ([12:32](#)):

Totally volunt actually.

Speaker 3 ([12:34](#)):

So what are some of the challenges that you identify for people age in Ethiopia?

Speaker 4 ([12:42](#)):

Yeah. Most of the challenge for all Ethiopia, actually Ethiopia, there is no insurance system. Like for example, while getting age, they have the adequate service because of like given economical issue for us a country, we don't have any insurance company all the life. And again, in Ethiopia also, we don't have any like long term care institutions which are responsible for older again, and be honest actually there are some voluntary associations and charity organization who are just giving care for still just not covered, not controlled by the government and the industry of charity and the like. Therefore everything is voluntary, therefore there's no check and balance. Therefore it would be I think helpful for all. And again, uh, that that was like, that is given and that, uh, older adult institutions are not adequate enough because they have not adequate staffing. They have no resource allocated for them and like there is no even trained healthcare professional here.

Speaker 4 ([13:59](#)):

Therefore the quality of care by himself is not adequate. Also, everything is just voluntary, especially actually the, the healthcare institution for all of, at least, and especially in the main city, like in the, and there are established data on like the interest of the, the individuals and I think the commit right to collaborate, like passing their holiday with exams support the older European, but there is no government involvement like any resource location or training or uh, for uh, to give care of the older

Ethiopia after the family members, uh, responsible for care provisions. But nowadays like the kinship, uh, care is like declining because everyone is for with other tasks and likely for may not be cared by only the family members. Therefore relying on the family member may not be uh, like may be acceptable, may not be like, uh, I think deliver. I think the government should, and the government, I didn't think of like, uh, developing the like long term care, especially when the person gets age or they'll have like, like, like, like even arthritis become, they can be managed in the life but no one give a care for them.

Speaker 4 ([15:34](#)):

Especially the community even even by healthcare professionals themselves has considered that impairment arthritis and the life considered as the normal part of ping process. They didn't consider it sort of the pathology or the life.

Speaker 3 ([15:50](#)):

And I am assuming that families do not have any training for caring for older adults in Ethiopia.

Speaker 4 ([15:59](#)):

Yes, yes. Obviously there is no formal training for the family member. There is no formal training for healthcare professionals. There is no training even for the voluntary.

Speaker 3 ([16:13](#)):

And you were saying that what happens is that people think arthritis, cognitive impairment and probably mobility problems or just normal parts of aging. So they just don't see those as pathological

Speaker 4 ([16:29](#)):

In Ethiopia when the person develop dementia. I think the C as normal part of aging, therefore they to give careful just part like normal life. Therefore the same happens for even for arthritis for example, arthritis can be treated with different, but the government even as professionals consider arthritis as like the weakness of the muscular systems because of us that dating and the lack, therefore they considered it as like the normal part of life. Yeah. Always in the care system for young adults because they're young, you know, they can be life of older adults usually. Yeah.

Speaker 3 ([17:19](#)):

So do you think there are any concerns or beliefs by the general public that more needs to be done for older people or is there really not a sense that there's a problem?

Speaker 4 ([17:35](#)):

Yeah, uh, currently to internalization thank us to the globalizations, the people the to perceive all aid or older should may have, uh, need care. And the, the community also aware that any illness that will happen in, in all can be treated. And again the care professional should also give appropriate care for that older. That is what uh, the committee currently appreciating. Right.

Speaker 3 ([18:16](#)):

So who in the family is generally responsible for the care of older adults?

Speaker 4 ([18:22](#)):

I, I think one of the problem of like the family being care for older adult is like it has burden for, especially for womens Ethiopian culture, especially the daughters or like the opinions are responsible for giving care for older adult, therefore they will drop from their school. Like they, they will have a burden while caring themselves and the like extra. Therefore I think one of the burden for issue race on the uh, woman's ally. Yeah. Especially lot of the young who is just living garden with their grandparent in the life. Therefore nobody will care of uh, her grandparent and therefore she'll drop from school and she will give care for her grandparent. Especially currently political insecurity in Ethiopia, most of the young male boys are uh, like doing some workers even their inwards in the like stuff. Therefore that is also significantly affect like the significantly affects the life of the wounds, especially the doctors. Yeah.

Speaker 3 ([19:37](#)):

So could you tell us what are the focuses of health policy discussions in Ethiopia?

Speaker 4 ([19:45](#)):

Yeah, actually, especially for the past decades, most of the has been given for like, uh, like the children and the child in mother care, mother child care and the communicable illness, ILO and the like neck. But lot of the non part and others like mu or like that give, they're not focused the government but still the government might invest huge money on the <inaudible>.

Speaker 3 ([20:28](#)):

I just wanna ask about the, at the nursing home on the Facebook that you shared with me, is it a register or like a licensed nursing phone? Um, even though it's like a voluntary, like based on the service of volunteers. Like are there nursing homes like this in Ethiopia? Like

Speaker 4 ([20:46](#)):

Do you see like there are more and more coming up and like this kind of nursing homes, sorry, nursing home is not well known in Ethiopia for example, if you ask somebody what nursing home, they'll not say anything because it's totally new for Ethiopia. Especially when the majority of the people may not know what's nursing home because we don't have any residential care, we don't have any like long care institution, therefore nobody will not will aware what nursing care. But currently, especially like three people, there is some initiative to begin a nursing home. I remember there is one nursing home to develop in, in <inaudible>, but still the older adult cannot get access, uh, in that nursing home because cost for that nursing home. Mm-Hmm <affirmative> even their uh, capacity is not adequate enough. Like for example, even though the like many children try to, they wanna give care in that nursing home, they will not afford.

Speaker 4 ([21:57](#)):

Yeah because they have like adequate staffing, they have resource limitations and like stuff. To be honest, I didn't see the nursing home, especially the A one, but I do remember the voluntary uh, association or older adult because they to provide care for who has not any uh, support from the family members. Therefore I could give like shelter, they could give some medical checkup, some food. Life only is basic issue will be still, that is voluntary. But in case of uh, nursing home, I think we have uh, their own nurse and there are there I think programed check stuff, but the price will not be affordable for the general population. Especially.

Speaker 4 ([22:55](#)):

Well all adults may give access in that nursing. Yeah, nursing only one or two only on the big for sure. There will not be more than five nursing homes in Ethiopia. Do you think there will be more nursing homes in the future in Ethiopia? Probably, yeah, because now the awareness of the community has increasing and like getting or older adults is increasing all younger adults and the like, therefore that should try to make the people to the need of like long institution nursing home. Therefore probably in the near future we'll have more nursing home. But it be even for the, do

Speaker 3 ([23:44](#)):

You have like in, in your language, do you have a different name for nursing home? Like for those voluntary ones and those like pig ones,

Speaker 4 ([23:55](#)):

<inaudible>, nursing home, Ethiopia, either voluntary or private in the Indonesia to mention some of the voluntary nursing home. Nursing home is one of the largest nursing home, which is voluntary. The other one is or pick the foreign and also currently private nursing home are also establishing this include grace in nursing home, robust nursing home and another nursing home. There might be other there more. The sign of this,

Speaker 3 ([24:36](#)):

It sounds like there is no specialty programs for the care of older adults for different healthcare disciplines. Do you think that might change in the future? Is it something that people might be interested in?

Speaker 4 ([24:53](#)):

Actually nowadays the nursing program type have some development, not some improvement because the nursing school have different specialty training like <inaudible>, geriatrics, nursing, neuro other nursing, geriatrics nursing, uh, actually, but still the issue of geriatrics nurse is not launch in Ethiopia, but the ministry try to plan to launch the curriculum for geriatrics nursing in the life. And because of the medical professional spec, there is no, especially for ologists or the stuff like Ethiopia, that is one of the, the problem I think because the problem is not like simple because there is no policy that safeguard the older. Therefore if there isn't any policy, the human question will not be developed well therefore any voluntary guard like especially that the international voluntary organization like, like different and their like they try to support the system to open up because there is no policy therefore the, the program will not be, there are some programs in nursing, even though the university tries to launch that curriculum, they wouldn't, they're not taking student because the government for that curriculum is not concerned that therefore getting a student or the nursing next. The curriculum, I, I don't have any like, uh, information why they didn't curriculum, but different universities have direct nursing curriculum but the curriculum is not accepting all the universities are not accepting.

Speaker 3 ([26:47](#)):

So to follow up, are there any workers equivalent of personal care workers or CNAs who take care of older people at their home? Do families hire people to come in

Speaker 4 ([27:03](#)):

Only snap not, it's not known, there is no worker or older but place. Actually some wealthy people may recover but it's too much actually very, they have some follow up based on the schedule. Like twice a

week, once a week and the the nurse will visit the adult and check and the like schedule. Yeah. Regarding the special training in Ethiopia, actually most of the nurses are comprehensive. They're not specialized nursing care, they're specialized nurse. Most nurses give care for older. They are comprehensive. There is no special nursing program trained for iatric nursing and all that stuff. Like most of real professional working mean all institutions are not paying. Well.

Speaker 3 ([28:07](#)):

If you were able to collaborate with other researchers from other countries developing or develop countries, what are some of the questions that you might be interested to know or what research collaborations do you think needs to be done?

Speaker 4 ([28:26](#)):

My, my question was I think the quality of life should be assessed there, especially the older ethnic Ethiopia. I think it is very challenging already ignored by the mystery of health or any individuals if care voluntary. Therefore that should be framed like therefore to begin with, I think we have to start with like a sort of survey on quality of life, all the need assessment, the level like stuff. After that we can design any project and we can also work the government. To be honest, the government is too much responsible. Like for them, if healthcare professional had to organize a meeting with the government officials I think can meet them easily and even we can can integrate system easily. The only issue and maybe I think the budgeting, the like stuff, I think therefore that things will be solved by, by mobilizing healthcare professionals, like different donors, different. I think that will be good and other important issue, especially the change in the prevalence of those noncommunicable illness is totally ignored in developing Ethiopia, especially all adults having they're prominent but still they're ignored. Uh, therefore I think that if things maybe work for Ethiopia also, and again, uh, <inaudible> the perception issue. Like we know that I also have some experience in Hong Kong about the long term care, which is actually high, highly structured in the line.

Speaker 3 ([30:02](#)):

Thank you Nigo. So last question, but not least. Imagine your parents when they get older, do you prefer to have them age in place at home or while, I guess there's no nursing home in Ethiopia at this point, so how will your parents get care when they're older? What is the ideal care for them? What is a good care from your perspective?

Speaker 4 ([30:32](#)):

It was like my fear, especially before, before decades case in the people scared in all institution are not accepted by the community. But nowadays due to the increment of the burden on the caregivers and uh, adequate quality of care to be given for all other people try to, there must be long tian for all give. But if the family members is responsible and can handle the all other, they prefer to be cared in their home.

Speaker 2 ([31:10](#)):

Thank you. So Muchi, that was fascinating. You've given know some great insights into the challenges that Ethiopia is facing as the population ages. In particular, the challenges related to shifting from mostly infectious diseases to longevity related diseases, which is typical of a lot of other developing countries. So these are some great insights how Ethiopia is responding. It's also fascinating to observe how Ethiopia is addressing population aging in the context of significant shifts in roles of women. I'm sure

Ethiopia's not the only country that's experienced this, but it's quite interesting to see the shift in the roles of women as the population ages. While at the same time women are primarily responsible for caring for older adults and people with chronic illness. So thank you again and thank you Dr. Wang. This has been really interesting.

Speaker 1 ([32:08](#)):

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