

学位論文題名

A Study on Gender-related Differences in Life Expectancy and Attitudes towards Long-term Care in Selected Countries

(平均余命と介護に対する考えにおける性差に関する研究)

学位論文内容の要旨

Background and Objectives

With the world population rapidly ageing, the proportion of the world's older people (over 60 years) will double from 11% to 22% from 2000 to 2050. Furthermore, the older people can live longer than before expressed as a longer life expectancy. It has been going up in almost a straight line of three months per year since 1840.

Between 1960 and 2008, life expectancy in OECD increased by 11 years on average (from 68.2 to 79.2) and by gender (11.3 years among women and 10.7 years among men). However, there is a gender gap in life expectancy (GGLE) with women living longer than men. In explaining GGLE, the published research literature has focused mainly on the causes of morbidity and mortality, particularly among men. Prior studies have shown that national income tends to affect LE: GGLE narrows with increases in socioeconomic level and GGLE is predictive of unhappiness after controlling for LE, national wealth and income inequality. GGLE in OECD countries have remained persistent and wide. Most industrialized countries of OECD members except for Japan had begun experiencing declines in their GGLE.

With the society aging and longer life expectancy, the need for long-term care is also rising. The number of older people who are no longer able to look after themselves in developing countries is forecasted to quadruple by 2050.

Regarding to long-term care to the older people, previous literature has mainly discussed from the perspectives of caregiver, policy, financing, use of health-care, and even gender differences in daily activities. Few had discussed awareness and attitudes of older people towards health-care and welfare. And most of the articles have been focused on developed countries.

Sri Lanka is the third oldest population in Asia. The older people (60 years old or over) accounts for 9.2% of the total population in 2001, which exceeded the average of the world except OECD countries, Eastern Europe and the former Soviet Union. Thus, need for long-term care for the elderly in Sri Lanka is also rising.

With the background knowledge of GGLE and long-term care, the objectives of this study are: (1) to examine the differences in patterns of GGLE in OECD member countries and to explore the associations between GGLE and indices of happiness, human development, and gender empowerment; (2) to analyze the trend of GGLE in Japan between 1947 and 2010 and to explore its associations with social development indices besides mortality factor; (3) to analyze the gender-related attitudes towards long term care of the older people in certain selected area in Sri Lanka.

Methods

National data in all OECD countries and Japan was collected from official websites and second-hand data analysis was used, respectively; Cross-sectional survey was conducted among older people dwelling in selected rural or urban communities with age of 60 and over years in certain selected areas in Central Province, Sri Lanka. Participants will be asked to take part in 20 minutes face-to-face interview with self-made structured-questionnaire. SPSS 14.0 was used for statistics analysis.

Results

This study revealed that the OECD countries had a GGLE trend that occurred in an inverted U-curve fashion. Most (25 of 32) of the OECD member countries displayed this inverted U-curve pattern in GGLE whose peak values were found in the 1970s or 1980s. However, Japan had a divergent trend (i.e., it's GGLE rose gradually rather than peaked during the same period) and constituted a special case. Moreover, findings do strongly suggest the negative associations of GGLE with development indices which were Happiness at national level, HDI and GEM.

GGLE has a statistically significant positive association with age-adjusted all-cause mortality ratio in Japan. However, it has no association with HDI, a finding that differs from the negative correlation we found from the cross-sectional study among 32 OECD countries.

In terms of long-term care in Sri Lanka, there is still a traditional opinion that children should take care of older people when they could not look after themselves and it has been an obstacle for institutional care home utilization. Males and Sinhalese would be much happier while living in an elderly care home. Low supports from family members, bad self-rated health status, independent daily life and no older people employees working in an elderly care home would be barriers for an older people feeling happy when they use an elderly care home.

Discussion

This inverted-U pattern suggests that GGLE undergoes three phases of growth, peak and stability, and decline. The periods or years in which these phases developed tended to vary according to countries.

The outstanding increases of gender mortality ratios in chronic bronchitis and emphysema, diseases of liver, cancer and suicide might be caused by the gender differences in environmental factors (e.g. smoking, alcohol consumption, diets, psychological and social support) leading to the mainly increased changes of GGLE in Japan.

Although the traditional opinions were still ongoing, however, if adult children were included in the institutional care home activities, the older people would like to live there. The higher informal supports from family and hiring older people who can look after others in an elderly care home would be an impetus not an obstruction for the older people using the formal long-term care facilities.

Conclusion

The observed associations between GGLE and the general development indices may be attributed to common underlying causes such as gender norms and subjective perception of health in many industrial countries.

The decrease of GGLE recently in Japan might be the results of increasing of women's unhealthy lifestyle. It also implies that Japanese women are catching up with lifestyle of men which has put them into more risk than before. This study offers some kinds of clues for further studies.

The study in Sri Lanka will prompt a new perspective as the ageing and longevity issues taking into account in Sri Lanka. For example, not only professional caregivers in the elderly care home, but also family members and healthy older people who can still look after others should also be involved in the long-term care system. This could contribute not only to resolve ageing related employment issue but increase the psychological comfort to older people living in the elderly care home.

学位論文審査の要旨

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(平均余命と介護に対する考えにおける性差に関する研究)

平均余命は女性が男性よりも長いという性差が一般には存在する。高齢化が進み平均余命が増加するとともに、高齢者介護への需要もまた増加する。本研究は、研究1) OECD加盟国における平均余命の性差(GGLE)研究、研究2) 日本における疾患別死亡比のGGLEへの影響の研究、研究3) スリランカにおける高齢者介護に対する考えの影響要因、のそれぞれについて行ったものである。

審査では4名の審査担当者より以下の質疑応答がなされた。

副査の荒戸教授より本研究の将来展開が問われた。申請者は高齢者のうつ傾向の状態に対する居住環境の影響について日本とスリランカにおける比較研究を行うこと、さらに今月よりスリランカの一般住民対象への調査を実施すると回答した。副査の玉腰教授からは近年のGGLEの縮小している原因についての質問があった。申請者は環境要因の影響を挙げ、喫煙など不健康な生活習慣が平均余命に深刻な影響を与え、近年のGGLEの縮小は日本人女性の間に広まっている、このような不健康な生活習慣が原因である可能性がある、と回答した。副査の玉城教授はジェンダー・エンパワーメント指数が研究1)における3つの集団間でなぜ差がないのかなどについて質問した。申請者は国家それぞれにおいてGEM上では同じ状況であっても、それぞれの国におけるその健康への影響は異なる役割を果たしうることについて言及し、その説明にはさらなる解析が必要と回答した。主査の大滝教授からは、社会指標の健康影響についての研究を行った動機と、本研究の成果をどのように公衆衛生の課題に活用するかについて質問がなされた。申請者は研究成果のフィードバックの重要性についての認識を示し、そして生物・心理・社会的、そして環境の要因に基づくモデル、すなわち生物学的要素のみでなく社会的要素、環境要素にも注意を払う必要があることの必要性について

説明を行った。申請者はこれらの質問の重要性をよく理解した上で、自らの研究成果を踏まえて適切に回答を行った。

社会疫学ともよばれるこの新しい領域では、社会指標とその健康との関連についての研究は未だ探索的な要素が強く、その因果を明らかにするものとはいえない。しかしながら本研究の成果である、日本における自殺の性差やスリランカにおける高齢者介護制度の再構築など、さらなる研究や政策への活用などへの糸口を与えうるものであり、今後の医学研究およびその社会還元に寄与しうる重要な研究であると考えられる。

審査員一同は、これらの成果を高く評価し、大学院課程における研鑽や取得単位なども併せ申請者が博士（医学）の学位を受けるのに十分な資格を有するものと判定した。