

S. Nair. *Population aging in Botswana: Trends and prospects*. *Gerontechnology* 2008; 7(2):170. Botswana has been experiencing declines in both mortality and fertility levels since the 1980's as a result of speedy socio-economic change since 1970. Although there has been a notable decline in the total fertility rate (TFR) from 6.6 in 1981 to 3.3 in 2001, there is evidence also of increasing mortality rates in recent times. There is loss in life expectancy from birth to age 40 in recent times which can be explained by relatively high infant mortality and adult mortality in child bearing ages due to HIV/AIDS<sup>1</sup>. However, from ages 45 and above, older people are expected to live longer because they are not affected by the increase in adult mortality<sup>2-5</sup>. With this backdrop, this paper focuses on (i) the ongoing process of aging in Botswana since independence in 1966 and (ii) the socio-economic and HIV related impact of aging for the future. **Methods** A trend analysis is made from 1971 through 2001 to gauge the age structural transition in Botswana. Further, population forecasting is made until 2051 using the cohort-component method. Standard indicators of aging such as median age, index of aging and tempo of aging were computed for various periods and their trends analysed. **Results and discussion** The median age has increased from 15.7 years in 1971 to 17.4 in 1991 and 20.1 in 2001. In 2001, Botswana has a young age structure with 36.6 percent of the total population below 15 years while the 60+ population is only 6.7 percent in 2001. The proportion of the economically active age group stands at 58 percent. The tempo of aging is rather slow. Botswana is favourably placed in terms of the 'demographic bonus'. The proportion of economically active population now is more than half of the population – 58.4 percent which is likely to increase to 59.6 percent in 2011 and 70.1 percent in 2051. However, there is the prospect of a retarded aging process due to HIV/AIDS. This affects the cohort flows of younger and older adults. Also, the deaths among the young adults will lead to a loss of manpower, tipping those households living below poverty datum line into abject poverty. It affects the intergenerational transfer payments substantially. Also, the middle aged persons will face simultaneous demands from their teenage children and aging parents. Also, HIV/AIDS poses a threat to effective labour supply in both quality and quantity resulting in reduced productivity and output. Depletion of skilled labour will also increase the cost of training and replacement. Increased expenditure and care of infected and affected persons will affect savings and investments such that the overall economy is adversely affected and hence there is a threat to the care of the aged. The modernization induced family structure transition underway in the country adds fuel to the existing levels of despondency. All these aspects are elaborated in the paper.

#### References

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