Technology options for aged care in Japan

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Chapter 3

Social changes and aged care in Japan

3.1 Introduction

In the previous chapter, demographic changes in Japan were analysed to identify the trend and speed of ageing in Japan. Chapter 2 also investigated the causes of these demographic changes and the ways that they affect Japanese society. The rising proportion of the aged population has many social and economic implications, particularly in the area of aged care. For instance, it raises the probability that a higher proportion of people will require some assistance in their daily living. In this chapter I demonstrate how changes in the family system and cultural values of Japanese society have redefined the role of family as the main providers of aged care. Identifying and examining the relevant factors that have been influencing these changes clarify the background to the growing demand for aged care in Japanese society.

This chapter commences with an historical overview of the family system in Japan in Section 3.2. Section 3.3 highlights some of the changes in the family structure that have affected the way aged people are cared for.
Traditionally, Japanese society widely acknowledged aged care as both a duty and privilege bestowed on and by family members. Neglecting to care for elderly family members was considered a dreadful disgrace to the whole family. Therefore, whilst people lived in a traditional agrarian society with extended families, there were no outwardly obvious social problems in caring for the aged and the disabled. Traditional social attitudes, including notions of filial piety, began to noticeably weaken as Western influence filtered into Japan. There have been two particularly significant historical periods when Japan was significantly influenced by Western culture and technology. The first period was after Japan opened its ports in the mid-nineteenth century following a long period of isolation and the second period was after Japan was defeated in the Second World War. During both periods, Japanese leaders actively sought to learn from Western nations to emulate their strong economies. Traditional Confucian doctrine-oriented attitudes crumbled under the process of industrialisation and urbanisation whilst the movement towards the nuclearisation of families accelerated.

In Section 3.4, changes in cultural expectations and social values will be reviewed in light of the provision of social security for the aged population. This chapter also analyses changes in the role of women regarding aged care in Japan (Section 3.5) as well as the changes in the attitudes and expectations amongst younger Japanese people (Section 3.6). These sections demonstrate how ensuring adequate aged care without relying on families has become an important issue for Japanese society. Changes in the role of the Japanese government in meeting aged care needs are discussed in Section 3.7.
The above mentioned changes in the traditional family system and social trends are discussed in this chapter to demonstrate the need to re-evaluate the Japanese support mechanism for aged care, a system that has relied totally on families for so long. Unpaid family care-giving, mainly provided by women, used to be accepted as the norm and helped to contain government spending on aged care services. This chapter argues that care required by many in the expanding aged population will no longer be provided by families alone, and none at all in some cases. Consequently, policies and sources for adequate provision of aged care warrant attention, as many people are seeking bold measures to ensure their well-being in old age. The role of the Japanese government in providing initiatives, such as the Gold Plan and the Long Term Care Insurance System, is examined to contextualise technology options in enhancing aged care within the social framework. The following chapter, Chapter 4, investigates why Japanese people are so often receptive to technological solutions to socioeconomic problems before examining technology options in addressing aged care needs in Chapters 5-9.

### 3.2 Historical overview of the Japanese family system

Traditionally, Japan was an agrarian society in which extended families lived and worked together. Care for the very young, the very old and the infirm was a natural responsibility of the family. Acceptance of such family responsibilities was endorsed by Confucian teaching. Confucianism came into Japan via Korea in the 6th century. Japanese Confucianism emphasised
notions of loyalty to the state, social harmony, and family responsibilities; these teachings served to justify the ruling class (Morishima: 1982, 194-195). Accepting and respecting hierarchical order of society was ‘fundamental to Confucian strategy for achieving harmony’ (Durlabhji & Marks: 1993, 8). Furthermore, the extended period of isolation (‘national seclusion’) during the reign of the Tokugawa family in the Edo period (1600-1868) allowed the government to promote social harmony including the ideal of filial piety as being honourable and expected. Thus, the ideology of serving the family and community over any personal gains was firmly rooted in Japanese culture and individual belief systems.

In Japan’s patrilineal system known as the ie [stem family] system, it was taken for granted that aged parents would depend totally on the eldest son and his family (in practice, the wife of the eldest son) for their care. This was an obligation which was unwritten but universally understood. In return, the eldest son succeeded as the head of the household and with it inherited the family property and/or business. Not only did the eldest son inherit material wealth but all the ‘know how’ to run the farm or business was handed down from father to son. Therefore, ‘the pattern of family in traditional Japan was the patrilineal, patriarchal, extended family based on the principle of primogeniture’ (Holmes & Holmes: 1995). In practice, the three-generational living and caring arrangement was the model for the traditional family system that was enshrined in the Meiji Civil Code of 1898. This is discussed further in the next section.

Historically, whilst the eldest son inherited and carried the family name and
business, the daughters were married away from the family. However, second and third sons who did not inherit the land or business often did not marry for lack of financial resources and, having no children, their aged care was precarious. They were often referred to as ‘yakkai oji’, meaning a nuisance or troublesome uncle because of their dependency. Even when these second and third sons obtained manual labouring work in the cities, there was the insecurity of losing their position or of becoming ill and thereby losing financial independence. Thus, it was common to maintain family ties with the eldest son’s family as insurance.

Furthermore, in traditional agrarian society, production and income was calculated per household. Elderly members of the family continued to contribute by caring for the young children, participating in domestic chores, and imparting knowledge to the younger generation. Despite physical deterioration in old age, the community awarded them with high levels of social status and security. According to the teachings of Confucius, honour was bestowed on them even if they became ill or ‘bed-ridden’ in old age. Although in practice many farming households did not have enough resources to adequately care for their aged if they were ill, families nevertheless took responsibility for the care of the aged.

Some argue that there were few alternative options for aged care outside the family and that as a result many people suffered from lack of adequate care in old age (Yamada: 1998, 10). In poorer communities where all healthy members were required to toil in the fields, there was little care available for the aged if they were ill or physically impaired. According to Japanese
folklore, drastic measures known as 'obasute' [disposing of grannies] were enforced in times of famine. ‘In poor mountain villages where harvests were scarce, elderly residents who could no longer help with the farm work, were taken into the mountains and abandoned’ (Kato: 1999, 4).

Thus, despite the overall acceptance of the traditional Japanese family model, the actual quantity, quality and forms of available aged care within families varied considerably depending on numerous socioeconomic and environmental factors.

3.3 Changes in the Japanese family structure affecting aged care

Three historical periods—the Meiji period; the post-Second World War period; and more recent times, since the 1970s—have witnessed profound changes in the family structure. These changes have in turn, impacted on the provision of aged care.

a) the Meiji period—Meiji Restoration (1868) and industrialisation

The sudden opening of its ports to the outside world in the second half of the 19th century began the transformation of Japan from an agricultural rural-based society to an industrialised city-based nation. The Meiji Restoration (1868) was a deliberate and government controlled strategy to import and learn from the West whatever was necessary to modernise Japan without losing the country's ‘uniqueness’. Thus, material imports and
technology transfers from the West contributed to the swift industrialisation process whilst such ideologies as liberalism, democracy, individualism and human rights found in the West were mostly ignored. The outcome saw a marked rise in material well-being through these social and economic developments which modernised and industrialised Japan whilst society outwardly maintained the traditional family structure and with it the status of the elderly.

However, it is not surprising that the Japanese people were curious about the West beyond understanding new technologies. The social contacts with foreign technicians who had been invited to Japan and the experiences of Japanese delegations in Western countries slowly began to affect traditional social structures, including the Japanese family structure. Nevertheless, the influences of industrialisation did not result in immediate or dramatic changes in the family structure despite significant economic changes to the Japanese society.

Major changes in a society can threaten social organisation but the Meiji Constitution (1889) and the establishment of both legal and parliamentary systems provided outward stability for the government. Moreover, the government claimed to provide social care and assistance for citizens who were not able to care for themselves and had no family through its Relief Ordinance (1874). However, it was expected that people should first seek assistance from their families and communities, as government attempted to control individuals through the family ideology as part of their overall moral ideology. In reality, the Meiji era had its share of social turmoil. According
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to Yamada’s research (1998, 10-11), there were many cases in different regions of Japan where family structure was not stable and where the rates of divorce and births outside wedlock were higher than they are today. Nevertheless, the Civil Code of the Meiji era backed the ‘ie’ system ensuring that the traditional family values remained the norm. Thus in Japan, ‘a modified patriarchalism continued to be a dominant social idea until after World War Two’ (Featherstone: 1995, 51). The Meiji government guaranteed this by:

declaring through the feudal Civil Codes that the patriarchal family system, a legacy from the feudal samurai culture, was the officially legitimised type of family, and it ideologically strengthened patriarchy by giving force of law to Confucian family ethics (Featherstone: 1995, 53).

Furthermore, filial piety extended to loyalty to the emperor, political authorities and others in leadership roles such as landlords and teachers. Children were taught the philosophy of on [kindness or favour] especially towards parents according to the koo [filial duty]. Both Buddhism and Shintoism, the two most common religions in Japan, also re-enforced the Confucian teachings regarding family and social values.

Therefore, the tenets of the traditional family system continued to exist but not totally unchanged through the process of ‘industrialisation’. The custom for the eldest son’s family to care for his parents remained. However, slight variations in the care of the aged and the disabled were necessary as families began to earn their income outside their homes.

Family ties began to loosen gradually for second, third and younger sons working in the cities, especially amongst the lower class manual labourers
or peasants. They began to enter marriages based more on mutual affection rather than family obligation. The famous 'Rice Riot' (in Taisho 7 or 1918) exemplifies the fact that there were increasing numbers of city labourers who were not in a position to receive care from their families when they were in financial difficulties because they were no longer tied to their family's land. 'The targets of these peasant uprisings were local authorities and local wealthy individuals ... evidence that rice must have been a significant part of the peasants' daily diet ...' (Ohnuki-Tierney, 1993, 38).

More importantly, in demanding assistance from outside their families, their actions displayed their dissatisfaction at the perceived unfairness of social welfare. This was the beginning for Japanese people to actively seek social welfare from government sources.

Welfare-related laws that were promulgated prior to the end of the Second World War included the Law of Protection of Mothers and Children [Boshihogo-hoo] in 1937, Law on National Health Insurance [Kokumin kenkoo hoken-hoo] in 1938, and Law on Medical Protection [Iryoo hogo-hoo] in 1941. Although these do not explicitly address aged care, they mark government initiatives in taking responsibilities for certain areas of welfare. The establishment of the Welfare Ministry in 1938 was also an important step towards the physical well-being of the Japanese people.

The most profound change in society affecting family organisation caused by 'industrialisation' was the shift in the working population from primary industry (agriculture, fishery, and forestry) to secondary and tertiary industries. At the start of the Meiji era (1868), over 80 per cent of the
working population belonged to primary industry, mainly in the agricultural sector. The decline in the proportion of the population working in primary industry continued, falling below 50 per cent by 1930, as the economy forged ahead in advanced technology and industrialisation (Sugawara: 1987, 17). The exception to this pattern was a short period just after the Second World War when increasing primary production of food became essential for survival of the population generally.

It is important to stipulate that merely shifting the working population from the primary sector to the secondary and tertiary sectors does not automatically affect the family structure. Whether people work in agricultural industry or in manufacturing industry, if the work is still home-based where children and elderly people can be cared for, family care for the aged can be maintained. It is when the work place is separated from home that people can no longer combine working and caring for families. This became apparent in the process of economic change that separated the place of work and home, particularly as increasingly more factories became large-scale establishments.

b) After the Second World War

The period after the Second World War saw the introduction of parliamentary democracy, legal reforms and social changes by the Allied Forces. ‘The Allied Occupation deliberately fomented a movement toward the “democratic” patterns of the West’ (Goode: 1963, 321). No longer was the Emperor to be revered as a ‘god’. The traditional hierarchy and social
distinctions between the eldest and younger sons were diminished, as were the distinctions between female and male children. Increasingly, men worked away from homes and in the cities. The post-War new residences in urban areas built by the Japan Housing Corporation (predecessor of today’s Housing and Urban Development Corporation), which was established in 1955, were western-style but small and only suitable for a married couple with one or two children (Yamada: 1998, 16).

Changes to housing size and living arrangements also played an important role in raising the proportion of nuclear families (consisting of a mother, father and typically one or two children) in the Japanese society after the war. The proportion of traditional families involved in producing income in primary industry fell even further, below 10 per cent of the total workforce. The increasing number of the so-called ‘salaryman’ in Japan, at this time representing over 75 per cent of the population in the workforce, implies that there was a definite distinction between the work place and home (Sugawara: 1987, 17). It also became the norm for the wives from the growing new model of nuclear families to be full-time homemakers. Moreover, by abolishing the ie system, the revised Civil Code (1947) gave legal support to nuclear families where the husbands earned incomes as salaried employees and the wives stayed at home as full-time homemakers without earning any income (Yamada: 1998, 16).

As Japanese men increasingly became salaried workers, the traditional apprentice system, where the necessary skills and qualifications to earn a living were handed down from father to son, no longer applied to an
increasing number of families. No longer did older members of a household receive respect merely by virtue of their longer experience and expertise in the ‘trade’. In fact:

Parental authority of elderly parents over adult children remain[ed] a kinship basis but [lost] most of its economic and legal support. Parental authority [was] further weakened by the greater individualism of young wives, who [were] increasingly likely to achieve a measure of economic independence through paid employment outside the home (Ogawa & Retherford: 1997, 60).

The main demographic trends that became increasingly obvious after the Second World War, as discussed in Chapter 2, have been causing socioeconomic concerns in recent years. The first important trend is that except for the initial ‘baby boom’ just after the War, there has been a decline in the fertility rate. The second is that life expectancy has increased to the extent that Japan now boasts the highest longevity in the world (see Chapter 2, Figure 2.4).

(c) Recent years—since the 1970s

Convergence theory in family sociology and modernisation theory in gerontology argue that ‘industrialisation results in many functions previously undertaken within families being performed in the marketplace or by government, leading to greater independence of nuclear families’ (Tsuya & Martin: 1992, S45). Figures indicate that compared to the West, Japan still has a high rate of multi-generation households. ‘In 1990, the proportion of the elderly at ages 60 and over living in three-generation households was only 0.5% in the United States, 0.6% in Great Britain, 3.3%
in Germany, and 31.9% in Japan’ (Management and Coordination Agency 1992 cited in Ogawa & Ermisch: 1996, 679). However, considering that in 1960, 82.0% of the Japanese aged lived with their adult children (Lechner & Sasaki: 1995, 103), the apparent trend is for the Japanese family structure to move in the direction of Western countries, such as the United States.

Thang also argues that industrialisation, urbanisation, and modernisation were factors that have caused the proportion of multi-generational households to decline in Japan (1999). According to the comparative figures provided by Thang, between 1975 and 1995 the proportion of multi-generational households in Japan fell from 54.4 per cent to 33.3 per cent; single elderly households rose from 8.6 per cent to 12.3 per cent; and elderly couple households also rose from 8.6 per cent to 13.0 per cent (1999, 151). Furthermore, according to Ikegami (1998), traditional three-generation families do not necessarily provide adequate support to their elderly especially in cases where the family member is suffering from debilitating conditions over a prolonged period. Although Hashimoto, an academic researching gerontology in Japan, also believes that the Japanese model of the family caring for their aged has altered due to changing economic circumstances, she attributes this more to the ability of the elderly to remain independent longer. Furthermore, she argues that the care of the elderly is not totally shifting from families to the state but rather that there is an increasing integration of family care with that provided by the state and privately.

Whilst family relationships based on ‘intimacy at a distance’ may function
well under normal circumstances, there are obvious difficulties when elderly members living some distance from care-giving become ill, especially if alternative care is not readily available. According to the Policy Office for the Aged, a national survey in 1987 found that 80 per cent of adult children in Japan stated that they were prepared to live with their parents in the case of a parent becoming ill or widowed (Tsuya & Martin: 1992, 553).

In contrast to the traditional social concepts of the aged, Baba argues that ‘a new prototype seems to be emerging—that of the “New Elderly” …no other age group is subject to so wide a variation in their individual physical and financial conditions, and accordingly in their needs and requirements for social services and facilities’ (Baba: 1993, 9). Traditionally, the Japanese elderly population accepted that some of their personal control and independence would be diminished in exchange for the security of guaranteed family care. Although it would seem that the notion of responsibility and obligation for the care of aged parents continues, it is often delayed until independence is no longer possible. In fact, the future ‘aged’ population is likely to want to remain as independent as possible for as long as possible. This cohort will be better educated and more likely to live in an urban city where they will continue to be employed longer than their parents’ generation. Moreover, self-sufficiency and independence may need to be a priority for future ‘aged’, who will have fewer adult children to rely on.

It is conceivable that while traditional filial support may diminish, aged people themselves may deliberately choose not to rely on family care.
Increasingly, aged people may value greater freedom and opt to take control of their situation. They may prefer to remain independent even in extreme old age for as long as it is possible. The status and acceptance of remaining independent in old age may, over time, be increasingly preferred to becoming dependant and being cared for by family members.

However, in reality, the proportion of those aged 75 and over, as a fraction of those over 65 is growing. It was 40 per cent in 1990 and is expected to continue rising to an estimated 57 per cent in 2025 (Ogawa: 1993, 145). As the survival rate increases in the aged, so do health, medical and other care demands. Where once society recognised and honoured its obligation to care for the aged within the family structure, it usually was for a relatively short period. According to a World Health Organisation report, Japan ranks number one in the world in both average life expectancy and average healthy life expectancy, with a gap between the two categories of 6.4 years. The healthy life expectancy deducts periods of illness or injury from the overall average life expectancy (Pacific Friend, August 2000, 17). Without support outside the family, the burden of long term, intensive care of the aged now often falls to family members who themselves are aged (Hani: 1996).

The provision of practical, daily physical care can become extremely difficult, particularly when the care-givers themselves are aged. According to a recent study, more than half of the people who take care of elderly people at home are over 60 years old (Japan Journal of Clinical Oncology: 1998, 153). Detrimental consequences such as suicides are becoming an
increasingly common phenomenon both among the dependent aged and also among aged care providers (Ohara: 1994, 14 and Foreign Press Center: 2000, 11). Studies by Yiw-Hwey Hu also showed that in 1995, Japanese women past the age of 65 had a much higher rate of suicide (39.3 per 100,000) than their counterparts in the United States and France (6.6 and 9.7 respectively) and yet prior to their mid-forties, there is little difference in the rate of suicide amongst women in Japan (11.6 per 100,000) and the United States and France (8.8 and 13.9 respectively) (Sokolovsky: 1997,185). For males, too, the cohort aged over 75 has the highest rate of suicide in nearly all industrialised countries, including Japan (Pearson & Cornwell: 1997).

Figure 3.1 Absolute number of suicides by age in Japan in 1998

(Foreign Press Center: 2000, 11)

The above graph illustrates the increasing number of suicides in the older population in Japan. It is argued that:

In Japan, elderly people are the most likely [sector of the population] to kill themselves. Nearly 36 per cent of those who committed suicide in 1996 were 60[years] or older. A total of 8,244 people 60[years] or older
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killed themselves, \[an\ increase\ of\] 6.5 per cent from the previous year (Japan Economic Almanac 1998, 154).

Moreover:

In 1991, ... 60,000 elderly people were on waiting lists for the country’s 3,000 nursing homes, which only take bedridden or senile dementia patients. Requests for home care providers, by the Ministry of Health and Welfare’s own estimate, also outpaced the supply by 12 to 1 in 1991 (Oshima: 1996, 45).

Evidently, the demand for care providers and placements in nursing homes is significantly greater than the present level of supply. The reason that the proportion of elderly people cared for in their children’s homes continues to be relatively higher in Japan than in other industrialised countries is partly because of the shortage in professional home helpers. For instance, in 1990, there were 35,905 paid home helpers in relation to an estimated 600,000 bed-ridden elderly people (Takeuchi, Takano & Nakamura: 1994, 221). The new Long Term Care Insurance (2000) acknowledges societal responsibility in supporting long term aged care in providing a certain level of services universally (Koyano: 1999).

An alternative solution has been to hospitalise the aged person requiring care. Some hospitals in Japan have turned into ‘warehouses’ for sick or disabled elderly (Lawrence: 1985). Figures indicate that the average length of stay in hospital is considerably longer for people over the age of 65 than for others. Moreover, the average length of stay in hospitals in Japan (54.6 days) is also longer than other advanced countries (7.8 days in USA) and the number of sick beds per 100,000 people (2094 in Japan) is four times the number in the USA (Ide: 1993, 189-200). However, there is an acute shortage of nurses in Japan (Ross: 1995, 832) and families are expected to
assist hospital staff in caring for their aged family.

Lives of the aged with illness are likely to be prolonged if given sophisticated medical treatment in hospitals, within specialised geriatric wards. Whether or not some treatments may be regarded as excessive, patients are rarely offered options regarding their own care. Furthermore, 'under the current system, hospitals in Japan depend for their income on the prescription of drugs, test and medical interventions, rather than on general daily care' (Wakasugi & Toyomasu: 1996). The so-called 'social admission' is a costly expense for government although 'the actual medical cost per person in Japan is only one-third of that in the USA and half when compared as a percentage of GNP' (Wakasugi & Toyomasu: 1996, 189). This is because much of the day-to-day physical care for patients in hospitals in Japan continues to be regarded as the responsibility of the families.

In recent years there have been movements to reduce the relatively excessive numbers of bed-ridden elderly in Japan (Ookuma: 1996). However, caring in some cases is less onerous for care-givers when patients are bed-ridden. For example, the time and the physical effort required to assist a physically disabled patient to use the bathroom can be greater than meeting the patient's need in bed. Moreover, there is sometimes little motivation for elderly patients following certain events, such as a stroke or a broken hip, to endure the hard work necessary to regain mobility or to become self-sufficient if care is at hand.
Culturally, society took for granted that most people will be adequately cared for in their old age by their families and the Japanese government also took unpaid family care-giving for granted. Rapid changes in the Japanese demographic and family structures discussed in this Chapter and in Chapter 2 created the urgency for the government to arrange adequate professional care for the aged. However, inadequate public resources for rehabilitation are hindering responses that are adequate to meet the acute need.

Imai reports that physicians, nurses, care workers, and rehabilitation specialists such as physiotherapists and occupational therapists per 1,000 aged 65 or over are 89.5 in Japan compared to 237.4 in Sweden. Japan has the lowest number of health and welfare personnel per head of population among developed countries (Imai: 1998, 157-70). Moreover, the number of paid home helpers is also relatively lower than in other advanced countries. Also, the number of service hours per day is generally fewer, and service time per week is insufficient compared with the service in other advanced countries (Horiguchi: 1996, 247). OECD studies in 1991 also revealed similar findings adding that despite low hospital staff to patient ratio, Japan had the highest expenditure on drugs as a proportion of the total health expenditure (Rodwin: 1993, 125). These are some of the medical aged care issues that Japan is facing. The following section examines other social issues that impact aged care in Japan.
3.4 Changes in Japanese social values affecting aged care

The sense of obligation and loyalty to family, work and country has played an important role in determining the Japanese people’s private or individual behaviour. Ruth Benedict’s *The Chrysanthemum and the Sword* (1946) is a classic Western text that explained Japanese thinking during the 1940s. Amongst her findings was that duty and social position profoundly bound the Japanese people. Nakane (1970) also argued that harmony within groups, including families, is especially valued in Japan. In respect to aged care, the notion of ‘shame’ was even stronger than ‘guilt’, if family care was not provided for the aged. ‘Terms such as “respectability” and “dishonour” in Japan [demonstrated] a high degree of social criticism of deviation from what was considered to be the norm’ (Yamada: 1998. 22).

As for the aged, after numerous comparative studies of pre-industrial and industrial societies, Cowgill stated that with the development of modernisation comes a decline in the relative status and security of the aged (Cowgill: 1972, 13). Some years later, Cowgill also postulated that, ‘some aspects of modernisation have a more detrimental effect on the elderly than [on] others, especially “modern technology” (both industry and medicine), urbanisation and education’ (Holmes & Holmes: 1995).

On the other hand, Kiefer argues strongly against Cowgill’s position, stating that his argument depended on the particular society’s trajectory. Kiefer cites Japan as one of the exceptions to Cowgill’s theory because of the cultural and historical contexts of age-grading, Confucian tradition and the
corporate structure (Wada: 1995, 48). Palmore also described Japanese society as a serene, beautiful environment where old people are respected, cherished, and well cared for (Palmore: 1975, 64).

The exterior observations that aged people are not just tolerated but venerated can sometimes be a *tatema* [a principle] rather than the *honne* [one’s true motive]. Special ‘silver seats’ for the aged and the disabled on public transportation, honorific salutations and bowing, even the annual ‘Respect for the Elderly’ day are not necessarily a reliable indicator of the society’s true attitude towards the elderly people. Moreover, the perceptions of attitudes towards the elderly in the 1970s have altered over the last thirty years (see Sections 3.3 and 3.5).

Even in the 1970s, there were scholars who pointed to negative aspects of ageing in Japan. Whilst commending the Japanese custom whereby elderly men lived in dignity (Plath: 1972, 133), Plath observed that there was a relatively high rate of suicide amongst the aged in Japan (see Figure 3.1, Sokolovsky: 1997, 185; Foreign Press Center: 2000, 11; and Pampel: 1996, 348). Furthermore, he noted that the term ‘*obasute*’ [disposing of grannies] was still being used to refer negatively to the elderly living alone or in aged homes (Plath: 1972, 135-7) (see also Section 3.2). However, despite the fact that Japanese elderly people are increasingly living alone, the ratio of those residing with their families remains higher than other advanced countries (see figures in Section 4.2 b).

Earlier in this chapter, I argued that it is likely that independent living will
increasingly become accepted for the future elderly population in Japan and not only because of lack of family care. In recent years, there have been increasing opportunities to work after the age of 60, which strengthens the financial situation for the aged. Raising mandatory retirement age has given opportunities for older workers to remain actively employed longer. The fraction of companies with mandatory retirement age over 60 was 55.4 per cent in 1985 but has continued to increase to 90.2 per cent in 1997 (White Paper on the Aged, 1998, 76).

Furthermore, the Japanese government assists older workers to maintain employment by providing subsidies to employers who meet one of the following conditions: (a) extend employment of employees until the age of 65; (b) maintain a specified proportion of older workers; (c) provide public training courses for older workers nearing mandatory retirement age (OECD: 1996, 78). Silver Human Resources Centres exemplify public assistance in finding employment for people over the age of 60. The number of centres rose from 370 in 1988 to 1,328 in 1998 while the number of senior citizens registered for employment at these centres rose from 180,000 to 538,000 during the same period (Sasaki: 2000, 21).

Government spending on social welfare for the aged has been gradually increasing over the last decade but this category of spending is still relatively smaller than in other advanced nations. In 1996/1997, the share of GNP spent on social security benefits in Japan was 12.1 per cent compared to 18.7 per cent in France, 19.5 per cent in Italy, 14.3 per cent in Germany, and 7.9 per cent in the USA (Foreign Press Center: 2000, 77). On the other
hand, the ratio of social security expenditure for the elderly (pension, medical care and welfare expenditures for those aged 65 years and over) to total social security expenditure in Japan has risen considerably —33.0 per cent in 1975, 43.4 per cent in 1980, 52.9 per cent in 1985, 59.1 per cent in 1990 to 62.9 per cent in 1995 (Foreign Press Center: 2000, 78). The actual social security expenditure for the elderly has also risen from 3.9 trillion yen in 1975 to 40.7 trillion yen in 1995 (pg. 78). It is important that funds are not merely increased but directed effectively to assist the aged. Lawrence (1985) believes that it will enhance the lives of more aged people by diverting funds from medical and hospital care to social welfare facilities and home care services in order to support the elderly to remain active at home.

The notion of expecting more government assistance and relying less on family care in old age is partly due to social attitudes changing from a 'group' focus to an 'individual' focus. This has become more noticeable following the Oil Shock in the 1970s. It is widely accepted that the characteristic of giving priority to the 'group' before oneself or any other individual was once believed to represent the nature of Japanese society. As the economy re-gained stability in the 1970s and as diversification and decentralisation became the key to economic success, 'individualism' became more widely accepted in place of 'groupism'. Prior to the Oil Shock, the system of life-long employment and the seniority system ensured security for workers and the display of 'groupism' was a natural outcome to people who belonged to organisations for life. This 'groupism', in turn, contributed to high economic growth. Furthermore, the more
affluent and stable economy in the 1980s allowed people more ‘free time’ for families and leisure as well as the luxury of becoming more individualistic in life style choices.

‘Groupism’ used to include extended families as a ‘group’ but as society became more ‘individual’ focused, people began choosing life options depending on individual circumstances. The International Year of Women (1975), the enactment of Equal Employment Opportunity Law (1986), the Family-Care Leave Law (1995), the Revised Equal Employment Opportunity Law (1999) have also influenced society, particularly women, to consider additional choices in life styles. The next section addresses how these changes have affected aged care in Japan.

The individual and subjective views and wishes of the aged regarding their lives are diversifying. However, there is sometimes little choice in the way they are cared for because family structures and the social values of women (Section 3.5) and children (Section 3.6) have become increasingly variable.

3.5 Changes in the role of women affecting aged care

The role of women in the family and in the workforce is a major factor affecting the structure and running of families. This includes women’s role in caring for the elderly in their families. One important issue to be addressed, according to Hashimoto, is the undue burden placed on women as primary care-givers (Hashimoto: 1996). Jenike’s research also highlights
the burden on women, in particular older women, caring for very old parents and parents-in-law (cited in Sokolovsky: 1997, 218-237). Regardless of the fact that popular writers like Airyoshi have written novels like *A Man in Ecstasy* (1972) detailing the burden placed on women in aged care, there has been relatively little documentation on matters relating to the welfare of Japanese women until recently. Although more than half the population of Japan is made up of women, they have traditionally been reluctant to publicly voice difficulties in their numerous responsibilities including those as care-givers.

The traditional family system represented a unit with a patriarchal head under which the females functioned as daughters, wives and mothers. As a wife, the woman belonged to her husband’s family line as his subordinate. Until very recently, the family registration system required that upon marriage, the wife and husband take the same surname. This could be the pre-marriage surname of either the husband or the wife, but in most cases the choice was the man’s surname. The family registration system of formally being registered as belonging to a male-dominated conventional family structure allowed women a ‘proper’ station in society. Thus, it has been a major revolution for women to be given the freedom to choose not to marry or not to have children. These options, however, have numerous implications both for families and for society at large. On the other hand, despite increasing choices in lifestyle for the Japanese women, Yashiro (1996) argues that even at the end of the twentieth century the Japanese social system tends to treat full-time homemakers more favourably than women who remain unmarried for the sake of their careers or who continue
to work after marrying.

In the traditional agrarian society, Japanese women played a vital role working and contributing to the well-being of the economy by working on the land and in family businesses. However, in more recent years, their contribution has been mostly by filling in part-time, low-paid positions in times of labour shortage. Figures in the early 1990s show that ‘more than half of all women between 15 and 65 years of age are engaged in waged labour’ (Sugimoto: 1997, 142). The following table shows that the average proportion of female workers in major industries is increasing.

Table 3.1

Percentage of Female Workers in Industries

Please see print copy for image

(Asahi Shinbun Japan Almanac 1999, 105)

Industries included are construction, manufacturing, transportation, communication, distribution, restaurant, finance, real estate, and general service.

According to Ministry of Labour statistics, the overall number of employed women increased by 7.6 million, or 56.3 per cent, between 1980 and 1999, compared with 6.0 million, or 22.9 per cent, for men. In 1999, women accounted for 39.7 per cent of all workers. Behind this growth were such factors as women’s heightened desire to work, the 1996 Equal Employment Opportunity Law, and the 1995 Family-Care Leave Law. (Foreign Press
The increase in the number of women in paid work has led to changes in the family, particularly to changes in the expectation of the role of females in providing aged care. Nevertheless, women are more likely to give up work and care for their aged parents rather than purchase care by working (Lechner & Sasaki: 1995, 102). Whilst this may lighten the total aged care costs for the public on the whole, politicians and members of the public also recognise the significant contribution by women participating in the workforce—"as Japanese society ages, the participation of women in the workforce will be crucial" (Highbridge: 2000, 46).

According to the traditional gender division of labour, women carried the task of elderly caring and thus, the problems of aged care were mainly women's concern. For a Japanese female, obedience is prescribed as firstly obeying her father as a child, secondly, obeying her husband in marriage, and finally obeying her son if she is widowed. Women traditionally accepted this expectation by families and society, offering little resistance until after the Second World War. Both modern and post-modern ways of thinking have been catalysts in the changing mode of attitude and behaviour towards the aged. As mentioned before, the increasing proportion of the female population in paid employment is directly linked to the decreasing proportion of the female population available to carry out the day to day care of the aged at home. Furthermore, the increasing number of people opting not to marry or not to have children in marriage has shifted the burden of aged care from families to society in general.
However, even as female participation in the workforce rises and despite the 'liberating' attitude and changing laws in Japanese society, there is nevertheless still a relatively high proportion of aged people being cared for by their daughters or even more so their daughters-in-law, compared to other industrialised nations. In 1995, 32.1 per cent of aged people were co-residing with their son’s family and 9.6 per cent with their daughter’s family whereas in the USA, the figures were 1.1 per cent and 2.5 per cent, respectively (White Paper of Aged Population: 1998, 52). Even with more women being employed outside the home, a high proportion of married women’s employment is part-time. Furthermore, not withstanding the fact of the decreasing number of children being born per couple, it often only requires one child to be the care provider of aged parents. It is possible that the traditional role of the care-giver will shift more from daughters-in-law to daughters. It was in the 1980s that an ideal prospective husband became known as a man with ‘ie tsuki, kaa tsuki, baba nuki’, meaning a groom with a house and car but no mother-in-law for the prospective wife. A survey in early 1990s of college-age women in Japan revealed general uncertainty in their attitudes regarding future care of their parents in old age (Kallin: 1993, 275).

The reality of the shift in care from daughters-in-law to daughters, however, has changed for reasons other than liberation from the hitherto fixed expectation that women would care for their families. Firstly, the number of years that aged people may require care, albeit in varying degrees, has continued to increase. It is not uncommon for care-givers to be over 60 years and themselves in need of care. Long term care-giving is difficult
enough for a daughter but even more of a strain for daughters-in-law. The strain of caring for the aged for a prolonged period of time is no longer just a family worry but a social issue with which the government is attempting to grapple. It is estimated that 90 per cent of family care-givers are female and that burden can become so heavy that it can lead to elderly abuse and neglect (Sodei: 1998, A16).

Secondly, as the ‘nuclear’ family system has spread, actual housing space has shrunk and there is inadequate room for additional family members. Thirdly, employment conditions have altered, requiring workers to relocate in jobs that are no longer confined within the local area, let alone within Japan. It is not easy for elderly people to re-settle in new places, especially if the move is temporary and the location is outside their comfort and support areas. Such factors, added to the growing participation of women in the workforce, mean there are decreasing numbers of females available to satisfy the increasing demand for aged care within families.

The changes in the position of women as the main care-givers of the elderly also affect their children’s views on caring for their parents and grandparents. Moreover, the environments in which post-War children have been brought up have also been influential in shaping their sense of responsibility to families. From an economic point of view, there is also a need to take measures that will avert major changes in the redistribution of income among generations as society ages. Increasing aged dependency tends to create a heavier financial burden on younger generations. ‘With younger people footing the bill for the elderly, an inter-generational
injustice is in the making' (Kimura: 1996, 57). The following section discusses how these factors are affecting future aged care options in Japan.

3.6 Changes in the attitudes of the younger generation affecting aged care

There have been numerous articles in the Japanese media concerning the changing attitudes of the younger generation, which stem from the shift in belief systems from a group orientation to an individual orientation. Although the thesis does not attempt to assess or analyse these changes, selected areas are discussed to demonstrate how attitudes of the younger generation affect society and more specifically aged care. Some of these changes have been discussed earlier, such as the popularised ‘new single’ concept to enjoy life without being pressured to marry which emerged in the last half of the 1980s (Retherford, Ogawa & Sakamoto: 1996, 15). This section examines some of the changes in the environment in which Japanese children are brought up that affect their attitudes in relation to future aged care.

Whilst Japanese society remained essentially an agrarian society, it was customary to share festivals and celebrations with extended families. With industrialisation, urbanisation expanded whilst rural society diminished. The nuclear family system became increasingly common and more children became accustomed to living in smaller houses or apartments in the cities rather than co-residing with grandparents in rural areas.
Urbanisation caused intergenerational relationships to weaken. Furthermore, the Tokyo Olympic Games in 1964 resulted in a widespread television ownership and children began spending more time watching TV than communicating with family members in the homes. In addition, as tertiary education began to make its mark in the 1970s, the post-War 'baby boomers' were competing to achieve positions at reputable universities and in prestigious companies. There was thus a rise in attendance at 'cram' schools outside school hours. These factors made children rely more on individual entertainment such as the television and computer games rather than group activities. Thus, social and group extra curricular activities diminished.

It appears that the cost of material affluence and increasing use of modern technology led to a decline in the interaction between children, except in schools. By the end of the 70s, materialistically, Japan had become relatively well off at a level comparable to other industrialised nations. According to the Economic Planning Agency figures, the GNP per person (in thousands of yen) increased from 94 in 1955, 335 in 1965, and 1,329 in 1975 and to 2,056 in 1980. Moreover, the per capita GDP (in Japan in US$) in 1980 was 9,068 compared to 12,224 in USA, 12,335 in France, 9,481 in UK, and 7,973 in Italy (Foreign Press Center: 2000, 31).

Lack of group interaction in childhood is thought to produce adults with poor interactive skills (Akashi: 1999). In group situations children learn to handle conflict and differences in opinions. With little interaction in childhood, Japanese society may develop with adults lacking in social skills.
Chapter 3: Social changes and aged care in Japan

to interact successfully with others, including the elderly.

In recent years, there has been an increase in the incidence of school violence, classroom bullying and crimes committed by children. Although the reported incidents of bullying in public schools fell from a peak of 60,096 in FY1995 to 36,396 in FY1998, there were 10,106 schools (25.5 per cent of all schools) where bullying cases were reported (Foreign Press Center: 2000, 97). Moreover, ‘in FY1998, reported cases of school violence numbered 35,232, up 23.5 per cent from the previous year, of which 26,783 occurred at junior high schools and 6,743 at high schools’ (pg. 97).

In an attempt to develop a deeper sense of respect and care for the community and all who live in it, a new subject called ‘Life and Environment Studies’ was introduced into the primary schools in 1992. Since the traditional dootoku [Morality] subject was abolished from the curriculum after the Second World War, there had been no official replacement subject dealing with citizenship and moral issues. The result was that the notion of obligation and duty to care for the aged and the value of expressing respect and compassion towards the elderly population had not been officially taught in schools in the last few decades.

What children learn in their homes and at schools profoundly affects their social conscience. Japan is at another ‘turning point’ historically as family structures and social customs undergo changes towards ‘individualism’ with the advent of industrial modernisation and economic prosperity. Government measures such as the mandatory Long Term Care Insurance
(2000) and the increasing tax burden for the younger generation to provide professional care for the aged may psychologically relieve some from physically taking on the care of aged parents. On the other hand, the traditional values of family members and their responsibilities, especially wide acceptance of supporting dependent aged parents, are so deeply rooted in Japanese cultures that the pull in both directions is apt to continue for a number of years. A crucial factor swaying the balance between independence and dependency on family care in old age is found in the role that government takes regarding support and care in old age.

3.7 Changes in the role of the government affecting aged care

There has been a changing role for government in its delivery of social welfare benefits, in particular the provision of aged pensions and medical and other welfare services for the aged. Welfare priority for the Japanese government in the initial period after the defeat in the Second World War was in financial aid for people impoverished by the war. ‘It was after 1945 that the state responsibility for welfare policy was officially made manifest in Japan for the first time’ (Takahashi: 1997, 218). ‘Social welfare is guaranteed by Article 25 of the Japanese constitution which states that the government must not only guarantee, but also promote and improve, social services’ (Ida: 1996, 1527). However, economic growth remained the primary goal of the government in the decades after the war and much in way of social welfare was provided by communities and families. In light of demographic and social changes, the government has come to realise the
urgency of adopting policies that rely less on non-public support for Japan’s welfare.

This section outlines the government initiatives and legislation that affect aged care. In particular, the post-War government involvement in the care of the aged is discussed in order to position technology options in policies that affect the quantity and quality of available care for the aged in Japan.

1) Government policies relating to the aged pension

The government system providing old age benefits began with the Onkyuu [pension] system in 1875, which was a limited scheme for retired army and navy servicemen. It gradually expanded to include government officials, teachers and policemen.

The first pension scheme for an employee in the private sector, namely The Seamen’s Insurance Law, was enacted in 1939. A notable step was taken towards securing a minimum income after retirement when the Labourers’ Pension Insurance was introduced in 1942, covering employees in major industries. This was revised in 1944 to enhance morale during the war and at the same time, to enable the government to procure finance for military expenses through insurance contributions. Moreover, this law became the foundation for the present day Employees’ Pension Insurance (Koosei Nenkin Hoken). Further revisions to this law in the 1950s enabled the inclusion in a pension program (Kokumin Nenkin Hoken) of those in private enterprises with a very small number of employees, the self-employed,
farmers, housewives, and other groups of workers. The National Pension Insurance Law for Self-employed Persons was enacted in 1959. From 1961 it has been a legal requirement for all working age Japanese (20 to 60 years of age) to be covered by a public pension program which provides for old age, disability, and survivor benefits.

The major development in the 1980s relating to the aged pension was a major reformation of the public pension system. In 1985/86, the system was simplified and reorganised into a two-tiered system. At one level is the basic and mandatory pension coverage (the National Pension program) which is provided for all Japanese citizens. At a different level, additional coverage and benefits are optional through programs such as the Employees' Pension Insurance program and the Mutual Aid Association pension (Koodansha Encyclopedia, 1998, 366-70).

The eligibility age to receive the old age pension was raised from 60 to 65 years under the revised National Pension Law of 1994 but has remained at 60 years of age for Employees' and Mutual aid pensions (Foreign Press Center: 2000, 79).

2) Post-War Government policies relating to medical and welfare services for aged people

Excluding the pension system discussed above, government legislation between 1947 and 1950 to protect the fundamental human rights of the Japanese people includes the Child Welfare Law (1947), the Law for the

In 1960, life expectancy at birth reached 70.2 for females (65.3 for males). It was in the 1960s that a law specifically focusing on the aged was enacted, namely the Law for the Welfare of the Elderly (1963) stipulating basic principles relating to the elderly and regulating welfare services for the elderly. Although some argue that the sheer existence of this law has played a significant role in the subsequent development of care services for the elderly, the law itself did not prompt the initiation of any new programs. However, the national government set up a subsidy program for local governments to provide and run senior citizen centres and ‘clubs’ for old people in their own community in order to promote the well-being of the aged through interaction with each other. It is estimated that ‘there are more than 130,000 such old people’s clubs throughout Japan, and about 8,700,000 members (approximately 37 per cent of those over the age of 60)’ (JARC: 1996, 92). Senior citizen centres not only provide counselling, health, cultural, and recreational services, but there is also a strong element of educational services in the form of classes and lectures covering a wide range of topics. In 1966 the national holiday ‘Keiroo no hi’ [Respect for the Aged Day] was proclaimed. At the end of the decade, the program ‘No Charge for the Old Age (over the age of 70) Medical Care’ began in Tokyo.

The 1970s saw free medical services for those over the age of 70 extend to a national level and an income tax deduction program for those supporting
family members over the age of 70. ‘The purpose of [this] tax deduction program [was] to stimulate and promote traditional family support and care of ageing parents, especially those who are frail and impaired, in their own homes [and not in institutions]’ (JARC: 1996, 92). The government was focused on economic growth and continued to promote the traditional model of aged care.

The First Year of Welfare was declared in 1973 just prior to the first Oil Shock. In the same year, the Ministry of Education also began the National Support for the Elderly Education Program in 1973, providing educational courses for senior citizens through the local governments. The Life Cycle Plan was presented in 1975 promoting the Japanese model of welfare society and the improvement of pension and health systems. In 1979, the Liberal Democratic Party also released a report on the Japanese model of welfare society. This model sought to increase the supply of welfare from the non-public sector (Takahashi: 1997, 220).

The 1980s saw numerous government initiatives to improve aged care. The Law for Health and Medical Services for the Elderly was enacted in 1982 based on the 1963 Law for the Welfare of the Elderly. This increased the number of services for the aged. In addition, the age qualification for free or near free health check up services was lowered from 60 to 40 years of age with the aim of early detection of disease and improved health for present and future senior citizens. By 1985, life expectancy at birth for females had reached 80 and Japan boasted the world’s longest life expectancy at birth. Realising that Japan was rapidly heading towards becoming the most aged
country by 2020, the national government established various committees to
investigate and evaluate policies in relation to this. Cabinet drew up a
Guideline on Policy for a Society of Longevity [Chooju Shakai Taisaku
Taikoo] in 1986. The policy statements were more abstract than specific but
it did mark the start of a serious attempt to face demographic changes and
review policies to meet the changing needs in Japanese society.

An example of a concrete measure to enhance aged care was the
introduction of the National Registration System of Trained Care Workers
in 1987, followed by the first national examination for care workers in early
1989. This system provides standardised control of the quantity and quality
of professional care workers in Japan. In addition, the national subsidy
program for Health Care Facilities for the Elderly [Roojin Hoken Shisetsu]
was established in 1986. These measures aim to facilitate the means to
deliver more appropriate aged care, especially for those suffering from
chronic disease and requiring constant care.

Prior to 1986, aged patients with chronic diseases were either hospitalised
for a long period of time or placed in nursing homes without adequate
medical care. Lenient medical insurance regulations regarding long stays in
hospitals and lack of government provision for home care services were the
main reasons that many aged people were hospitalised for long periods
causing a substantial drain on public finance. In an attempt to solve the
profound inadequacy of the long term care service, government accelerated
the development of long term care institutions through public sickness
insurance funds. Moreover, in the light of the predicted increasing numbers
of the elderly population without family support, the government also
started the National Sheltered Housing Program for the Elderly in 1988.
Such housing allows people to maintain a level of independence and helps
keep down the demand and social cost of institutional care.

By 1990, the aged population in Japan had increased to 12.0 per cent of the
total population. As the public became increasingly aware of the
implications of Japan’s ageing population, more people expressed concerns.
In response to the growing concerns, the government implemented the ‘Ten-
year Strategy for the Promotion of Health and Welfare Services for the
Plan]. In recognition of the increasing demand for care and services needed
for the elderly, both Gold Plans detailed the government programs to
increase essential services for the aged. Both Gold Plans represent
‘bureaucratic initiatives and guidelines for a range of health and social care
policies for the elderly (Usui & Palley: 1997, 360-1).

Much of the additional services that were to be provided by the Gold Plans
were in-home care for the elderly designed to minimise the need for
institutionalising the aged. In other words, policy initiatives of the Gold
Plans ‘seek to provide a structure of public support to maintain the well-
being of the Japanese elderly within the family and community context’
(Usui & Palley: 1997, 376). This is in line with the recommendation in the
government’s White Paper on Health and Welfare of 1987 that some of the
responsibility for caring for elderly patients be shifted from hospitals to
family care-givers.
During the 1990s a number of laws relating to social welfare and health services for the elderly were revised. In addition, laws to support the disabled (1993 The Law for Persons with Disabilities), the young (1994 Angel Plan), and both the young and old (1995 The Law for the Child Care and Elderly Care Leave) were enacted. Moreover, the commencement of services such as the Visiting Nurse Services (1992) and planning of elderly health and welfare support by all municipalities (1993) indicated the evolution of government’s role in relation to aged care.

The trend was set towards decentralising aged care responsibilities to municipalities. According to Takao (1998), increasing local government obligation reflects organisational growth in the welfare state. Although the Gold Plans emphasise the role of municipality, being the level of government closest to the community and citizens, some researchers argue that the Plans will be difficult to implement in rural areas because of factors such as geographical isolation and a disproportionately large number of elderly citizens (Hirayama & Miyazaki: 1996).

The Cabinet also made other decisions including the General Principles Concerning Measures for the Ageing Society [Kōresi Shakai Taisaku Taikō] in 1996 that led to the Long Term Care Insurance Law (enacted in December 1997). The Long Term Care Insurance Law was implemented in April 2000 and whilst experiencing some ‘teething’ problems, it is expected to reform aged care in a number of areas. For instance, aged care is available regardless of a person’s income or availability of family support, allowing middle-class elderly to access assistance. Previously, because of limited
services, elderly people on low incomes who passed the means test were given priority to the services. However, many middle class elderly people were also often without family support. Even with family support, the heavy burden of care fell on women on a long term basis and caused family crises. Under the new Long Term Care Insurance, the primary responsibility for long term care of the aged has for the first time moved from the family to the wider community and the government. Funding is provided equally from general revenue and from mandatory insurance contributions along with the 10 per cent payment from the recipient. Aged clients are assessed case by case and advised on suitable home-based or institutional services. However, there are choices for the aged in purchasing the kinds of services they want and this is a major step towards the aged themselves taking the responsibility for their care.

3.8 Conclusion

The reconstruction of the Japanese social system regarding the aged and their care has been a factor in altering the traditional perception of appropriate aged care. This chapter has examined other social factors, such as the changing Japanese family structure, that also profoundly influence aged care. Already there is a trend among Japanese senior citizens to be more independent of their children, thus breaking away from the traditional image of ‘inkyō’, an aged member of the family who is expected to retire quietly in a corner of their son’s home. As the family system moves towards voluntary relationships rather than the obligatory relationships of the past, a variety of forms of a modified ‘family’ will develop. The key issue
concerning aged care, too, will be addressed in numerous ways and may combine the resources found in families, friends, and outside organisations.

In summary, the most common contemporary Japanese 'family' has already been described as a nuclear family system of a father, mother and one or two children rather than the traditional household of three generations living together. The process of this change has been analysed in relation to the industrialisation process in Japan. However, the changes are not solely due to the declining ability and willingness for younger people to take sole responsibility in caring for ageing relatives. The provision of a universal pension system has also given Japanese elderly the option to be more independent financially than was possible in past years. ‘Results from the 1996 round of the International Comparative Survey of the Elderly indicate that the Japanese aged rely on public pensions to about the same extent as the elderly in the United States’ (Ogawa & Retherford: 1997, 72). Furthermore, the implementation of a Long Term Care Insurance Law (April 2000) for the elderly contributes towards additional choices in aged care outside the family.

In the past, it has been common for widowed aged people to seek their children's protection. However, recent surveys show that younger people view remarriage for themselves as a possible option if they are widowed in later years. This is an indication that more elderly people will be seeking companionship and mutual support from those in their own generation rather than relying totally on care from their children. It seems that elderly people are increasingly seeking close network support from the same gender
and similar age peers as well as family members and children (Koyano: 1998, Kendig & Koyano: 1999, 187).

In order for people to remain independent for as long as possible despite physical frailty, mutual support from those in their own generation is one possible solution. In light of changing family structure and changing social values and expectations, a trend towards staying as independent as possible in old age seems a natural phenomenon. Government endorses this move for obvious reasons. The ability to remain independent will be greatly enhanced by increasing the range of user-friendly goods and services that cater for the needs of the aged. Moreover, caring for the aged and disabled can also be enhanced with appropriate equipment as well as goods and services.

The next chapter outlines the development of technology in Japan to address social and economic needs and will demonstrate the inclination for Japanese society to seek solutions from technology. As the population of aged people continues to increase, there are numerous possible ways for technology to address the needs of the aged and aged care, especially in order to enhance the ability to remain independent. Different types of technology, particularly in relation to aged care, will be discussed in subsequent chapters including their role in aged care.