Measures to Aging in Japan

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Division/Theme: IAAP Division7 Applied Gerontology/APS Interest Group on Aging and Psychology

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An Anxiety of the Nursing Care of an Aging Society in Japan

Matsuura, T. (Jissen Women's University)
Elderly People's Road Safety in Japan

Naito, T. (Shinshu University)
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Yaguchi, K. (Tokai University)
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Discussants: Kashima, Y. (The University of Melbourne)
Humans, Aging Society, and Cultural Solutions

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The Japanese Association of Applied Psychology held invited symposiums focusing on social problems and the contributions of applied psychology in Japan at the last two ICAP (in Athens and in Singapore). This symposium will focus on social problems of aging and measures regarding aging in Japan, in order to manage the impact of aging on society in the world. Aging is progressing more rapidly in Japan than elsewhere. As a result, various measures have been executed. This symposium addresses social problems involving elderly people, such as community support, road safety, aging in the city and in the country, and health concerns. An American chairperson and a Japanese chairperson will moderate this symposium. Two discussants, one each from Japan and Australia, will also participate in the discussion. This symposium seeks to bring better understanding of the aging society and related measures to participants from all over the world.

The key learning outcomes are to:

(1) increase researchers' awareness of the various social impacts of aging,

(2) introduce measures against the negative influences of aging,

(3) encourage experts to address measures regarding aging throughout the world, and

(4) communicate with researchers and experts from around the world in order to develop better measures.

The symposium brought very active discussion by speakers, discussants, and the audience there.

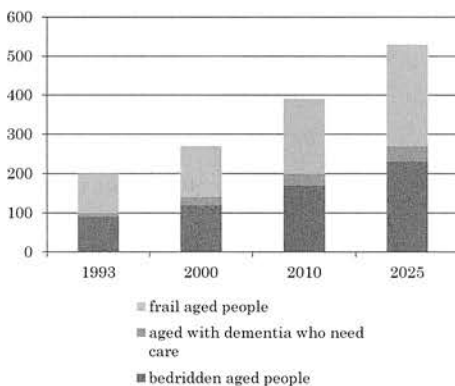# An Anxiety of the Nursing Care of an Aging Society in Japan

Hisako Nakao

1. Conditions of Japanese Elderly

Recently, the number of elderly people in Japan has rapidly increased, and the elderly currently make up 23% of the population. Aged people easily become ill and disabled. The number of patients with cancer, cardiovascular disease, cerebral apoplexy, dementia, osteoporosis, and joint motion disorders has been rising slowly with aging, with 50% of those aged 65 years or over complaining of some subjective physical symptoms (Fig. 1). Because the household structure of the aged has dynamically changed, we see an increasing number of aged couples and aged individuals living alone in urban areas. Furthermore, the number of three-generation families is decreasing in Japan (Fig. 2).

Many aged people want to live in their homes as long as possible. However, they do not have barrier–free housing, and it is difficult for them to have 24-hour support. Therefore, they want to remodel their homes and continue to live there (Fig. 3).

Many frail aged people who need care want to live in a public nursing home, but there are not enough nursing homes for the aged. The Long-Term Care Insurance System for aged people was initiated in 2000. However, there are not enough support systems to handle the health, economic,
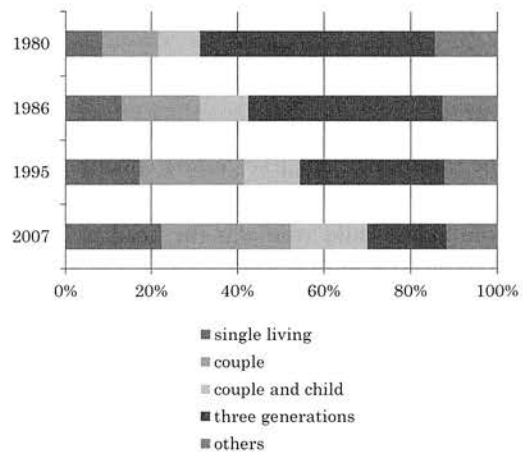
Fig. 2. Transition of household composition with elderly persons. Comprehensive survey of living conditions of the people on health and welfare, Annual Report on elderly society, Cabinet office, Government of Japan, 2008.

Fig. 1. Increase of the aged people needing nursing care (10,000 people). Estimate based on comprehensive survey of living conditions of the people on health and welfare, Ministry of Health, patient survey and survey of actual situation social welfare institutions, Ministry of Labour and Welfare.
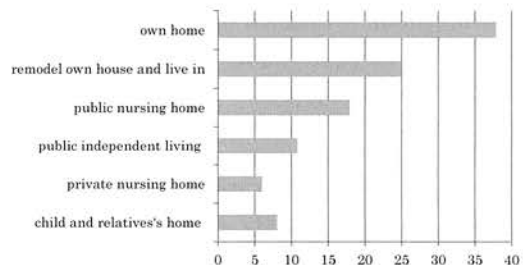
Fig. 3. Where do weak aged people hope to live in? Live in place and life environment of opinion poll among the aged people, Annual Report on elderly society, Cabinet office, Government of Japan.
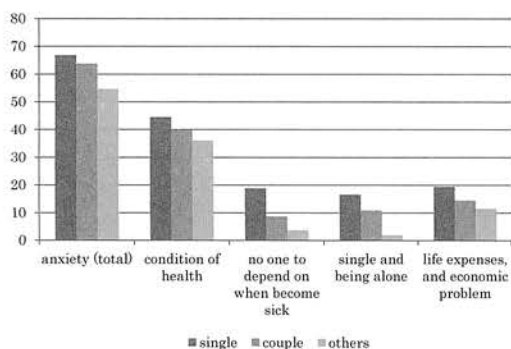
Fig. 4. Worry and anxiety among the elderly. Anxiety among the elderly about daily living in the future. Cabinet office, Government of Japan, 2004.

Fig. 5 Relation model of housebound and other factors. Prevention & support manual at housebound (2009).

Fig. 6. Suicide rate on those aged 65 years and older. Suicide rates by gender and age Country reports and charts available of Japan, Canada, France, United Kingdom, USA, Italy and Germany—WHO (2006).

Fig. 7. Motive for suicide
Classified by motive, on the number of suicide in Japan, National Police Agency (2010).

life satisfaction, and household issues. Many elderly people are anxious about their last days. The most common issue is their health, which is related to the need for care (Fig. 4).

2. Psychological features of Japanese elderly

The traditional Japanese culture encourages respect forthe elderly. In the past, it was common for the oldest child who was the head of household to take care of his weak aging parents. However, with the abolition of the family system and change in the household structure, such a relationship has become ambiguous. Aged people need care when they become less active or suffer from malnutrition due to weakened oral function. However, Japanese people hold a moral value that it is not good to cause neighbors and family members hardship. Subsequently, aged people tend to seclude themselves in their homes. These housebound tend to suffer from depression, low activity, malnutrition, weakened oral function, and dementia (Fig. 5). Chronic physical illness and crisis in social relationships lead to depression and may trigger suicide attempts.

More than 30,000 people attempt suicide annually in Japan, and 35% of them are elderly. Japan has a high rate of suicide among the Group of Seven (G7) (Fig. 6). The number of suicides in men is higher than in women. The most significant factor for suicide is physical and mental suffering due to illness and depression. Anothe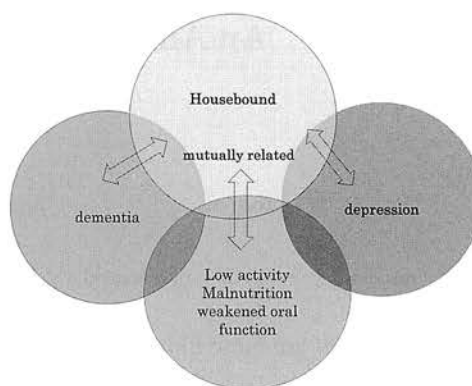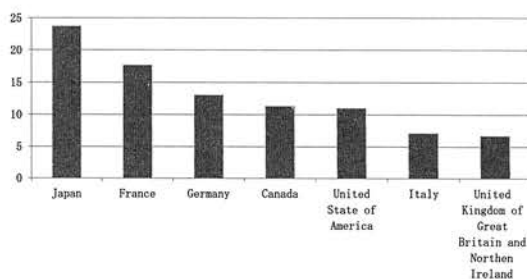r significant factor for suicide is the situation surrounding aged people (Fig. 7). They tend to become less active, have a sense of loss, and lack a feeling of happiness; as a result,they are likely to suffer from depression and thus are at a higher

Fig. 8　Background of suicide among aged people. "The sun set in clouds," free photographic material.

Fig. 9-2　Meal delivery. "meal delivery service," earth support.

risk of suicide (Fig. 8).

3.　Approaches to reduce the anxiety of the elderly

In order to reduce the number of the housebound aged people in Japan, both public and private sectors have recently initiated preventive measures. In each region, various services (e.g., health education, health screening, meal delivery service, visiting nurses, family support, and prevention activities) are provided. Some aged people exercise their muscles and engage in balance training with help of volunteers (Fig. 9-1). Improvement of physical ability is related to the quality of the aged person's life. Meal delivery services are provided with financial assistance from the community welfare agency (Fig. 9-2). Daily shopping and cooking is a burden for frail,

Fig. 9-3　Vegetable gardening group. "horticulture therapy for aged people."

aged people; thus, meal delivery can improve both their nutritional status and their quality of life. Some aged people enjoy vegetable gardening and sharing the pleasure of harvest with friends. They also enjoy eating their vegetables (Fig. 9-3).

In Japan, the aged population has rapidly in-

Fig. 9-1　Prevention exercise of turned over. "Motivation and role in aged life," aging and health network, Japan Foundation for Ageing and Health.

Fig. 10　Senior couple with smile "senior couple," photo library.

creased over the past 40 years. This population faces many challenges in leading a safe and comfortable life. New useful approaches are needed to reduce the anxiety of aging and to improve the elderly's quality of life (Fig. 10).

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Elderly People's Road Safety in Japan

Tsuneo Matsuura

Key words: elderly people, road accidents, traffic environment, mobility

Introduction

Elderly people need the same level of mobility as younger people. However, the recent increase in both the population of elderly people and their mobility has influenced road safety in Japan. Here, we report on pedestrian and vehicle accidents involving elderly people and measures to solve them.

Accidents among Japan's elderly

Analysis of trends in road deaths in Japan indicates that fatalities have decreased by 50% in the past 10 years. However, the percentage of people
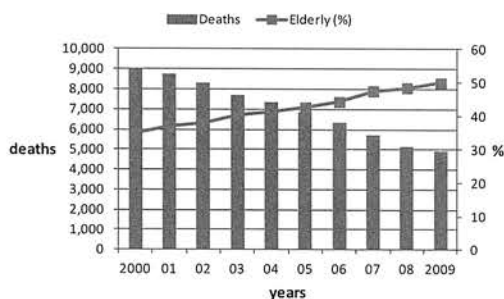
Fig. 2.　Fatality by road user type for elderly people.[1]

aged 65 and over who were killed on the road has increased from 33% to 50% (Fig. 1). Figure 2 indicates that many older people are killed as pedestrians and as drivers or passengers in motor vehicles. Thus, we focus on pedestrian and vehicle accidents in this presentation.

Elderly pedestrian accidents

We address three characteristics of accidents involving elderly pedestrians. The first characteristic is their poor knowledge of road traffic. Table 1 indicates that only a few elderly pedestrians involved in accidents have driver licenses. For example, in 2004 only 14% of killed pedestrians

Fig. 1.　Accident deaths and the percentage of elderly people in the past 10 years.[1]

Table 1. Percent of injured or killed elderly pedestrians who had driver licenses[2), 3)]

Studyyear	Subject	N	The percentage of people that hold a driver's license	
			Accident involved older pedestrians	Population of older people
1991	Injured pedestrians	16,008	4.6	20.3
2004	Killed pedestrians	1,491	14.0	37.1

had driver licenses, although 37 % of the entire elderly population had licenses.

The second characteristic is that elderly pedestrians are more likely to jaywalk, crossing the road near a pedestrian crossing or where crossing is prohibited (Fig. 3).

The third characteristic is the increase in elderly pedestrian fatalities at dusk in the autumn. Pedestrian fatalities increase greatly from September to December, especially early in the evening (Fig. 4).

Measures to assist elderly pedestrians

Two countermeasures address elderly pedestrian accidents. One is home visits by municipal officers, police officers, and voluntary groups such as Traffic Safety Mothers. Elderly people, especially those with no driver's license, have few opportunities to receive safety instruction and training. Such home visits can provide them with informa-

Fig. 3. Fatalities of pedestrians by age group and type of violation.[4)]
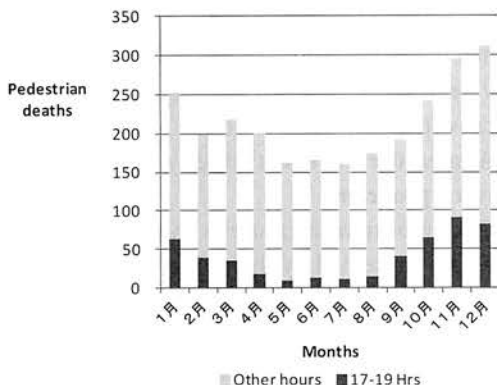
Fig. 4. Road deaths of pedestrians by month and time.[5)]

Fig. 5. Home visits by municipal officers, police officers, and voluntary groups such as Traffic Safety Mothers.[6), 7)]

Fig. 6.　Promoting the use of reflective material.[8]
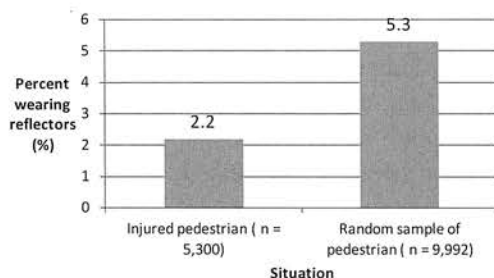
Fig. 7.　Reflector-wearing rate of injured pedestrians and a random sample of pedestrians.[9]

Fig. 8.　Fatal accidents by age group and type of accident.[4]

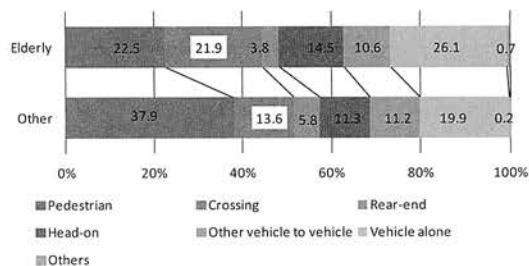**Fig. 9.**　Typical stop-sign-controlled intersection.[12]

tion on traffic safety and traffic safety tips (Fig. 5).

The second measure is to promote the use of reflectors, through such organizations as the Traffic Safety Association (Fig. 6). Wearing reflective materials or clothes can prevent night-time accidents because drivers can see pedestrians from a longer distance.

Figure 7 indicates the percentages of reflector use by injured pedestrians and by a random sample of pedestrians. Reflector use in the night-time was not popular with either group. However, reflector-wearing pedestrians were 60% less likely to be involved in accidents than pedestrians not wearing reflective materials.

Elderly driver accidents

Many elderly people suffer from mental and physical problems such as slow information processing, weak eyesight in poor light, stroke, and pain. Although compensatory driving can prevent accidents to some degree,[10), 11)] these problems

negatively affect driving behavior. They cause driving limitations and cessation, as well as accidents.

Of traffic accidents involving two or more vehicles in Japan, the most common types are rear-end collision for injury accidents and crossing collision for fatal accidents.

Figure 8 indicates that elderly drivers are more likely to cause crossing accidents than younger drivers. Figure 9 depicts a typical stop-sign-controlled intersection. Crossing collisions, especially right-angle collisions, often occur at this type of intersection. Elderly drivers tend to forget, ignore, or fail to see the stop sign because they think that few vehicles come from the intersecting road or because they drive inattentively.

A measure to assist elderly drivers: senior drivers' program

One important measure is the Senior Drivers' Program presented by the police. Drivers aged 70 and over who want to renew their driver license must attend the program every three years. A total of 1.4 million drivers participated in 2008. The course is taken at driving schools near their home.

This program includes lecture and discussion, a driving aptitude test, and driving with an instructor in a car for a total of three hours. A cognitive function test is also compulsory for drivers aged 75 years and older to identify drivers with suspected dementia.

Summary

We have suffered from the problem of traffic accidents involving elderly people because of their rapid increase in population. Fortunately, however, elderly people fatalities have decreased slightly in the past 10 years.

We have discussed a few measures to assist elderly pedestrians and drivers. The measures seem to be contributing to their traffic safety. However, many problems remain unsolved. One such problem involves mobility and traffic safety for elderly people who do not have a car. Applied psychologists are expected to find a solution.

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Communities with Very High Percentage of the Aged: Major Cities and the Country

Tetsuo Naito[*]

Key words: elderly, community, economy, residents, Japan

The percentage of the aged is high throughout Japan. with proportions fluctuating in different places. In general, a higher ratio of the elderly causes economic, cultural, and population decline in the community. It ultimately results in difficulties in everyday life and the extinction of identity among residents. Ohno (1998), a sociological researcher of mountain villages, classified communities from surviving to extinct (Table 1). Quasi-boundary and boundary communities exist not only in farming, mountain, and fishing villages, but also in urban areas. Here, I focus on communities where the percentage of the aged is very high; differences between the country and the major city; and measures to maintain the health, dignity, and community identity of the aged. I also address measures to revitalize communities.

Situations in the country—Nagano Prefecture

The government estimates that many rural communities will disappear, mainly because the youth leave to go to the city for higher education, more suitable jobs, and more convenient lives. An example is Nagano Prefecture, which is surrounded by mountains and is made up of many farming and mountain villages. In the northern and southern parts of this prefecture, boundary areas exist where more than 50% of the residents are 65 years old or older. In the northern part, quasi-boundary areas exist where more than 50% of the residents are 55 years old or older. The population is decreasing. Most inhabitants are aging and feel that work is hard for them. Many shops have closed. There is no hospital. Means of transportation have decreased or disappeared. The functions of the community have also disappeared. Thus, the aged in such boundary areas face difficulties of everyday life and a crisis of their identity as residents of the land passed down from their ancestors and memory keepers of traditional culture. This situation is similar in farming, mountain, and fishing villages.

Situations in major cities—Tokyo Metropolis
52% of residents are 65 years old or older.
Toyama housing complex in Shinjuku-ku, Tokyo

An example of the situation in a major city. a boundary community developed in the Tokyo Metropolis. However, the housing complex has not yet become superannuated. The buildings

Table 1. Classification of communities

Surviving community
 *More than 50% of residents are younger than 55 years old.
 *The next generation takes up residence, and the functions of the community continue.
 ↓
Quasi-boundary community
 *More than 50% of residents are 55 years old or older.
 *The functions of the community continue, but the next generation does not necessarily have a home. There is a possibility that the community will become a boundary community.
 ↓
Boundary community
 *More than 50% of residents are 65 years old or older.
 *The age of the population has risen, and the functions of the community are between surviving and disappearing.
 ↓
Extinct **community**
 *There are no inhabitants.
 *The community has disappeared.

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Fig. 1. Toyama housing complex.

Fig. 2. One-person housing.

Fig. 3. Resident with a plastic bag.

Fig. 4. Housing complex under construction.

have been repaired and are clean.

In the Toyama Housing Complex in Hyakunin-cho, Shinjuku-ku, Tokyo, 52% of the residents are 65 years old or older. This housing complex is managed by the Public Corporation of Tokyo Metropolis.

Here, 60% of residents who are 74 years old or older live alone.

Boundary community is political decision

One-person housing was planned by The Public Corporation of Tokyo Metropolis planned one-person housing because many single, low-income elderly people live in Tokyo. This boundary community is thus a political decision.

Toyama housing complex
Apartments are rebuilt, and there are many applicants.

The Public Corporation of Tokyo Metropolis rebuilds rental apartments, and there are many applicants.—Generally, family units are more than 500% subscribed, and single-person units are more than 150% subscribed.—This community will never disappear, and it will never impose difficulties in everyday life and extinction of resident identity form embers. All that is necessary is the periodic rebuilding of their apartments.

Problems at old housing complexes owned by elderly residents: Takashimadaira housing complex built by the Japan Housing Corporation in Itabashi-ku, Tokyo

Problems do exist at old housing complexes owned by elderly residents. Most elderly people live on an insufficient pension; therefore, they cannot afford to repair their rooms or move elsewhere.

Nearly 30% of residents are 65 years or older. Transportation is very convenient, because the housing complex is in front of the Mita line subway station in the heart of the Metropolis.

Program to rebuild Takashimadaira housing complex: Cooperation with Daito Bunka University

Background

Takashimadaira housing complex: This housing complex was built by the Japan Housing Corporation with government funding and was the biggest in the orient. There were many applicants for rent and purchase. Occupancy began in 1972. Many of next generation were freed of their families, and the population decreased and grew older. Thus, the complex became superannuated, and vacant rooms increased. As a result, stores closed down rapidly.

Daito Bunka University: There were a great number of applicants for entrance. However, the number of applicants is currently decreasing, and universities are struggling to survive.

Distance: The distance between the Takashimadaira Housing Complex and the Itabashi campus of Daito Bunka University is less than 400 meters (1/8 mile).

Fig. 5. Main housing complex in front of Takashimadaira Station.

Measures to decrease vacant rooms

Type A: Aged owners living in the same housing complex as students and faculties

Buildings with fewer than five floors in this complex do not have an elevator; thus, the aged face daily living challenges.

With this program, aged owners who reside on the 4th or 5th floor move to other rooms for rent in a building with elevators. Students borrow and share the owners' rooms. The residence of international students shifts to a multicultural society. Occupancy by faculty families facilitates multigenerational households.

Type B: Apartments in housing complex rented by students and faculty members

With this program, students and faculty members rent vacant rooms. Students borrow and share rooms. Occupancy by international students creates a type of multicultural society. Occupancy by faculty families facilitates multigener-

Fig. 6. Moving to building with an elevator.

Fig. 7. Students and faculty members rent vacant rooms.

Fig. 8. Sanitation cart for light work.

Fig. 9. Shopping arcade.

ational households.

Both Type A and Type B brought original inhabitants a new uneasy community identity. However, public safety was restored, shops were opened, and towns were revitalized.

Measures to enhance community attractiveness

Students who live in this housing complex participate in volunteer community activities (e.g., collect, separate, and recycle resources from families; plant trees; remodel rooms; assist in community festivals; and support education programs for children and the elderly). In return, they receive community currency that they use for house rent and purchases at shops in the community and a co-op at their university.

These activities involve mutual support between the Japan Housing Corporation and Daito Bunka University. We do not necessarily find such mutual support plans in all major cities, but there are many resources and nonprofit organizations. There are also many light work opportunities (e.g., clerk and security positions) for the aged.

Project planning involves such outcomes.

Success story in the country
Mountain village: Kamikatsu-cho in Tokushima Prefecture

Many communities in the country are disappearing. One successful community is Kamikatsu-cho, which had 2004 inhabitants in March 2008. The highest zone of age is 75 to 79, which includes 236 men and women (12% of the population).

In this village, 985 (49%) of the residents are 65 years old or older, and 587 (29%) are 75 years old or older. Though 136 elderly residents (7%) live alone, only one spends the day confined to bed at home.

Almost all the elderly work after reaching age 65 years. Those older than 75 years can grow and pick leaves and flowers for Tsumamono (decoration in Japanese dishes), which has developed into a famous local industry. Many elderly people even use personal computers, and are able to earn money and maintain their health and dignity. In addition, some of the younger generation have returned to the town.

Conclusion: Japan includes many quasi-boundary and boundary communities, many of which will probably disappear.

However, some quasi-boundary and boundary communities in major cities are developed by political decision. Some communities (e.g., Toyama housing complex) intentionally maintain a boundary situation, and others (e.g., Yu-Karigaoka, Sakura-shi, Chiba Prefecture) control their situation by limiting the annual quantity of houses and lots for sale. In these cases, resident identities and everyday lives do not change. Others occur spontaneously and create huge problems. However, the population is large in major cities; therefore, they can obtain manpower contributions and use social-support systems and economic resources. A typical example is the mutual support between the Japan Housing Corporation and Daito Bunka University at the Takashimadaira Housing Complex. This program brought the original inhabitants anew uneasy community identity. However, public safety was restored,

Fig. 10. Main industry in Kamikatsu-cho (Agriculture: fields of rice) (From Kamikatsu-cho URL).
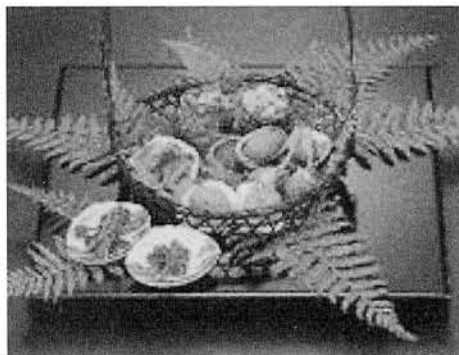

Fig. 11. Leaves for Tsumamono (From Kamikatsu-cho URL).

shops were opened, and towns were revitalized. The urban district offers many light-duty work opportunities for the elderly, though for lower pay.

In the country, the most effective measures for an elderly society seem to be creating industries for the aged based on local characteristics. When the elderly are able to engage in work appropriate for them, they can earn money and maintain their health, dignity, and community identity. As a result, the community is revitalized in economics, population, and culture.

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Characteristics of Psychosocial Problems for the Elderly in Japan

Koichi Yaguchi

**Key words:** psychosocial problems, elderly, Japan, group, community

Demographic aging

The demographics in Japan have changed greatly in the past 40 years, and Japan has already become a "super-aged society," with an aging population, due to a low birth rate.

Recent trends of population aging in Japan are as follows. The total Japanese population in 2009 was 127 million (62 million men and 65 million women). The elderly population (65 years old and older) was 29 million, or 22% of the total population; 10% were 75 years old or older In other words, more than one in five people in Japan are 65 years old or older, and one in ten is 75 years old or older. Japan has one of the highest life ex-

pectancies in the world, with an average life expectancy of 79.6 years for men and 86.4 years for women in 2008. In 2009, 13.5% of the population was 14 years old and younger. The declining number of births, indicated as total fertility rate (TFR), was 4.30 in the late 1940s in Japan and gradually fell to 1.37 in 2009. The primary reasons for this trend are fewer and later marriages, and fewer births among married couples. The labor force population was 66 million in the late 1940s, or 60.2% of the total population, but has continued to deteriorate in the past three decades.

1-4 Speed of Population Aging : International Comparison (year)
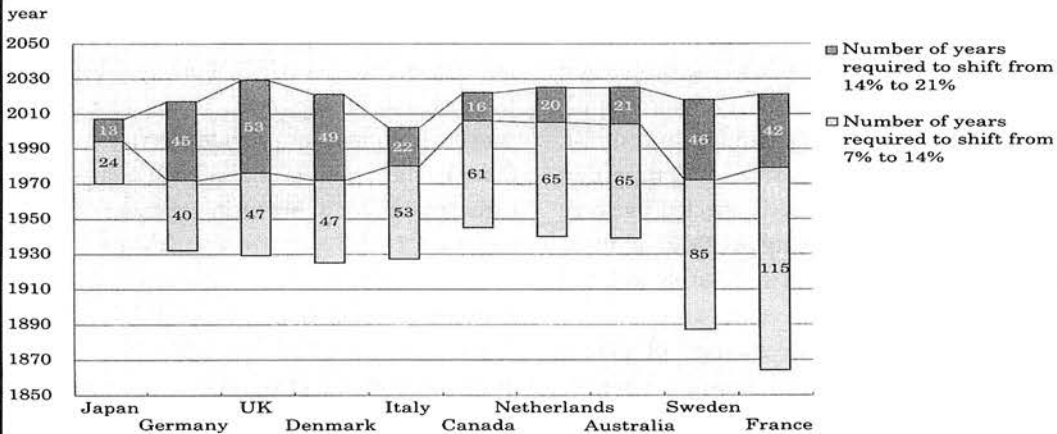
Note: Cited from the census of "A Profile of Older Japanese, 2010, ILC "

4-1 Symptoms and Limitations Reported by 65 and Over (per 1,000 pe
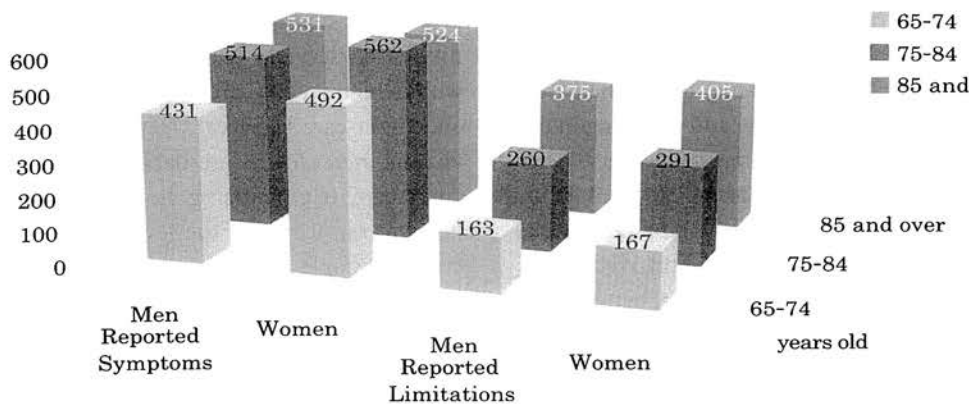
Ministry of Health, Labour and Welfare, *Comprehensive Survey of Living Conditions of the People on Health and Welfa*

Note: Cited from the census of "A Profile of Older Japanese, 2011, ILC"

Increasing in life expectancy

The ratio of the elderly to the total population in Japan reached 7% in 1970 and 14% in 1994. Thus, the proportion of elderly people has doubled in 24 years in Japan, a process that took 115 years in France and 40 years in Germany. In 2005, Japan had the highest proportion of people aged 65 years and older at 20%, surpassing Italy. The percentage of the population aged 65 years and older reached 23% in 2011.

Symptoms and limitations reported by those aged 65 years and older (per 1,000 persons)

Japanese elderly people perceive themselves as

fairly healthy: 20% rate their health as good or very good, 25% as poor, and 40% as satisfactory. However, half of them report experiencing some symptoms of illness. Interestingly, the proportion of elderly people with subjective symptoms of illness does not vary across age groups. In contrast, with a more behavioral measure, the proportion reporting that their daily life is affected by some health condition or disability is 25% of those aged 65 years and older and rises sharply with age (ILC in Japan, 2011).

The self-perceived health statuses of people aged 65 years and older were almost the same for the young-old to the old-old. This indicates that feelings about health conditions remain almost constant through the aged periods, regardless of whether or not the individual is experiencing illness or frailty (Yaguchi, 1988). Therefore, it is assumed that subjective health statuses are correlated with feelings of a life worth living in old age.

Health proportion measures among those aged 65 and over

Japanese elderly people tend to be health conscious and try to stay healthy by getting enough relaxation and sleep (66%), maintaining a regular daily schedule (60%), eating nutritionally balanced meals (59%), walking and engaging in other physical activities including sports (48%), having a positive mental outlook (45%), and getting regular medical check-ups (45%). In 2006, the Japan Ministry of Health, Labour and Welfare officially announced that to maintain better health conditions of middle-aged and older people, the following are essential: daily physical activity including sports, nutritionally balanced meals, no smoking, and taking medicine. However it is fairly difficult for adults to develop a habit of exercising and participating in sports regularly. In order to maintain the habit of regular physical activity, behavioral change techniques based on behavioral change theories (e.g., the Transtheoretical Model (TTM) advocated by Prochaska et al. (1983)) are adopted in the field settings.

Long-term care services in Japan

The national long-term care insurance in Japan includes prevention and care benefits. Japan's Long-Term Care Insurance scheme, which was introduced on 1 April 2000, further develops the mechanism for elderly people requiring long-term care to be supported in institutional aged-care environments or provides services to support them in their homes. It also enables acute health care services for short-term treatment and rehabilitation.

Prevention benefits

The prevention benefits consist of exercise programs to improve physical functions and home-care services to promote individuals' independence in daily activities (e.g., increasing physical activities, nutrition control, preventing the aged from becoming housebound, reducing social isolation, and eliminating loneliness). As the number of elderly increases, these services become more important.

Care benefits

The care benefits consist of home-care services (e.g., home helpers, day care, respite care for caregivers, and home-nursing services) and community-based services (e.g., group homes for those with dementia, day care for people with dementia, and night-care services). Demand for these services is increasing. Care benefits also include facility care (e.g., nursing homes and long-term hospital services). As the level of care needs increases, people become more likely to use these services

Comparison of aged care in Japan and in Australia

In both Japan and Australia, institutional- and community-care programs are used to address long-term care needs of elderly people. Japan is rapidly building care services in these areas, using municipal governments as the planning base. Australia has a longer history of investment in institutional care, but over the past decades has shifted the primary focus to community care (e.g., through the transfer of some residential care funds to in-home high-dependency care). In both countries, there is a new recognition of the need

4-2 Health Promotion Measures among 65 and Over (%)

(%)

	66.3	60.5	59.1	48.3	45.5	45.0	41.3	31.1	20.3	18.9	9.1	2.9	3.6
	1	2	3	4	5	6	7	8	9	10	11	12	13

1. Sufficient relaxation and sleep
2. A regular daily schedule
3. Nutritionally balanced meals
4. Walking and other physical activities
5. A positive mental outlook
6. Periodic medical check-ups
7. Enjoyable hobbies

8. Frequent outings to visit, shop, walk, etc.
9. Participating in community activities
10. Abstaining from drinking and smoking
11. Taking supplements and tonics
12. Other
13. Do not care about health promotion

Cabinet Office, *The 6th International Study on Living and Consciousness of Senior Citizens*, 2005

Note: Cited from the census of "A Profile of Older Japanese, 2011, ILC "

to provide support services for elderly people with high-dependency care needs within the community rather than in institutions (ILC in Japan, 2000).

Healthy aging strategies

The International Year of Elderly Persons in 1999 encouraged both Japan and Australia to develop more extensive plans to promote healthy aging. Aged-care services have traditionally focused on treatment, cure, or management of conditions associated with the decline of mental and physical capacity as people age. The government now recognize that the rapid growth in the number of elderly people requires politics and services that support current and future groups of elderly people in maintaining good health, For example, some municipalities in Japan have established a range of integrated services with the dual focus of supporting frail elderly people who have some

care needs and encouraging healthy independent elderly people to remain socially active. Such services often promote the use of public bath facilities for both groups, together or separately, to facilitate conversation and social contact. Elderly people's clubs achieve the same purpose. Silver Human Resource Centers, which are government-supported self-help organizations, provide various forms of paid work for independent elderly people. These centers have been established for over 30 years.

Australia has not developed these specific types of services for elderly people. Instead, since the 1980s, it has focused on such health promotions as injury-prevention programs. Preventable falls and injuries account for more than 30% of all hospital admissions of elderly people. States have initiated fall-prevention strategies in local communities, focusing on increasing the awareness of elderly people regarding safety measures that can
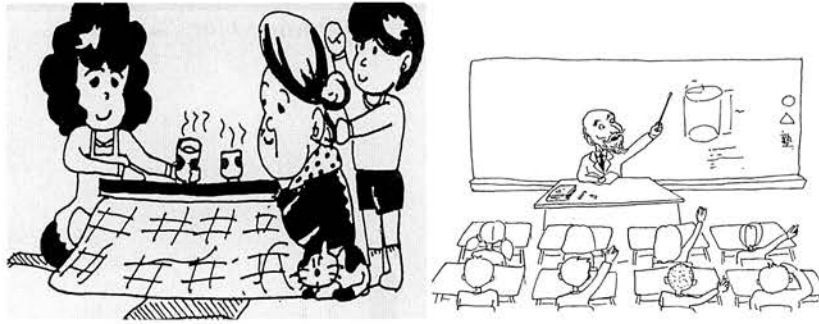
be adapted in their homes and neighborhoods. All states emphasize public awareness and community activities programs by holding state-based Seniors Week, which offers an extensive program of public events for elderly people. Seniors Week is the largest community activity in some states, attracting more participants than art or sporting events. In both Japan and Australia, programs for seniors are recognized as promoting healthy activity among elderly people and fostering a positive community perception of them (ILC-Japan, 2000).

Intergenerational activities

Intergenerational relationships are necessary to improve negative images and mistaken ideas regarding the aged and aging. Age education has long been advocated.

In modern life in Japan, the percentage of families with three generations living together has decreased, and the percentage of the young genera-

tion who are not interested in the older generation and aging has increased. These phenomena must be improved via aging education from elementary school to high school (Yaguchi, 2010).

For example, elderly retired people may try to teach their grandchildren about their own life course and life events in both school and community settings. People aged 85 years and older are known as "super-aged." Those who are 100 years old or older are centenarians The number of people in these categories reached 40,000 or more in 2009. In order to improve quality of life for these groups, the younger generation's image of and attitude toward elderly people must be changed through aging education.

Labor force participation rates of those aged 65 and over by gender

Due to high levels of employment, 30% of men aged 65 and over are in the Japanese labor force.
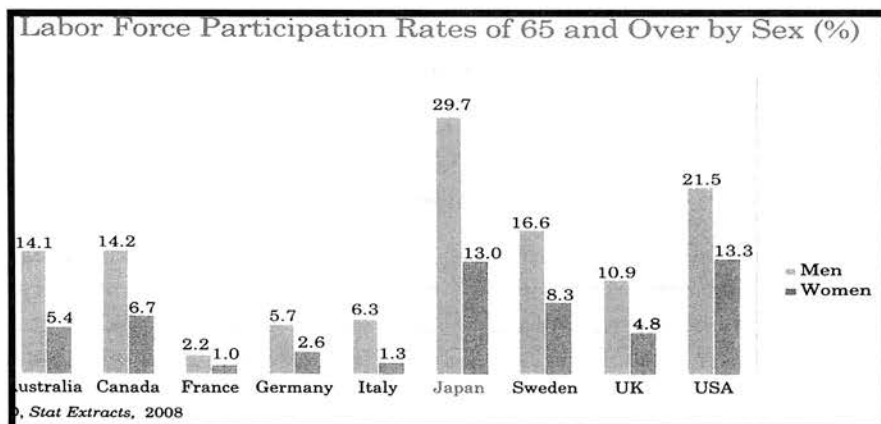
Note: Cited from the census of "A Profile of Older Japanese, 2011, ILC"

This ratio is much higher than in European countries and the USA.

Social activities of the healthy aged
The Rojin Club (older people's club) in Japan

In 2008, 21% (N=7,624,000) of the population aged 60 and older belonged to the Rojin Club, the largest public social group of the elderly in Japan. The national government supports the club's activities both financially and statutorily. The Japan Agency for the Rojin Club was established in 1963, based on the law for the social welfare of the aged. The aim of the activities is mainly to promote social participation through hobbies, volunteer activity, intergenerational activities, and a feeling of a life worth living in old age. The Rojin Club encourages healthy independent elderly people to remain socially active.

The social activity group of Tokai University Aging Society (AS) Study Group for the community-dwelling elderly is one example. This group has existed for 15 years and meets once every two months. In this group, family members present and discuss daily problems concerning family care, self-health care, the meaning of life (Ikigai), volunteering, and other social activities. This group has continued for so long for the following reasons.

- It is sponsored by the university. Professors and students provide new information about such issues as health and lifestyles.
- It consists of both male and female members in equal numbers, and is thus useful for their sexuality.
- Members aged 60 to 79 years and in generally good health form intimate relationships with peers.
- Good leadership exists among its members, both men and women.
- Motivation levels are high in the context of life-long integrated learning.

The social activity group of the Tokai University AS Study Group for the community-dwelling elderly

Further psychosocial problems of the aged in Japan

In 2020, the government presented guidelines that stipulated general principles concerning measures for the aged society. These principles state that it has the goal of building the following society (ILC-Japan, 2011).

Measures must be implemented to review the social system constantly, support individual independence and family roles, and ensure sound development of the economy and stable improvement of people's living conditions through an appropriate combination of self, mutual, and public support in order to maintain its vitality with a spirit of solidarity.

People feel happy and proud to have lived a long life. Concretely, the psychosocial measures must prevent the aged from becoming housebound; diminish social isolation; ease loneliness; promote social participation through hobbies, volunteer activities, and intergenerational activities; and help achieve a feeling of a life worth living in old age. Effective relationships among family members and non-relative neighbors and friends are the most important elements for successful aging as the number of the elderly people increases.

Schemes of social security in Japan

Japan provides the following social-security schemes for each generation, including elderly people (Ministry of Heath, Labour and Welfare, 2010/2011).

- Health Insurance
- Management of a Health-Care Delivery System
- Prevention of Diseases such as TB, HIV-AIDS, and cancer
- Public Health
- Long-term Care Insurance
- Public Pension
- Income Assistance *(Public Assistance)**
- Services for the Elderly *(Welfare for the Elderly)**
- Assistance for the Disabled *(Welfare for the Disabled)**
- Benefits for Children and Families *(Welfare for Children)**
- Employment Insurance
- Work-related Accident Insurance

- **(Terms in *italics* are official terms used by the government)

There are presently many problems facing our society.

The following complex problems remain (Miyanaga, 2011).

1. Social system crises: Pension system crisis and medical insurance crisis, especially regarding medical costs for elderly citizens.
2. Employment crisis: Dysfunction of unemployment insurance, temporary workers whose contracts are terminated, "Internet-café-refugees" who have lost their jobs and housing and are forced to sleep at Internet cafes (i.e., homelessness).
3. Relationship crisis: A society of the unknown dead.
4. Isolation in the community, dying alone, hyper-stressed society, death from overwork.
5. Child abuse, domestic violence, elderly abuse, abuse of the disabled, bullying/teasing, landestine school bulletin sites, discrimination.
6. Drug abuse (especially methamphetamine use), alcoholism, compulsive gambling.
7. Unemployment $\rightarrow$ debt/bankruptcy $\rightarrow$ physical, mental illness $\rightarrow$ depression $\rightarrow$ suicide (more than 30,000 every year).

Present conditions of elderly social welfare of Japan

1. The population of people aged 65 years and older has increased. Recently, the old-old generation (older than 75 years) and the super-aged generation (older than 85 years) have increased sharply.
2. The need for long-term care systems with community-based caregivers and in an institutionalized setting is increasing.
3. It is necessary to enhance the elderly's feelings of a life worth living, which are thought to be related to economic status, health, and social activities, including jobs, hobbies, and volunteerism.
4. Problems concerning the care of Alzheimer's patients are increasing. In addition,

concerns about how to spend free time increases after retirement.

5. It is necessary to increase intergenerational activities among retired individuals, their children, and their grandchildren.

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Humans, Aging Society, and Cultural Solutions

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Key words: aging, evolutionary psychology, cultural dynamics, culture

Aging is obviously a biological process—an individual animal undergoes a number of significant changes in its motor and cognitive capacities as it grows older. For human beings, however, aging is also a socio-cultural phenomenon. As a primate species, *Homo sapiens* is unique among its close genetic neighbours in its life histories (e.g., Kaplan, Hill, Lancaster, & Hurtado, 2000; Sprague, 2004). In particular, humans have a long period in their youth when they contribute to the extraction and provision of food resources far less than they consume; however, they have a long period of their lives in which they contribute far more than they need. It is only much later in their lives (e.g., 60 or 70 years old for men and women in hunter-gatherer societies; see Kaplan et al.) when humans' consumptions exceed their contributions. In contrast, chimpanzees' contributions and consumptions are estimated to track each other closely for much of their life histories. To put it differently, human beings as a species have evolved to help other conspecifics during much of their adulthood, but rely on other conspecifics at the beginning and end of their lives.

This unique evolutionary fact implies that humans are interdependent in their resource extraction and exchange. They are meant to engage in resource exchanges with other conspecifics when chimpanzees are not. Nonetheless, this human social interdependence in resource extraction and exchange has a built-in temporary and life history component; humans are meant to contribute to others more than they need during adulthood, but they are meant to rely on others towards the very end of their lives. How do we solve this complex social dilemma of a peculiar type, ensuring that productive adult humans can contribute to the care of older humans who are in need, while acknowledging those older humans' long and productive contributions for the earlier generations of humans before them? It is imperative that adult humans continue to engage in resource exchanges while they are capable of contributing more than they consume with the expectation that their needs are met when they can no longer do so. However, this exchange does not involve

direct reciprocity. That is, those who benefit from their contributions are not the ones who return the benefits; the older generation receives benefits, but it is the younger generation that returns them. The inter-generational dimension of this resource exchange requirement demands a social and cultural perspective for its solution.

Universal human needs, social circumstances, and cultural solutions

In order for older humans to receive fair returns and to live dignified lives that they deserve, their basic human needs must be satisfied. A number of scholars have postulated a set of universal human needs, which need to be met in order for humans to live their lives in a meaningful way (e.g., Fiske, 2004; Kenrick, Neuberg, Griskevicius, Becker, & Schaller, 2010). Although the specifics of these theoretical schemes vary greatly, they typically involve at least three which are of most relevance in the present discussion: material, agency, and relational needs. That is, humans need to have certain amounts of material resources in order for them to survive (material needs); humans need to be able to act as goal-directed agents to do what they want to do (agency needs); and humans need to be able to have meaningful relationships with others to live as human beings (relational needs).

Some social institutions enable human societies to satisfy these needs of their older members while ensuring their younger members' contributions to their maintenance. Nonetheless, it is important to recognize that the manner in which these needs are satisfied is critical. Some methods of need satisfaction may run the risk of damaging the older generation's dignity and self-worth as legitimate members of their society, who have paid their dues and participated in its operation and maintenance. Impersonal and mechanical means of satisfying their needs can alienate them, thus failing to meet their fundamental relational need to belong. How can the old generation's critical needs be met without alienating them or sacrificing their sense of dignity (see Nakao's, 2011, discussion in this special issue)?

In many traditional societies, a family or a clan served this function. In the typical Japanese household of the previous generations, the three-generation household was arguably a cultural solution to this societal problem. In this household, the middle generation carries the greatest burden of resource gain and family sustenance; the younger generation is cared for and trained for future participation; and the older generation participates in the resource gain as well as the maintenance of household and family maintenance to the extent they can and is cared for towards the end of their long careers of social participation. The older generation's needs for materials, agency, and relational belonging were satisfied because of the co-location of the others from the same family. Of course, this institution did not work perfectly and had its own problems. Nonetheless, it was a set of practices that could solve the problem of intergenerational social dilemma sufficiently well, and therefore was sustained for some generations in the past.

Since the Industrial Revolution and associated changes in the 19th to 20th century, however, the social circumstances that made the three-generation household system a viable solution have changed dramatically. Thanks to the scientific and technological advances, medical sciences ensure greater human longevity. The middle generation's burden to care for the older generation has increased exponentially. As well, the technological changes enabled much greater geographical reaches of social organizations including businesses and governments; the globalizing economy provides greater opportunities for those who are willing to move elsewhere in search of better job opportunities, income, and status. To put it simply, greater social mobility means that three generations of a family can no longer live together or in close geographical proximity. With these changing social circumstances, the three-generation household system is no longer functional in the contemporary society (see Yaguchi, 2011, this issue).

What cultural solutions are now possible, plausible, and trialled in contemporary Japan? As is usually the case in modern nation states, governments—typically national, but often more local

governments—collect taxes to provide institutional support for the older generation as public goods. These are provided through impersonal social institutions (e.g., government agencies), rather than personal social contacts, that is, those who have socialized, worked, and lived together. This arrangement naturally runs the risk of under-satisfying the older generation's relational needs despite the best effort of those who are engaged in the provision of such services. Furthermore, because such support is unlikely to be available constantly at all times, 24 hours a day, every day of each week, the older generation's agency needs may not be met immediately when they need such support most. It is in these social circumstances that innovative cultural solutions are sought, constructed, and evaluated in contemporary Japan.

In this special issue, several intriguing cultural innovations are discussed. Naito (2011, this issue) reported on an innovative cultural solution to satisfy the older generation's material, agency and relational needs by bringing younger and older generations together in a new housing development. This arrangement satisfies the older generation's material needs (i.e., housing in this case) while making people of younger generations available to the older generations much more readily than before within a locale, thus potentially satisfying agency and relational needs at the same time. Matsuura (2011, this issue) examined the elderly's traffic accidents as symptomatic of contemporary challenges to the older generation's agency needs, and explored the implications of institutional support for safe walking and elderly drivers. Yaguchi (2011, this issue) discussed labor force participation as a means to satisfy both material and agency needs of the older generation

while providing a potential opportunity to satisfy their relational needs through meaningful social contacts with others. Rojin club participation was also considered as a means to satisfy their relational needs.

Concluding remarks

Meeting the universal human needs of the elderly is a social issue that faces all of humanity today. The critical challenge for us is to provide new cultural solutions, that is, institutional frameworks that satisfy the material and agency needs of the older generation, while also facilitating their social participation and engagement in the hope that they feel the sense of belonging, being welcomed and respected by society at large.

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(Additional explanations were provided by four symposists, and the discussion was opened to the floor. The explanations and discussions were very interesting and suggestive. We sre sorry we must omit them because of limited space.)