

Characteristics of Psychosocial Problems for the Elderly in Japan

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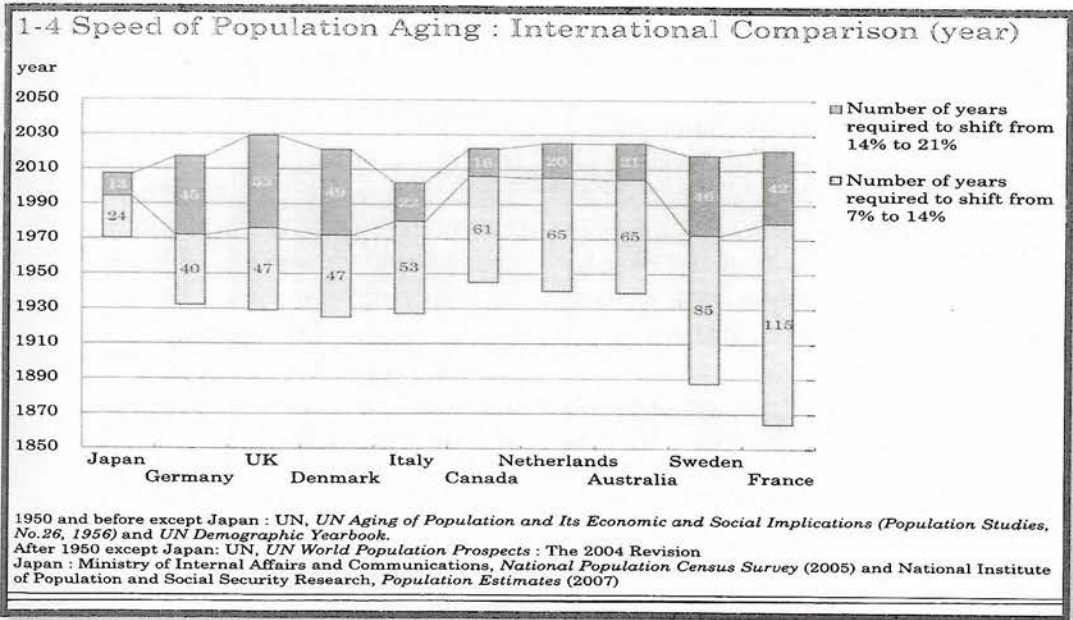
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Demographic aging

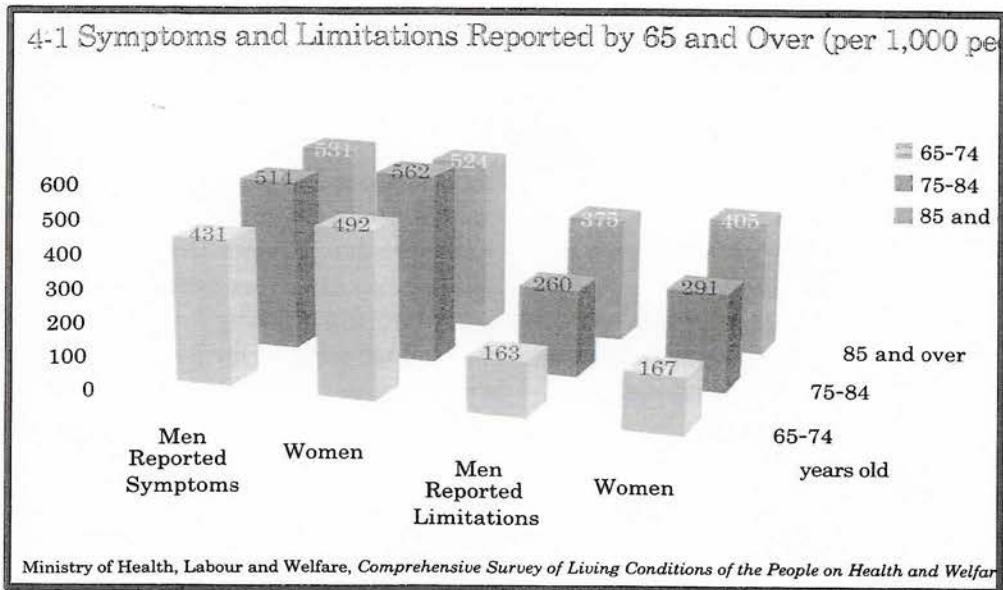
The demographics in Japan have changed greatly in the past 40 years, and Japan has already become a “super-aged society,” with an aging population, due to a low birth rate.

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.



Note: Cited from the census of "A Profile of Older Japanese, 2010, ILC "



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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

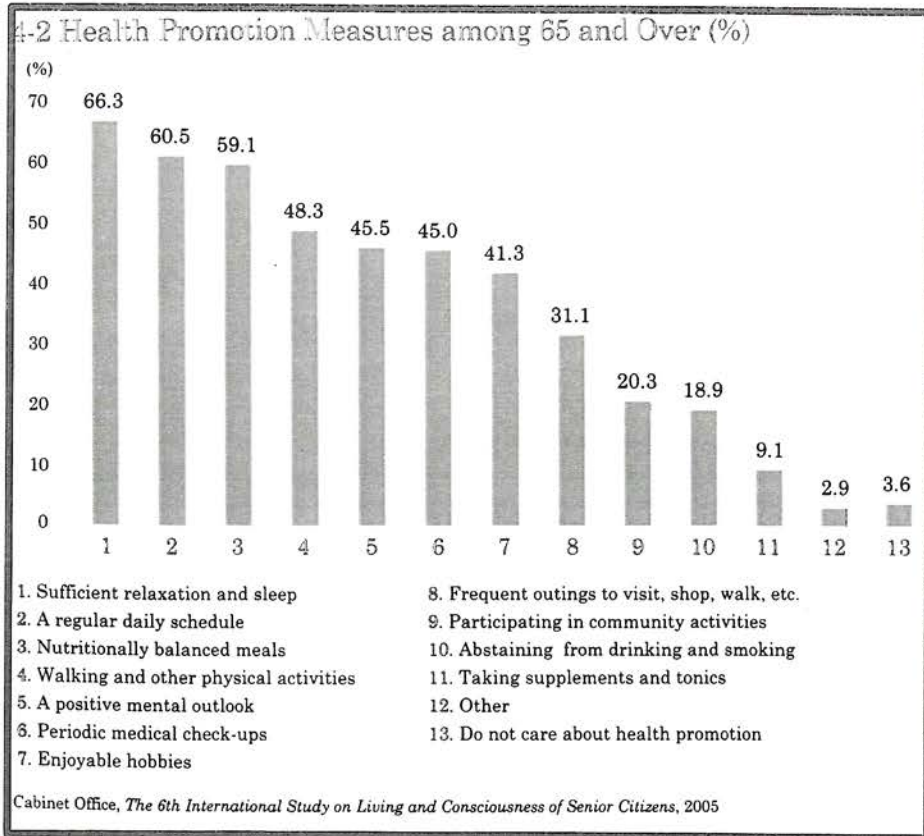
The prevention benefits consist of exercise programs to improve physical functions and home-care services to promote individuals' independence in daily activities (e.g., increasing physical activities, nutrition control, preventing the aged from becoming housebound, reducing social isolation, and eliminating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



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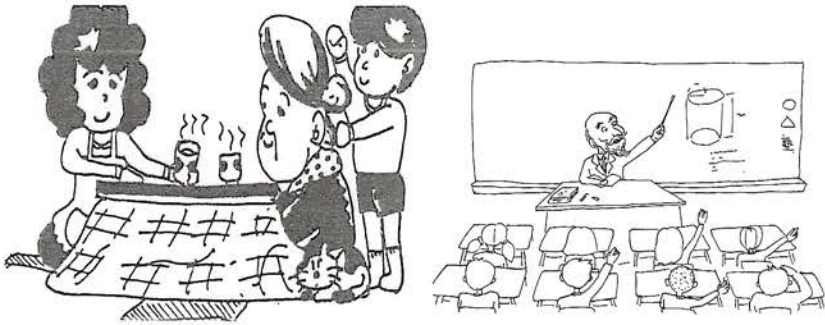
to provide support services for elderly people with high-dependency care needs within the community rather than in institutions (ILC in Japan, 2000).

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.

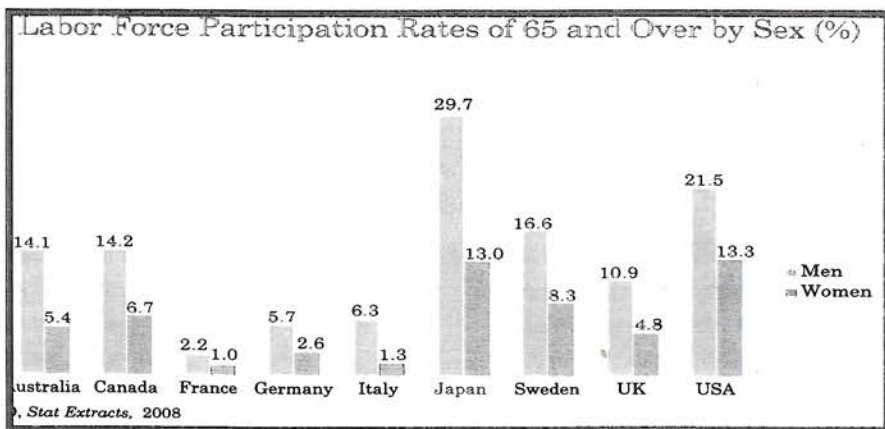
In modern life in Japan, the percentage of families with three generations living together has decreased, and the percentage of the young genera-

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 Health, 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 → debt/bankruptcy → physical, mental illness → depression → 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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