

Review

Issues facing elderly Japanese women

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Introduction

Japan is proud of having the world's longest life-span, which is 78 years for men and 84 years for women according to recent statistics. As most husbands are traditionally 5-10 years older than their wives, many women live alone for a relatively long period of time as widows. According to Yamazaki (2000), the life cycle of an average Japanese woman consists of several phases after adolescence: marry at about 26.0 years of age, finish giving birth to and bringing up children at 50.3 years of age, experience the retirement of their husbands at 57.6 years of age, finish taking care of parents (-in-law) and face the death of their husbands at 75.0 years old, and finally come to the end of their own lives at 84.0 years of age. Yamazaki (2000) thus pointed out that the period at the end of a woman's life continues for 7.6 years as a widow. Actually, there are many women who live alone for 10 years or more. The increase in the population of elderly proceeds rapidly in Japan. The percentage of people more than 65 years old was about 5% of the population until around 1955, but it reached ca. 14% in 1994, much faster than in France and Sweden. The population of the elderly in Japan is expected to be 25.5% in 2020, then 25% after 2050, with one elderly person for three or less younger persons. Although women live much longer than men at the end of their lives, there have been few studies on how elderly women can find something to live for. Owing to the development of medical sciences and the tremendous improvement of QOL in modern civilization, the average life span of women may extend even more in the future, resulting in an even longer period of life alone. Under these conditions, elderly single women need to be able to find meaning in life and society should be ready to help with the situation. Many widows find it worthwhile to take care of their grandchildren, but

children grow up and become independent. Many women enjoy hobbies. However, when they become ill and need care, they often look back on their long lives, which were mostly spent taking care of their children, husbands and parents but very little for themselves. They may ask themselves what significance their lives had. The present article discusses the situation of women's longevity in Japan today, particularly focusing on the period when they live alone.

1. Gender difference

The tradition in Japan was for men to work outside the home and women to work at home. However, the situation changed drastically after World War II with gender equality gradually being accepted. According to Yamazaki (2000), the ratio of women to men working outside ("labor I" — commuting and working, according to Yamazaki, 2000) has increased and is now 65% for men and 35% for women. On the other hand, although the ratio of men participating in household work ("labor II") has increased, it is still only 8%, with women doing household chores registering 92%. Yamazaki (2000) further described the ratio of "labor I" and "labor II" for men and women with or without jobs. Women with jobs spend 8 hours and 8 minutes for "labor I and II," "I" being twice "II," whereas women without jobs spend 4 hours and 20 minutes, mostly for "II." Thus, Yamazaki (2000) concluded that regardless of whether women (wives) have jobs, they are still expected to do the household work. In addition, after their work of looking after their children, and when women retire, they still are supposed to take care of their parents and husbands. Yamazaki (2000) concluded that this gender difference in terms of labor comes from a long social tradition in Japan. However, the situation has been changing recently. It is interesting to know

that the husbands whose wives had full-time or part-time jobs, as compared with those whose wives were housewives, assume household roles in a democratic manner, cooperating with their wives who were working (Hiruta, 2001). Also, women may be able to work outside the home, not only because of cooperative husbands, but also due to help from mothers or mothers-in-law who do the household work and take care of their grandchildren. Thus, even after leaving their work outside the home, women in general do household chores and take care of not only grandchildren but also their elderly husbands. Gender difference is based upon differences in physical, mental, psychological and physiological characteristics, all arising from differences in the brain, caused by different hormones (Tanaka, 1998). This could have led to the differential roles which have been played by men and women, forming a tradition of gender difference, probably not only in Japan but in almost all countries around the world. It is generally understood that women, compared with men, are physiologically strong and mentally optimistic. These characteristics may be the basis of their longevity.

The average number of children per couple, according to the statistics in 2002 in Japan, is only 1.2. If this trend continues, the population will continue to decrease, causing an abnormal population structure with a large number of elderly and a small number of young people, forming an up-side-down pyramid structure. Therefore, there is a small number of children and a large number of elderly, the majority of whom are women due to their longevity. As an example, in the year 2002, the number of people more than 100 years old in a small suburban city of Osaka Prefecture with a population of ca. 250,000 inhabitants, was 27 all being women. This situation points to a serious problem of how elderly women should spend year at the end of their lives and how the prefectural and national governments and society should help care for them.

2. Year at the end of a women's life

Simone de Beauvoir said in her writing that lonely women are the most underprivileged class of the population. They are afraid of the time of their husband's retirement, which would result in a drop in their standard of living and raise anxiety about income. Also,

their husbands are a burden to them and they have a lot of work to do at home (quoted from Sase et al., 1995).

1) Women's life

Women usually have experiences related to the life and death which men do not have, such as birth, natural and artificial abortions, death of infants during delivery, death of newborn babies (Ohno, 2001). At each occasion they abandon themselves to grief temporarily but recover. This is true when they lose their spouses when they are around 70. Overcoming grief, they usually become accustomed to living alone (Ohno, 1998). Such gender differences and probably to also over come sexual discrimination, the "Women's Studies" movement emerged in the 1960s in the USA (Sase et al., 1995). Also, on a global level, where discussions have only been done from the men's point of view, talks began on the elevation of women's social position and the women's right to give birth, mostly among women at an international conference on the world population held under the auspices of United Nations. Women have long been strongly bound to their homes in a physiological role with pregnancy, childbirth and, childcare, and managing the household, i.e., cleaning, washing, cooking, and taking care of the elderly (parents). Unlike the work of men in society, such work carried out by women without recompense has been called "shadow work" (Sase et al, 1995). This situation has been considered to be women's destiny based upon maternal instinct. However, after World War II, women started to protest against sexual discrimination and to enter society, although discrimination remains in working places. Even today, many women are part-time workers and often exposed to sexual harassment.

Under such difficult conditions, women usually retire at around 55-60 years of age, taking care of their husbands. Housewives working only for their families until the time when they become alone need to find something worthwhile for themselves to do for the rest of their lives.

2) Death anxiety

On average, Japanese women have to spend approximately 10 year, or more alone, raising serious problems about how to spend their time and experiencing anxiety about illness

and death. (DePaola et al., 2003) found that elderly African American women reported that they have death anxiety and concern for end-of-life preferences. They also point out that the attitude differed depending not only on gender but also on ethnicity. Whether or not such studies have been conducted in Japan, is not known, elderly women living alone are likely to have death anxiety. It is reported that women tend to view death in more emotional terms than men who tend to perceive it in more cognitive terms (Krieger et al., 1974; DePaola et al., 2003). Differences may exist between Americans and Japanese who probably have different views about life and death. Sase et al. (1995) pointed out three problems concerning women in their old age, poor economical condition, health problems related to disease, and psychological loneliness. These problems are closely related with the death anxiety of women living alone in old age. These problems seem to be more serious for men when that they lose their spouses and live alone. However, on average, men have shorter life spans and thus it is the women who tend to live longer alone and face these three problems.

(a) Economical problem

According to a survey by the Ministry of General Affairs (1992), elderly women spend their annuity as follows: 46.6% spend the total or a considerable amount for living expenses; 17.1% spend about half; 24.3% spend a part of it; and 8.1% do not depend on their annuity for living expenses (quoted from Sase et al., 1995). What makes the lives of widows economically difficult is that after the death of their husbands, the amount of annuity decreases, usually to half. However, the economical problem for widows may be better than women who are divorced or unmarried and are under unfavorable conditions in terms of pension.

(b) Health problems

With age, mental and physical abilities decline with a variety of inconveniences and illnesses, such as failing eyesight, reduced hearing power, and problems with walking or speaking. Loss of daily self-care ability also occurs: putting on or taking off clothes, evacuation, face washing, bathing, and eating. Thus, the elderly need various kinds of help. In 2000, a care insurance system was intro-

duced to care for the elderly living at home, in order to lessen the burden of the family members. Here is an example of a survey on the elderly in a town in Kyoto Prefecture (Oshima, 2001). The number of the elderly, above 65 years old, numbered 1,694 or 30.1% of the total population, with the ratio of males to females of 50:50. Among them, 48.0% need some kind of care, of which 24.1% are senile. For the elderly care offered by the care insurance system, about half use the day-service, 27.2% use the visiting rehabilitation, 19.9% use other services (e.g. meal delivery), and 21.0% use the short-stay service while the elderly complain about various subjective symptoms, they do not necessarily want to live in care-houses or other facilities but wish to remain in their own houses with their families. A study on the situation and problems of the care-giving facilities for the elderly (Kono et al., 2001; Kono, 2002). The present survey was conducted at 378 nursing homes (NH) in the Osaka, Kyoto and Kobe area and 230 health service facilities for the elderly (FE) in the same area. The findings indicate that those facilities still need improvement, For example daily contact with residents, help during meals and with excretion care, the contents of care extended to residents with dementia and the attitude of respecting the wishes of residents and their families who visit the residents. No essential difference was found between the care activities of the NH and FE.

Care for the elderly with dementia involves complicated factors arising from the illness and its influence on the patients' families. (Fengler et al., 1979) write that the family members of the elderly with dementia are themselves hidden patients. Thus, Higashi (2002) points out the difficulty of caring for the elderly with dementia.

(c) Psychological problems

As described above, the elderly, even those living in care-houses and other facilities feel alone and those with families wish to be with them. In the case of widows whose children and grandchildren do not live with them and are independent, they can be absolutely alone. It is said that women make friends easier than men; when they can be are healthy, usually they go out with friends whereas men tend to remain alone and do as they please. When mentally and physically healthy, widows tend

to be active, going out or enjoying their hobbies, whereas widowers tend to stop being active after their wives pass away. In this sense, women are usually stronger than men psychologically. As pointed out by Sase et al. (1995), psychological problems which elderly widows face have come from other problem, such as economical and health conditions. If they are healthy and have no economical problems, they may spend a happy life even without their spouses. On the other hand, if they have such problems, they may also suffer from psychological disorders according to Higashi (2002). Thus, the care-system including hospitals and other facilities should be ready to help elderly women. Also, the Long-term Care Insurance System and its related facilities need to improved to ensure better living standards for elderly widows.

3) Religion

In the United States death and dying emerged as a topic of interest in the 1970's. Ethical issues such as organ transplants, euthanasia, and abortion became major stories in the media. In the academic arena, many kinds of thanatology journals appeared. Death education programs were being offered by hundreds of high schools and colleges. Most students in these professional programs with death education have an opportunity to enroll (Dickinson, et al., 1987, Dickinson et al., 1992). Schools tend to use professionals with backgrounds in their own academic disciplines to teach about death and dying. Some in structure have professional backgrounds in philosophy. In Japan, almost no nursing college offers formal death education, and none have courses on death education for elderly women. In Japan, religion often plays an important role in the life of elderly women in terms of the remaining years of their life and death. Buddhism seems to be different from other religions in the view of life and death, which are both essential elements of all religions. The essence of Buddhism is said to be "jihi" meaning "mercy" which consists of benevolence and sympathy, i.e. removing the agony of others (Ikeda, 1996). This is related to comfort. Therefore, in the mind of the average Japanese, there is a philosophy that, although the death of young people by diseases is truly grievous, death of the infirm elderly is considered to be entering a peaceful state without pain, and even to be rather auspicious. This

philosophy implies that death of the elderly is not a matter of aversion but a long sleep, in preparation for the next life (Ikeda, 1996).

3. Tradition and other background issues in Japan

Some of the problems of elderly women in Japan is related to Japanese tradition and other issues. Due to World War II, many young women of marriageable age had little chance to marry after the war because many young men were killed in the war. These women are now more than 70-75 years old. Therefore, issues pertaining to two groups of elderly women, i.e. widows (including divorces) and the unmarried need to be considered. This is somewhat similar to the situation in Germany.

1) Widows

Their complaints before they became widows include (1) their husbands stay home all the time after their retirement, keeping them busy caring for their husbands all day long, (2) they have limited time for themselves due to taking care of their husbands and grandchildren, (3) they are reluctant to divorce because of economical reasons. Thus, after the death of their husbands, they have time to spend with their good friends and to do what they have long wanted to, such as hobbies. Barrett et al, (1999) have reported that widowed and never married people have helping networks that are larger than those of married people. Diversity across marital statuses in sources of assistance is revealed in analyses of two measures of caregiving network composition (a) having more kin than nonkin helpers and (b) presence of specific helpers adult children, siblings, friends, and formal helpers. The above situation may arise from the traditional Japanese family system. In former times, 3-4 generations lived together, making up a kind of hierarchy in the family where one of the sons succeeded his father at work, and the mother controlled the household. Wives of the sons (grandsons) were supposed to follow the family tradition and the orders of their mothers-in-law, spending their time for their parents, husbands and children. A similar family tradition in Germany (Ikeda et al., 1989) has been described as follows: , "By the life with grandparents, grandchildren receive an excellent education and obtain a precious source of wisdom for their lives."

This situation changed after the war. People have concentrated in the cities, leaving rural regions with sparse populations, resulting in "nucleus families" in urban areas and "elderly couples" in the rural areas. The family life-style of several generations living together has disappeared, leading to loss of the good features of traditional family life, as pointed out by Ikeda et al., (1989). The new situation also raises another problem of couples living alone, complaining and thinking of separation or divorce. Wives tend to feel free when their spouses have passed away, realizing that they can now spend time only for themselves to do what they wanted to do when they were young (Ikeda et al., 1989).

2) Unmarried women

The situation is different with elderly women who did not marry due to the war. The number of such women over 70 years old in Japan is reported to be 9 million (Statistics of National Health, 2002). They had terrible experiences during the war, losing their fathers and brothers and their houses due to air attacks. After the war, they must have hoped that they could lead prosperous lives in a free society. In fact, however, the lack of gender equality made it difficult for them from the points of view of economy, family life and social status. In many cases, those unmarried women had to take care of their parents because their married brothers and sisters were busy with their own families. When their parents died, they often had no idea about how to live out the rest of their lives alone. Thus, among the elderly women, widows and unmarried women are in somewhat different situations. What they have in common is that their lives are entirely different from those of men, they generally live much longer than men and therefore need to prepare for this period.

Conclusion

According to Wizeman et al., (2003), the average life spans of different groups in USA are as follows (years): male (M) 73.8, female (F) 79.5 in the Americans; M 79.8, F 86.1 in China, M 77.6, F 81.5 in the Philippines, M 73.2, F 79.6 for White, and M 79.5, F 84.5 in Japanese. Chinese and Japanese male and female in USA have the longest life span in the world. Question is how elderly women find their lives and how can the Government and local society

handle a situation of a large population of elderly women.

Sase et al. (1995) concluded that the economical difficulties of elderly women came from sexual discrimination of their roles in society and at home. They point out the necessity of social and economical independence for women, with work sharing of child care. New paragraph of course there are many different life styles and many widows actually enjoy their lives alone. Many of them say that they are free to do what they had long wanted to do but had not been able to do because they had to take care of their families. This is also the case for unmarried women who took care of their parents. How they live out their lives is also related to their own. Of course, since the fundamentals are economic and health factors, further improvement is needed for social welfare. Lowton et al. (1999) have concluded that health is at least matched in potency as an influence on the wish to live by cultural, social, and psychological factors in concert with the many types of input from nonhealth-related sources of quality of life. Valuation of life is a complex intrapsychic process that requires further study in order for us to understand how health, environmental factors, and intrapsychic processes become transformed into strong or weak valuations of life.

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