

***Long-term care insurance (LTCI) and welfare regimes in East Asian societies:
Focusing on the interrelated process between LTCI system and familialism in Japan***

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Abstract

East Asian societies are rapidly aging. The rate of population aging in East Asia is extremely rapid compared to European countries. The development of social care service systems for the elderly, is one of the critical issues that have been faced by East Asian countries in recent years. Each society has been struggling to construct and reform its welfare regime. Previous studies focused on various types of welfare regimes formed by how four sectors (welfare state, market, family, and the third (voluntary) sector) provide social care services and finance their costs.

A long-term care insurance system (LTCI) was introduced in Japan and South Korea in 2000 and 2008, respectively. One of the characteristics of the LTCI is a quasi-market of care provision based on welfare pluralism, and promoting the participation of enterprises and non-profit organizations in public care provision. Therefore, the LTCI has some capacity for influencing care regimes. While it is assumed that the family must accept the responsibility for caring for other family members, our study focused on how the LTCI influences their family members' consciousness and their attitudes toward other families and analyzed the degree of LTCI influence on the care regime. In order to clarify the interrelation between LTCI and family norm, we investigated the LTCI statistic data and surveys on structure of family.

The results of our analysis indicate that the LTCI has a certain degree of impact on a strong conservative form of familialism in both countries and on promoting de-familialization.

Keywords: long-term care insurance, welfare regime, welfare pluralism, familialism, de-familialization

Introduction

East Asian societies are rapidly aging. Declining birthrates and aging populations have already become serious yet common problems throughout East Asia. The population in East Asia is aging extremely rapidly compared with those in European countries. The lower birthrates and rapid aging in East Asian societies are explained to some extent not only by the rapid economic development in the region and by its demographic transition, but also by historical and cultural characteristics, such as strong family norms.

Because of the dramatic changes in family structures, each society faces critical issues, such as who should take responsibility for the care of children and the elderly. Therefore, the development of social security, particularly social care systems for children and the elderly, is becoming an urgent task for East Asian societies in recent years.

A long-term care insurance (LTCI) system was introduced in Japan and South Korea in 2000 and 2008, respectively. Establishing an LTCI system is under consideration in Taiwan. One of the characteristics of LTCI is a quasi-market of care provision based on welfare pluralism and promoting the participation of private sector and non-profit organizations in the provision of public care. Therefore, LTCI is thought to have some capacity for influencing welfare regimes, particularly in the family sector, which is thought to have responsibility for caring for other family members.

This study focuses on types of caring systems for the elderly who need care services, particularly progress of LTCI and its influence on familialism in Japan.

1 The purpose of this study and its approach

As a research framework, we adopt three welfare regime models proposed by Esping-Andersen. Esping-Andersen's welfare regime theory of the "Three Worlds" mode has become a theoretical framework for analyzing welfare states. Discussions about an East Asian welfare model emerged in response to the rapid development of welfare states in East Asia, primarily in Japan, Korea, Taiwan, Hong Kong, Singapore, and China (Miyamoto, 2003:12) .

Previous studies focused on various types of welfare regime; specifically, they focused on care regimes formed by how four sectors (welfare state, market, family, and the third (voluntary) sector) provide social care services and finance their costs. In this study, we decided to focus on the changing welfare regimes of caring for the elderly in East Asian societies, particularly in Japan.

The purpose of this study is to clarify the degree of influence of LTCI system established in 2000 on familialism in the Japanese welfare regime and its interrelated processes. In other words, the research question is how LTCI contributes to the socializing of the caring system for the elderly and contributes to de-familialization. In addition, this study intends to propose a better mix of a welfare regime not only in Japan but also in East Asian societies.

As for our study methods, we analyzed previous studies on demographic transition, welfare regimes in East Asia, and LTCI. We analyzed the welfare regime theories and studies on welfare regimes and familialism in Japanese people. To clarify the interrelation between LTCI and family norms, we investigated statistical data on LTCI and surveys on the family structure. The results of our analysis indicate that LTCI has a certain impact

on a strong conservative form of familialism and influences the promotion of de-familialization.

Researchers in previous studies concluded some divergence in views. Some argued that familialism is still strongly preserved despite LTCI, and is rather strengthened by LTCI(Abe, 2012, Ochiai, 2010), Others argued that social security systems, including LTCI, have somewhat positive effects on de-familialization (Ueno, 2012).

2 Demographic transition: Fewer children and aging in East Asia

The low fertility trend throughout East Asian societies has raised concerns about the social and economic impact, such as expanding elderly populations and a shrinking workforce, related to paying for social services and driving economic growth.

Today, East Asian societies, including China, Japan, Singapore, South Korea, Hong Kong, and Taiwan, have the lowest birthrates in the world.

2-1 Low birthrate

The total fertility rate indicates the number of children a woman gives birth to throughout her life. A review of the global data shows that the total fertility rate began to decrease significantly from the 1970s and reached 2.5 from 2005 to 2010. Japan's total fertility rate was 1.3 during that period and has consistently remained below the average of other developed countries. The total fertility rate required to keep the population stable is approximately 2.1 (referred to as "the replacement level").

Table 1: Total Fertility Rate and Population Aging Rate

	Total Fertility Rate		Aging Rate	
	1990-1995	2005-2010	2010	2030
Japan	1.48	1.34	23	30.7
Korea	1.7	1.23	11.1	23.4
Taiwan	1.79	1.26	10.7	23.3
Hong Kong	1.24	1.03	12.9	26.5
Singapore	1.73	1.26	9	20.5
China	2.05	1.63	8.4	16.2
Thailand	1.99	1.49	8.9	19.5
Malaysia	3.42	2.07	4.8	9.7
Indonesia	2.9	2.5	5	9.2
Philippines	4.14	3.27	3.7	6.3
World	3.04	2.53	7.7	11.6

Source: UN, World Population Prospects: The 2012 Revision
(Oizumi, 2013)

The rapid decline in birthrates in East Asia was accelerated by changes in social structures triggered by subsequent economic development. Furthermore, this downward trend continues and should be considered as an ongoing process. This trend should be understood as an "ultra-low-birth, low-death" phase (Oizumi, 2007:23).

2-2 Population Aging

Japan's aging ratio is the highest in the world, at 26.0% in 2015. The rate is estimated

to hit 33.4% by 2035 and 39.9% by 2060(NIPSSR, 2012). The population of Asia is expected to age more rapidly in the future as a result of a decline in birthrates and an increase in life expectancy.

The time needed for the aging rate to exceed 7% (an aging society) and the time needed for the aging rate to exceed 14% (an aged society) are generally used as benchmarks to indicate the speed at which the population is aging (referred to as “the doubling period”). Compared with a doubling period of 115 years in France, 85 years in Sweden, 40 years in Germany, this period is only 25 years in Japan. This figure is frequently used to express the unprecedented and rapid nature of the aging of the population in Japan relative to the rest of the world. However, the populations of most countries in Asia are expected to age at a speed equivalent to or exceeding that of Japan(Oizumi, 2013:27).

Table 2: Doubling Period of Population Aging

Doubling Period	7%	14%	(Year)
Japan	1970	1995	25
Korea	1999	2018	19
Taiwan	1994	2017	23
Hong Kong	1984	2013	29
Singapore	1999	2021	22
China	2001	2027	26
Thailand	2002	2022	20
Malaysia	2021	2045	24
Indonesia	2023	2045	22
Philippines	2035	2070	35
Vietnam	2016	2033	17

Source: UN, World Population Prospects: The 2012 Revision
(Oizumi, 2013)

In particular, the transition from an aging society to an aged society is expected to occur in South Korea in 17 years and in Singapore in 20 years.

2-3 Background on low fertility rate and rapid aging in East Asia

Previous studies pointed out that some factors are behind the overall decline in birthrates throughout East Asia. Experience in developed countries showed that a strong correlation exists between declines in birthrates and increases in income levels. Various analyses suggested that urbanization, increased educational opportunities for women, heightened participation of women in society, and parents’ sense of values toward having children have also affected declines in birthrates. An overall review of researches implicated that specific birthrate levels are determined by diversified factors as follows.

First, the direct increase in financial burden was the result of having children, including the costs associated with raising children. This increase in direct expenditures, particularly education costs, is believed to limit the number of children.

The second factor is the increase in opportunity costs as parents sacrifice employment and income opportunities to spend time raising their children. Given economic development, women’s school attendance rate and labor force participation rate of women improve. Women have incentives to limit the number of children they have and to

work toward increasing their actual income. As a result, people began to get married at a later age and the number of people remaining single increased.

Third, perceptions toward marriage have changed. Women are getting married later in life as they pursue a higher education and have better employment opportunities. In addition, corporate employment criteria prioritize university graduates over high school graduates, emphasizing academic background. The average age of the first marriage for women increased in every East Asian society (Oizumi, 2013:22-24).

In addition, the surveys conducted by the Japanese government indicated some factors concerning the characteristics of Japanese societies.

First, anxiety over raising children has increased. A survey in Japan was carried out on anxiety resulting from children, and the results showed that “increased economic burden” (76.4%) stood out prominently, followed by factors such as “balancing life, work, and childcare” (43.9%), “child bearing age, age for having children” (42.7%) , and so on.

Second, in terms of employment, contractual employment for youth increased and the overall unemployment and irregular employment rates are increasing. For men aged 30—34 years, the marriage rate for those who are irregularly employed is half that of those who are regularly employed. As a result, the younger generation tends to make a choice of delaying their marriage during their unstable employment.

Third, the work environment, including long work hours after having a baby, remains severe. The ratio of male employees taking has been increasing gradually, but remained at 1.89% in fiscal 2012. It is indicated that understanding among co-workers is still inadequate in the Japanese business environment. In addition, the time that men with a child below the age of six spent on childcare was only one-third that of similar men in European countries.

Fourth, compared with the European countries, Japan has been noted to provide low financial support for the entire family policy through cash and in-kind benefits (Cabinet Office, 2010).

2-4 Familialism and gender in East Asia

As we pointed out, several driving forces exist for a low fertility rate, and these factors are thought to be closely related to family values and the family structure in East Asian societies. We call a familialistic system in which households carry the principal responsibility for their family members’ welfare “familialism”. The traditional familialism seen in the cultural background is well observed in East Asian societies with a low fertility rate relative to Western developed countries in which individualism dominates and gender equality has been achieved. The dilemma of a low fertility rate exists in societies with strong familialism and gender inequality. Some researchers suggested that this paradoxical phenomenon represents a “low fertility rate in strong familialism.”

Although modernization and economic development have accelerated women’s participation in the labor market in East Asian societies, familialism such as Confucian family norms force women to care for other family members. Women must choose between working and being a housewife. These dilemmas guided East Asian societies into extremely low fertility and rapid aging. For example, the marriage rate decreased among young women as they started to notice the heavy burden of unpaid care work that would be their responsibility after marriage. Because young Japanese women feel strongly about these gaps, they refuse to have children. Under the patriarchal stem family systems, the main carers for aged parents have been daughters in-law, who carry the

heavy burden of responsibility for such care.

We should consider the influences of familialism in East Asian societies and find routes for de-familialization (the degree to which individual adults can uphold a socially acceptable standard of living, independent of family relationships, either through paid work or through the social security system).

3 Welfare regimes in East Asian societies

3-1 The theory of the welfare regime

The welfare regime discussion originated in 1990 when Esping-Andersen categorized welfare regimes in his book, "The Three Worlds of Welfare Capitalism," into three types: liberal, conservative, and social-democratic (Esping-Andersen, 1990). Welfare regimes are categorized according to their level of de-commodification and social stratification. In Esping-Andersen's study, "de-commodification" is an important criterion that refers to the extent to which they permit people to make their living standards independent of pure market forces. The other criterion, "social stratification" refers to the degree to which they contribute to enhance or diminish existing class structures and differences in society.

Because this discussion's recent development is the comparative theoretical models of the welfare state, discussions on an East Asian welfare model have emerged in response to the rapid development of welfare states in East Asian societies.

Attempts to classify the Japanese welfare state according to this typology found that it has characteristics of a conservative model in terms of familialism. However, compared with typical conservative welfare states, such as Germany, the size of social expenditure in Japan is obviously small and the resulting degree of de-commodification is limited. Considering this deviance, Esping-Andersen identified the Japanese welfare state as a conservative model with characteristics of liberal welfare states and therefore as a hybrid of the liberal and conservative regimes (Miyamoto, 2003).

3-2 Discussion of welfare regimes in East Asian societies

Welfare regime theory is constructed on the experiences of the formation of a welfare state in Western industrialized countries. However, in the case of non-Western countries that started industrialization later, different trajectories could be expected regarding the formation of the welfare state.

The first characteristic of East Asian welfare regimes is the low level of social expenditure. Generally, an aging population is a well-known cause for increases in social expenditure. Moreover, the government of Japan's relatively low level of social expenditure is a mystery considering that the country's aging rate is the highest in the world. Therefore, governments in East Asian societies tend to spend more on economic development than on social welfare.

Second, a small welfare state in terms of social expenditure never means a weak state in terms of power. In contrast, East Asian states exerted a strong influence as regulators of private welfare provisions, such as company fringe benefits, and non-profit social welfare programs.

Third, familialism has been considered an important feature of East Asian welfare states. The income structure of elderly households in East Asian societies shows that their income is from their children. This type of familialism results from cultural factors and restrained social services expenditure.

Such characteristics of the East Asian welfare model seem to exist in the Japanese

welfare state. One researcher stressed that Japan is more a “developmental state” than a welfare state, indicating that economic growth has consistently been the priority of policy. Investments in public works provide employment and income to the locals.

In Japan, the retirement of housewives from the labor market experienced the highest increase in the mid-1970s. Although economic policy measures provided male breadwinners with employment and income, they failed to provide social services for the care of the elderly or children. This situation enhanced the need for housewives to fulfill this functional deficit, and institutional advantages for housewives were introduced into the tax and pension systems (Miyamoto, 2003).

3-3 Japanese-style welfare society

A social security system for the male breadwinner model was introduced politically. These policies, which secured full employment for male workers, led to favoring housewives’ policies and to the stable supply of unpaid domestic labor, thus leading to savings in social benefits related to care. The so-called family wage and company fringe benefits extended the benefits of the system of lifetime employment for male breadwinners to their families. In fact, for a long time, the Japanese family took the form of a modern patriarchy. Certainly, the mechanism that reduced social expenditure through public works was effective (Takegawa, 2005).

Familialism was put forward as the most important “hidden assets” for the Japanese welfare method. Hereafter, welfare policy was designed to support traditional family ties. Several institutional reforms facilitated women remaining in their families. The 1985 pension reform introduced a pension program for housewives, making it possible for them to receive benefits even without making direct personal contributions. New tax credits for housewives economically dependent on their husbands were introduced in 1987.

In this context, familialism is not a historic tradition, but, a politically induced system. The resulting exceptional increase in the number of full-time housewives occurred primarily because the employment and social security system favored male breadwinners. This perception was expressed through the theory of a “Japanese-style welfare society” that emerged in the late 1970s. Proponents of this theory insisted that Japan should not fall into the same rut of ruinous Western welfare states; rather Japan’s own hidden assets, such as neighborhood and family bonds, should be more positively mobilized (Miyamoto, 2003).

3-4 Care diamond as a research framework

In terms of welfare regimes concerning care in East Asian societies, we introduce the notion of the “care diamond” diagram developed by S. Razavi and her co-researchers as a research framework (Razavi, 2010). The “care diamond” study was developed in the “Asian Gender Project” (2001-2003) conducted by Ochiai and other researchers to reveal changes in family and gender roles in East and Southeast Asian societies that focus on the patterns of care provision in childcare and care for the elderly (Abe, 2010).

Although the “care diamond” could be applied to childcare and care for the elderly, this study specifically focuses on care for the elderly. As a “care diamond,” Ochiai proposed four factors including State, Market, Family, and Community. The fourth factor, “Community,” is added to Andersen’s “welfare triangle” as constructed using State, Market, and Family. Although the study of welfare pluralism tends to include the civil sector as a fourth factor, the term for “Community” includes diversified elements, such as

mutual aid in neighborhoods, informal networks, voluntary sector, NPOs/NGOs, and other spontaneous networks. Researchers who insist on the civil sector as a fourth factor advocate that welfare pluralism has the common motivation of conceptualizing the Civil sector as separate from the State and the Market (Ueno, 2011).

As for the Japanese elderly care diamond, the fact that the number of people who require some form of care and who receive professional care (both in institutions and at home) reveal that a significant and expanding role exists for the state in providing care for the elderly. However, an overwhelmingly large proportion of care needs are still met within the family. Home care services are utilized by most households with care needs, yet their provision only serves as a minor supplement to familial care. As the empirical evidence show, LTCI seems to have reduced some of the burden on families with extensive care needs (Abe, 2010).

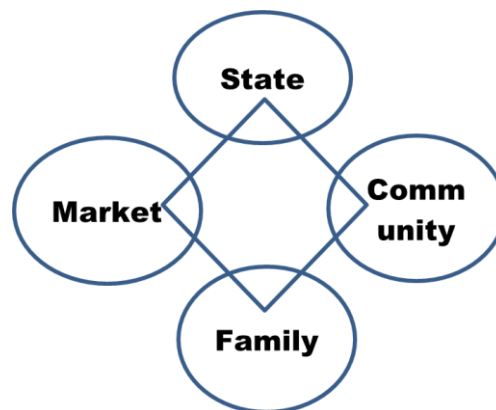


Figure 1: Care diamond
Source: Ochiai,2013, Abe,2010

As a whole, de-familialization through the market is described as well-developed in East Asian societies. However, the degree of dependence on familialism remains strong as long as the financial responsibility remains with the family. The Community plays few roles in providing care services. The State has the important functions of funding and utilizing the Market and the Community (Ochiai,2013).

However, East Asian care regimes are exposed to globalization to such a degree that each society should address the transition of economic conditions and family structures. One of the challenges for these issues in care for the elderly is LTCI. We subsequently discuss later the effect of the de-familialization of LTCI in Japan.

4 Long-term care insurance (LTCI) system and de-familialization

4-1 Outline of long-term care insurance (LTCI) and its development

Japanese government introduced the LTCI system in 2000, following the establishment of LTCI in 1995 in Germany.

A change in the family structure was the major factor promoting the establishment of LTCI in Japan. Family members used to provide care; however, but the increasing number of nuclear families has necessitated the use of outside carers. LTCI entitled “From care by family to care by society” aimed to reduce the burden on families and its purpose was the “socialization of care,” sharing the burden of care for the elderly among all members of society. The first social force that drove the introduction of LTCI is the

reliance in Japanese and East Asian societies on family members, particularly women, to assist the frail elderly within a family instead of placing them in institutions. The second force is rapid demographic change, that is, the aging of society. The third force is the change in household structure. An increasingly large number of elderly persons do not have family members living with them. The fourth factor affecting care within the family is the increase and change in women's labor force participation (Abe, 2010).

The LTCI system is characterized by the following points written in government reports on introducing LTCI.

First, LTCI aims to provide personal care to the elderly and to support their independent living. Second, LTCI is a user-oriented system, in which users directly select their care services from many providers. Third, LTCI employs a social insurance system in which the balance of benefits and expenses are made clear. Fourth, LTCI aims to expand local government autonomy and management capacity in social policy.

From the government's perspective, the other purpose of introducing LTCI was to restrain the increase in medical insurance expenditures and to reduce the public cost of care for the elderly. Although this statement was never written in the government brochure, soon after its enactment, the initial financial arrangement was evidently inadequate to meet the long-term care. The number of care recipients grew from 1.49 million (0.52 in institutions and 0.97 in home care) in September 2000 to 3.29 million (0.86 in institutions, 3.28 in home care, and 0.31 in community based care) in April 2012, and the financial outlay grew steadily from 3.6 trillion yen (2000) to 9.4 trillion yen (2011) (MHLW, 2013).

Care services by the LTCI system in Japan are home-based or institutional (the type of community-based care was introduced in 2006). In 2007, 77% of the certified care for the elderly was through home-based services. The most preferred services are home visit services and day care services at institutions. In contrast, the government strictly regulated the establishment of care institutions and their users' quotas. Three types of institutional care (Special nursing homes, Health care facilities, and Sanatorium Medical Facilities) exist, in addition to group homes and small-scale multifunctional community-based care homes.

Although 913.3 thousands elderly people are living in and care by institutions, institutional care faces serious shortage problems, including long waiting lists to enter care institutions. Nearly half a million elderly individuals will be looking to enter institutions; however, no vacancies currently exist (Shinozaki, 2008).

Six years after the initiation of LTCI, a steep expansion of users and a critical financial situation led to revisions of LTCI from 2006 that introduced stronger preventive care measures and community-based integrated care.

4-2 Influence of LTCI on de-familialization

Although the assumption is that the family must accept responsibility for caring for other family members, this study should answer the questions on whether the care burden of families was reduced after the introduction of LTCI. This study should also analyze how LTCI influences family members' consciousness and attitudes toward other families and the degree of LTCI influence on the care regime. To clarify the interacting influence, some social survey data on family, households, and care should be analyzed.

First, according to a government survey on social life in 2011 showed that the number of individuals responsible for caring for other family members on a daily basis is 6,829,000. The average amount of time spent caring each day is 40 minutes (25 minutes

for males and 49 minutes for females). This average caring time has gradually decreased each year since the start of LTCI (59 minutes in 2001, 57 minutes in 2003, 49 minutes in 2006). Room may exist to examine whether LTCI services affect the decrease in caring time.

Next, data from the Comprehensive Survey of Living Conditions (Cabinet Office) were analyzed.

a. Overall households with persons aged 65 years and older

In 2013, 22,420,000 households had individuals aged 65 and older (44.7% of total households). The breakdown by household structure, showed that “households with a couple only” were the most common at 6,974,000 (31.1% of households with persons aged 65 and older), followed by “one-person households” at 5,730,000 (25.6%), and then “households with parents and unmarried children only” at 4,442,000 (19.8%) in 2013.

Regarding annual trends, three-generation households with children make up a decreasing proportion of total households. The rate of small households, including single households and households with a couple only, is increasing consistently. It is considered that the norm and consciousness that family members should live together is getting gradually weaker.

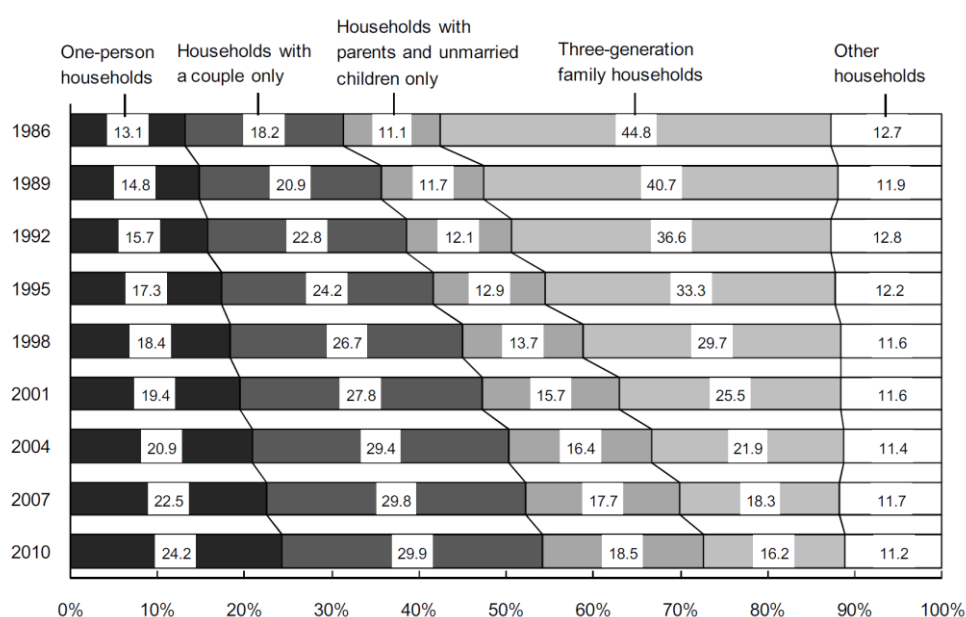


Figure 2 :Trends in the Number of Households with Persons aged 65 years and Older and Percentage Distribution, by Household Structure (2010)

Source: Cabinet Office, 2010

b. Long-term care

b-1 Households with an individual requiring long-term care

Regarding the breakdown of individuals certified as requiring support or long-term care under LTCI based on the household structure in which they reside, the most common structure was “nuclear family households,” at 35.4%, followed by “one-person households,” at 27.4%, and “three-generation households,” at 18.4% in 2013. The annual trend shows an increase in the proportion of “one-person households” and a decrease in the proportion of “three-generation households.” (Figure3)

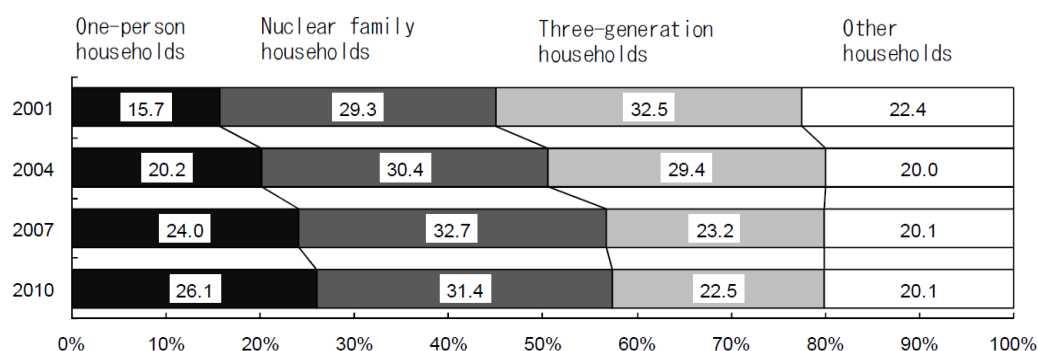


Figure 3: Trends in the Percentage Distribution of Households with a Person requiring long-term care by Household Structure
Source: Cabinet Office, 2010

Regarding the breakdown of care requirement levels by household structure, the proportion with persons requiring a lower level of care was relatively high among “one-person households”. Among “nuclear family households” and “three-generation households,” the proportion of persons requiring higher levels of care was relatively high. These results have some implications that co-resident family members are valuable resources for caring the elderly family members requiring higher levels of care.

b-2. Principal carers

The breakdown of the relationships between principal carers and persons requiring long-term care showed “co-resident” as the most common at 61.6%, followed by “institution” at 14.8%, then “family member living elsewhere” at 9.6% (in 2013). The breakdown in the relationship with principal “co-resident” carer showed “spouse” as the most common at 26.2%, followed by “child,” at 21.8%, then “spouse of child,” at 11.2% (in 2013) .

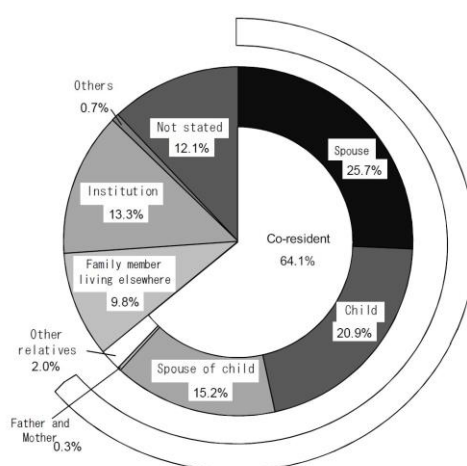


Figure 4: Percentage Distribution of Principal carers by Relationship to Person Requiring Long-term Care
Source: MHLW, 2010

Principle “co-resident” carers still represents the main force of care but has gradually decreased by approximately 10 points (from 71.1% in 2001 to 61.6% in 2013). Remarkably, the ratio of spouse to child is decreasing conspicuously, by approximately

11 points (from 22.5% in 2001 to 11.2% in 2013). Also noteworthy is that the ratio of business operators that provide home help services is gradually increasing by approximately 5 points (9.3% in 2001 to 14.8% in 2013).

Main carer	total	Co-resident						Other family living elsewhere	business operator	others	unknown
			spouse	child	Spouse Of child (Daughter in-law)	Father And mother	Other relatives				
2001	100.0	71.1	25.9	19.9	22.5	0.4	2.3	7.5	9.3	2.5	9.6
2004	100.0	66.1	24.7	18.8	20.3	0.6	1.7	8.7	13.6	6.0	5.6
2007	100.0	60.0	25.0	17.9	14.3	0.3	2.5	10.7	12.0	0.6	16.8
2010	100.0	64.1	25.7	20.9	15.2	0.3	2.0	9.8	13.3	0.7	12.1
2013	100.0	61.6	26.2	21.8	11.2	0.5	1.8	9.6	14.8	1.0	13.0

Table 3 : Transition of Ratio of Principal Carers
Source: Cabinet Office, 2013

Regarding the breakdown of principal “co-resident” carers by sex, females outnumbered males by 68.7% to 31.3%. However, the male ratio (in 2001 at 23.6%, in 2004 at 25.1, in 2007 at 28.1%, and in 2010 at 30.6%) is increasing consistently each year (Cabinet Office, 2013). This increasing male ratio year by year has some implications that gender role in Japanese households are changing gradually toward gender equality.

According to a 1968 national survey on bedridden elderly by the National Council of Social Welfare, the number of bedridden elderly individuals amounted 200,000. The survey showed that the main carers were, first, daughters in-law at 49%, followed by spouses (mainly wives) at 27% and daughters at 14% (Ueno, 2012). If care by daughters in-law or spouses of child indicate traditional familism and are a symbol of the patriarchal family system in Japan (Ochiai, 2012), then familism in Japan is considered to have been drastically transformed into the other forms of value.

Regarding the recent situations of the family carer, although the number of male carers is increasing and represents approximately 30% of all carers, inter-spouse care is increasing. Although the ratio of daughters in-law is decreasing, the ratio for daughters and sons are increasing. Apart resident family carers are gradually increasing, as opposed to co-resident family carers.

c. De-familialization

According to the other survey on family care conducted by Kyoto University in 2008, the most common answer to the question, “ who does the elderly person who needs LTC services want to be cared?” is spouses (34.6%), followed daughter (17.8%), and then daughter in-law (14.1%) thirdly(2003). Aside from family members, desirable carers include hospitals as the most common, followed by nursing homes, and then home helpers.

In terms of preference for care services, individuals with lower care requirements level preferred in-home services or care by families. In contrast, individuals requiring severe care level preferred institutional care and individuals with a preference for care by families tend to have psychological resistance to home help services and institutional care settings (Kyoto University, 2008).

The results of this survey indicates that the preference for being cared is changing toward modern family value and lessen family responsibility using help of social care services. Although in Japanese society, families were used to be regarded as care resources or as “hidden assets”, familialism is gradually transformed and de-familialization is progressing as well as family structure is changing. The results of overall surveys suggest that it is important for society to require consideration for care recipients’ preference when building the system of socializing care.

Japanese sociologist, Ueno analyzed the structure and transition of family care using three factors, including “norm,” “preference,” and “resources,” in the constellation of welfare pluralism. She clarified the priority of the three factors as, “resources” > “preference” > “norm”, from both the user’s and also carer’s point of view (Ueno, 2012).

Because the family norm is changing for de-familialization, and preference for family care is still strong but is changing into a modern democratic family, resources as substitutes for family care, such as LTCI services, are still limited and restrained.

Although familialism functioned as promoters of changing family structures and fewer children, the gap between strong familialism and changing family structures and dilemma between family norm and Japanese policy supporting familialism are getting wider in recent years, more effective policies should be planned in accordance with changing family norm and transforming gender consciousness.

Conclusion

This study analyzed the research question of whether LTCI affected de-familialization in East Asian societies. The results of our analysis indicate that LTCI has a certain impact on a strong conservative form of familialism in Japan and on promoting de-familialization.

In the Japanese welfare regime of the 20th century, the government adopted the male breadwinner model of the social security system, which provided benefits to housewives and supported the maintenance of familialism. However, recently, the limit of familialism is gradually being clarified because of the changing family structure and shrinking function of the family. As a substitute for familialism and to provide socialized care for the elderly, a long-term care insurance (LTCI) system was established in 2000.

Previous studies differed significantly in their opinion of whether LTCI functioned as a social support system instead of a family. We are far from gathering sufficient evidences to show that the LTCI system affects the de-familialization process so far. However, some surveys have an important implication that the LTCI social insurance system certainly has a degree of interrelation with de-familialization.

In the future, increasing de-familialization and de-genderization should progress for subsequent generations, along with the development of social care resources to enable individuals to live independently and have lifestyle choices, such as living with family or live alone.

LTCI should be developed as a social supporting system and as an optimally mixed welfare regime. These types of LTCI developmental processes will fuel suggestions for other East Asian societies.

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