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**Social support for older persons: the role of family, community  
and state in selected Asian countries \***

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**Social support for older persons: the role of family, community and state in  
selected Asian countries 1)**

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## 1. Introduction

In the Western countries, industrialization has brought about the urbanization and the increased proportion of the nuclear family. Economic development in the industrialized Western countries has materialized birth control in order to gain the more comfortable life. In contrast to the industrialized nations of the Western countries, the East Asian countries have experienced a rapid economic growth and a rapid population aging at about the same time.

In the Oriental countries which experienced the economic development at the later time, population and birth control were implemented in order to help the economic development. The strong family planning programs have accelerated the rapid process of the demographic transition due to the sharp declines of fertility and mortality, which have affected the population aging in most of the Asian countries.

Mason (1992) argues that norms about the care of the elderly by their children were traditionally strong and appear to remain strong in most of Asia; but despite this, traditional patterns of co-residence are eroding in many countries. The further economic growth and urbanization are likely to erode the family's ability to care for the elderly. It is really a dilemma whether the elderly should be taken by the family or by the government.

This paper first deals with the process of the population aging in selected East and South-East Asian countries. Then, this paper discusses on the social support for the elderly as well as living arrangements of the elderly. Finally, this paper illustrates the roles of the family, communities, and states in the support for the elderly in conjunction with the changing pattern of the living arrangements of the elderly.

## 2. Population aging in East and South-East Asian countries

The dramatic demographic transition within a short period of time has accelerated the population aging in most of the Asian countries, especially in East Asian countries like Japan, Korea and China. The East Asian countries, which have already experienced large declines in fertility and mortality, have tremendous momentum for further population aging. Both the life expectancies and median ages have drastically increased over time in most of the Asian countries.

There are some similarities of demographic transition, aging process and economic

development in the Oriental culture population (Wu, 1999).

1. Rapid demographic transition – that population with Oriental culture all experienced a very rapid mortality and fertility decline.
2. The aging process of population of Oriental culture is the fastest in the world – Aging in the Western countries was a relatively gradual process, but the aging process of the Oriental culture population is the fastest in the world.
3. The economies of population of Oriental culture lagged behind those of the Western culture for a long time, but accelerating the growth after the World War II.
4. The old-age social security systems in the population of the Oriental culture as a whole lagged behind those of the Western culture and the traditional family support for the elderly are still playing the most important role in the Oriental culture.

Japan Korea and China in the East Asia are geographically very closely related. In addition to the geographical proximity, these three countries have shared many socio-cultural similarities. There are several common factors in Japan Korea and China (Sodei, 1996). First, they belong to the Confucian cultural sphere or the Chinese cultural sphere. People in these countries have used and are still partly using the same Chinese characters, although pronunciation and meaning of some words are different from country to country. Because of the Confucian tradition, these countries have shared the patriarchal stem family, the tradition of ancestor worship and predominance of men over women. Filial piety is also one of the most important factors of the Confucianism, which is different from Western countries.

Second, three countries in the East Asia have experienced the demographic transition from high birth and death rates to low birth and death rates in a very short period of time. The decline of fertility rates in the East Asia was much faster than that of European countries. Third, the drastic decline of fertility rates was carried out by the strong leadership of centralized governments in these countries. Fourth, economic development was also achieved in a very short period of time in these countries.

Table 1 shows the speed of population aging in the East Asian countries and selected developed countries. This table indicates that the year when the proportion of those aged 65 and over reached 7 percent of the total population was 1864 in France, 1929 in England, 1942 in the United States, 1970 in Japan, 2000 in Korea and 2001 in China. Table 1 also illustrates that the time required to double this proportion from 7 percent to 14 percent was 115 years in France, 71 years in the United States, 47 years for England. However, the proportion of those aged 65 or over is expected to reach

from 7 percent to 14 percent in only 24 years in Japan, 19 years in Korea and 25 years in China. It is also estimated to take only 12 years in Japan, 7 years in Korea and 10 years in China for the proportion to reach from 14 percent to 20 percent. The time required for the proportion of East Asian countries reach from 14 percent to 20 percent is much faster than the cases of France (41 years) and England (45 years).

Table 1. Proportion of the elderly (65+) in selected countries

Country	Year 7%	Year 14%	Year 20%	7 → 14%	14 → 20%
Korea	2000	2019	2026	19	7
Japan	1970	1994	2006	24	12
China	2001	2026	2036	25	10
Germany	1932	1972	2012	40	40
England	1929	1976	2021	47	45
Italy	1927	1988	2007	61	19
USA	1942	2013	2028	71	15
France	1864	1979	2020	115	41

Source: KNSO, 2002; U.N. World Population Prospects. 2004.

Table 2 compares the trends of the proportion of the elderly aged 65 or over among Japan, Korea and China during the period of 1960-2000 and shows the projected proportion during the period of 2005-2050. In 1960, the proportion of the elderly aged 65 or over was 5.7 percent in Japan, 3.3 percent in Korea and 4.8 percent in China. This proportion has continuously increased over time in all three countries. The proportion increased to 17.2 percent in Japan, 7.4 percent in Korea and 6.8 percent in China in 2000. This proportion is projected to consistently increase in the future. The proportion is expected to increase to 35.9 percent in Japan, 34.5 percent in Korea and 23.6 percent in China in 2050. In Japan, one third of the whole population is expected to be the elderly aged 65 or over in 2040. In Korea, one third of the whole population is expected to be the elderly in 2045.

Table 2. Trends of the proportion of the elderly(65+) in East Asian countries (%)

	1960	1965	1970	1975	1980	1985	1990	1995	2000	2005
Japan	5.7	6.2	7.1	7.9	9.0	10.3	12.0	14.6	17.2	19.7
Korea	3.3	3.3	3.3	3.6	3.8	4.3	5.0	5.8	7.4	9.4
China	4.8	4.3	4.3	4.4	4.7	5.2	5.6	6.1	6.8	7.6

	2010	2015	2020	2025	2030	2035	2040	2045	2050	
Japan	22.4	26.0	28.1	29.1	30.1	31.6	34.0	35.3	35.9	
Korea	11.3	13.2	15.6	19.6	23.4	26.9	30.3	32.6	34.5	
China	8.3	9.6	11.9	13.7	16.3	19.8	22.3	23.0	23.6	

Source: U.N. World Population Prospects. 2004.

### 3. Social support for older persons

Rapid shifts in age structures associated with population aging have a profound impact on a broad range of economic, political and social conditions. As more people live longer, retirement, pensions, and other social benefits tend to be extended over longer periods of time. Social support is crucial to the elderly, especially after their retirement. This makes it necessary for social security systems to change substantially in order to remain effective. Increasing longevity can also result in rising medical costs and increasing demands for health services, since older people are typically more vulnerable to chronic diseases

Generally, there are three types of the support for the elderly such as economic support, physical support, and emotional support. Let's take an example of the pattern of support which Korean elderly receive. In terms of the support for the elderly, almost 20 percent of the respondents do not receive any financial support in 1997 (Kim, I.K. 1997). Most of the financial support come from family members. The proportion of receiving financial support from family members is 77.6 percent. The proportion of the support from a formal support is only 2.6 percent and that from friends and relatives is 0.8 percent.

On the other hand, the proportion of receiving emotional support is greatest among those who receive from friends and neighbors (57.7 %), followed by from family members (36.5 %). In the case of physical support, 58.0 percent of the respondents do not receive any support. The proportion of the elderly receiving physical support from family members is the greatest as of 39.2 percent. The proportion of the elderly receiving physical support from friends and neighbors is 2.7 percent and that from formal sources is almost zero (0.2 %).

Population aging requires adaptation to the problem of long-term care of the elderly. The significance of the disproportionate increase in 'old-old' (as opposed to 'young-old') for long-term care lies in the greater prevalence of functional impairment and chronic disease among the very old. Functional impairment and the need for help can have enormous impact on the elderly and their families (Kim and Maeda, 2001).

In terms of the support for the elderly, living arrangement is a very important mechanism to the elderly because it is closely related to the support for them. Co-residence with family members seems to be the best way of supporting the elderly because most types of support (financial support, emotional support, assistance in activities, etc.) are possible with co-residence. Of course, living alone does not necessarily mean a lack of support from family members. However, the elderly living alone or with their spouse only normally have a limited access to these types of support.

The elderly living alone or with spouse only suffer from serious economic problems. Thus, although the proportion of the elderly receiving support is still relatively high, an increasing proportion of the elderly living alone or with spouse only might indicate that the tradition of strong family support is substantially weakening owing to the rapid socioeconomic transformation.

Several projections indicate that the elderly population will continue to grow and the share of old people in the dependency ratio will become greater than that of children in most Asian countries (Kim, I.K. 1999; Wu, 1999). Thus, an increasing number of the elderly would suffer from financial difficulties because of their children's avoidance or inability to provide financial support. The emergence of this problem is reflected in rising demand for social welfare for the elderly and increasing government's responsibility to support the elderly. Let's review more specifically the situation of the living arrangements in Asian countries.

#### 4. Living arrangements of the elderly

The living arrangements of the elderly have changed greatly over time in the East Asian countries (Martin, 1989). While intergenerational co-residence has become less common, its meaning has been changed. Intergenerational co-residence still remains the preferred living arrangement for many people in Asia. Compared to other developed countries (Kendig, 2005), the proportion of the elderly living with any child is still very high in the East Asian countries.

Table 3 indicates the living arrangements of the elderly in selected Asian countries. Among the male elderly, the proportion of the elderly living with children in Singapore is the highest as of 81.5 percent, followed by Thailand (78.8%), Philippines (68.2%), and

Taiwan(67.3%). Among the female elderly, the proportions of the elderly living with children are somewhat higher than those for the male elderly but the order of the proportion is the same as that for the male elderly. Such high levels of co-residence demonstrate that in this part of the world, the elderly continue to be cared for by the family. The remarkable changes these societies are going through – fertility decline, economic transformations, increasing women’s participation in the work force, rising levels of education – have apparently not led to a situation similar to that in many of the economically advanced Western countries, in which it is common for elderly persons and their adult children to live separately. Even where the most extraordinary economic development has taken place, as in Taiwan and Singapore, co-residence remains the norm.

Table 3 . Living arrangements of the elderly (60+) in selected Asian countries (2000) (%)

	Living arrangements	Taiwan	Philippines	Singapore	Thailand
Men 60+	Alone	11.1	4.0	3.2	1.8
	Couple only	17.2	13.0	8.1	8.5
	With children	67.3	68.2	81.5	78.8
Women 60+	Alone	6.6	6.4	3.3	5.7
	Couple only	15.0	8.1	3.8	4.0
	With children	72.6	73.5	87.9	76.7

Source: “Future characteristics of the elderly in developing countries and their implications for policy.” Hermalin et al. 2006. Research Report 06-62. Population Studies Center. University of Michigan. P. 10.

Table 4 compares the living arrangements of the elderly among Japan, Korea and China. The proportion of the elderly living alone is 12.6 percent in Japan, 16.8 percent in Korea and 7.1 percent in China. The proportion of the elderly living with spouse only is 29.4 percent in Japan, 29.2 percent in Korea and 28.0 percent in China. Combining these cases together, the proportion of the elderly living alone or living with spouse only is 42.0 percent in Japan, 46.0 percent in Korea and 35.1 percent in China. On the other hand, the proportion of the elderly living with any child is 54.3 percent in Japan, 49.1 percent in Korea and 60.9 percent in China.

Table 4. Living arrangements of the elderly(65+) in the East Asian countries (%)

Living arrangements	Japan (1997)	Korea(2000)	China(2000)
Live alone	12.6	16.8	7.1
Live with spouse only	29.4	29.2	28.0
Live with children	54.3	49.1	60.9
Live with others	3.7	4.9	4.0

Source: Kim and Maeda. 2001.

While the idea of filial piety remains strong in contemporary East Asian countries, the way in which it is exercised differs from how it was exercised in traditional society. The traditional idea of filial piety in the East Asian countries was to care for old parents by way of living together with parents and support them emotionally and physically. Today, however, many parents do not expect their children to support them.

Kim, I. K. (2004) shows that two major features of the changes of the living arrangements of the elderly in Korea from 1980 to 2000 are the increased proportion of those living alone or living with spouse only and the decreased proportion of those living with children. The proportion of the elderly living alone was only 4.8 percent in 1980, but increased to 9.5 in 1990, then to 16.8 percent in 2000. The proportion of the elderly living with spouse only was 10.1 percent in 1980, but increased to 17.5 in 1990, then to 29.2 in 2000.

On the other hand, the proportion of the elderly living with any child decreased from 80.5 percent in 1980 to 68.2 percent in 1990, then to 49.1 percent in 2000. Both the proportion of the elderly living with married children and that with unmarried children have decreased. The proportion of the elderly living with married children decreased from 61.7 percent in 1980 to 51.5 percent in 1990, then to 35.7 percent in 2000. The proportion of the elderly living with unmarried children decreased from 18.8 percent in 1980 to 16.7 percent in 1990, then to 13.4 percent in 2000.

With respect to providing support, living with married children is especially important for the elderly. As indicated, however, the proportion of the elderly living without children has continuously increased due to rapid socioeconomic transformation in recent decades. This is a critical sign that the tradition of strong family has been changing and that the strong tradition of support for elderly family members could continuously weaken in the future.

##### 5. The role of family, community and state in care-giving for the elderly

In both East and West the family is the main source of care for older people in need, though this responsibility is more often shared with formal services (Walker, 1999). In Asia, biding the family together is deeply rooted cultural mores and religious practices (Cheung, 1999). Most Asian countries place special emphasis on the family as the frontline institution in their planning for population aging.

In some country, the family size is not a particularly important determinant of the care and support that Thai elders receive and thus that the smaller families of today's generation of reproductive age couples do not seriously jeopardize support from children, including co-residence, during the elderly years (Asis et al. 1995). Participants in the focus group discussions mainly stressed that the character and behaviour of the children are what count, not the number. Moreover, with fewer children, more attention and resources can be devoted to each and perhaps improve their potential for supporting parents later on. Even among those who felt that by them few children couples were at risk for having no caregiver available for them in their old age, many believed this trade-off was necessary to avoid the current prohibitive costs of bringing up a large number of children.

Katana(1999) summarizes several characteristics of the family in some Asia/Pacific countries (Australia, Japan, Malaysia, and China) as follows.

1. Family is the main provider for care and support among four countries. However, the content and degree of care, relationship of care givers and care takers are different from country to country. In Japan, the first son and his wife are always expected to take care of the elderly parents. In China, there is no alternative but the only child because of the one-child policy.
2. The shift of care from family care to institutional, and then to home and community-based care is widely observed.
3. Women play the major role of care-giving in every culture. In Japan, more than 80% of care-givers are wives, daughters, and daughters-in-law. Also, most of the professional care-givers such as home helpers and nurses are women. However, the situation is changing because many of them now find jobs outside of home and have less children than before.
4. Public and private expenditures which cover the cost of welfare, pension and medicine are getting bigger and bigger as population age in every society. One of the solutions for the problem is to let the elderly remain economically active. In Japan, every local government operates 'silver human resources center' where retired men and women engage in paid work force as part-time workers.

5. Mobile phones are widely spread in these countries especially in big cities. The new phone system connects the elderly and their children who live separately, and also connect the elderly and care-givers such as doctors and nurses whenever needed, which give them some sort of security.

Despite the strong family-oriented tradition in Asian countries, demographic changes may affect the capacity of the family to support and care for the elderly. The contributing factors which affect the tradition are the declining family size, the increasing female workforce participation, the diminishing extended family arrangement, and the geographic mobility of family members. They reduced the potential number of caregivers within the family and the options of burden sharing.

A major social policy concern confronting the Asian countries is to assess the extent to which the care-giving capability of the family should be enhanced by the state. Given the social changes, it may be necessary for the government to take effective steps to enhance the care-giving capability of the family. Programs designed to strengthen the family could include the promotion of co-residence through housing policies and financial incentives, provision of home nursing services, facilities for respite care and programs on counseling, professional guidance and emotional support (Cheung, 1999).

The governments should ensure that older persons have a reasonable, adequate and barrier-free living environment. Public housing programs may include options for older persons who live alone either by choice or circumstance. For older persons who need community residential care, it is important that nursing homes and shelters for the aged destitute are well run and deliver satisfactory level of care and service.

There is much variability among countries in the delivery and accessibility of social services for the elderly. Among the developing countries, there is less variability, as there is a complete reliance on the non-government organization(NGOs) to provide the bulk of the services. The state may need to establish a proper and comprehensive service infrastructure to deal with aging and older persons in a holistic and integrated manner. A national infrastructure for aging would consist of three principal components (Cheung, 1999). These are a) the governmental and non-governmental institutions and personnel primarily concerned with aging and older persons; b) a service delivery network with acceptable standards of service quality, and c) an information, training and research apparatus on aging issues.

Nevertheless, the role of government in the welfare services for the elderly has been limited to a great extent. To make matters worse, the role of the government would be limited to some extent because it is impossible for the government to take full responsibility if the number of the elderly unlimitedly increases.

The aging process everywhere poses new challenges to policy makers, local and national, to employers and a wide range of businesses, as well as to families, communities and individual older people (Walker, 1999). Local-level organizations can engage in training and developing the human resources of the elderly, and provide economic opportunities in line with national policies on the elderly population. National level organizations can play an active role in policy formulation and legislative development for the sake of the elderly.

The importance of non-governmental organizations (NGOs) has been recognized recently owing to their informal structure and their grass-roots character (Park, 2003). NGOs in collaboration with the government are indispensable, and the networking of international agencies for the exchange of information is necessary for successful programs. In addition, the support of the mass media is essential to disseminate messages to a wider segment of the population. A positive image of elderly persons could be promoted by publishing articles in newspapers. Radio and television networks can play an effective role through dramas or shows portraying harmony, love, and understanding of the elderly.

It has not been until very recently that the government has paid attention to the employment of the elderly. The emphasis on the workforce of the elderly was boosted by international organizations such as the ILO, OECD, and EU (Cho et al. 2003). These organizations have attempted to provoke the restructuring of the main social policies such as the public pension and healthcare systems in response to the aging and growing financial burden of supporting the elderly at global levels. Labor policy for the elderly needs to be changed by enhancing the employability and reducing the age discrimination of the elderly in the workforce (KLI, 2002).

## 6. Policy challenges for the elderly : The case of Korea

The emergence of rapid process of population aging is reflected in rising demand for social welfare for the elderly and increasing government's responsibility to support the elderly. It is a challenge for the government to develop appropriate and effective programs to provide needed services for the elderly. As mentioned above, however, the role of the government must be limited in providing full services for the elderly. Thus, all the resources of government, industries, communities and families to meet this challenge should be mobilized for supporting the elderly. Now, let's take an example of the strategy for supporting the elderly in Korea (Chung, 2002).

The Committee for the Elderly Health and Welfare Policy Development was established under the Office of the Prime Minister in 2001 with a view to coping with the impact of the population aging on the Korean society. The role of the committee is to develop the long-term goals and policy directions for the welfare of the Korean elderly.

The Committee for the Elderly Health and Welfare Policy Development formulated the plan of the 'Development directions for the elderly health and welfare in preparation of an aged society' in 2002 to set up the fundamental directions of policies for the elderly. The goals and strategies of the plan are as follows (Chung, 2002).

Goal of the plan: Healthy and active aging

Direction of the plan: Social integration, realization of productive welfare, self-reliance and high quality of life

Strategies of the plan:

(1 ) Policies for economic security

- Strengthening public pension programs
- Substantializing old-age pension
- Expanding employment opportunities
- Developing suitable occupations for the elderly and strengthening job training programs
- Establishing job search networks

(2) Policies for healthy life

- Expanding long-term care services
- Expanding home care services
- Cultivating long-term care personnel
- Systematizing health examination
- Developing measures to reduce long-term care costs

(3) Policies for meaningful and comfortable life

- Developing lifelong education programs
- Promoting volunteer activities
- Enhancing culture and leisure activities
- Strengthening intergenerational solidarity

(4) Activation of elderly market

- Expanding housing for the elderly
- Expanding health and medical services
- Activating the production and distribution of the elderly welfare supplies
- Developing the leisure programs
- Developing financial programs to secure later life

In relation to the strategies of policies for the elderly in Korea, more specific description is provided as follows.

1) Policies for economic security

Policies for the economic security for the elderly mainly contain the policies of income maintenance and the policies for enhancing employment opportunities. First of all, policies of income maintenance are composed of three main components of the public policies such as ‘public pension programs’, ‘public assistance based on the National Security Law, and ‘old age pension’.

For National Livelihood Security recipients, the old age pension benefit amounts to 50,000 Won (50 US Dollar) for a person aged 80 or over, 45,000 Won (45 USD) for an individual aged between 65 and 80. The elderly with a low income receive 35,000 Won (35 USD).

In addition, there are three job placement programs that provide the elderly with opportunities to earn money such as follows: running job placement centers (formerly elderly job bank), elderly workplace and elderly employment promotion. The Employment Promotion Law, enacted in 1991, induces business firms to hire the elderly aged 55 or more at least 3 percent of the employee pool of the company.

2) Policies for the healthy life

Korean government has recently initiated four important policies for the healthy life of the elderly such as health insurance, free health examinations, community

visiting nurse services, institutional care services, and home care services. As of 2000, all Koreans are covered by health insurance or medical assistance programs. 89.1 percent of the Korean elderly are covered under health insurance and the rest are covered by medical assistance programs.

In accordance with the health insurance, free health check-up services are provided to prevent and diagnose geriatric diseases at an early stage. Policy of free health examination began in 1983 and was extended to cover various geriatric diseases including diabetes and cataracts in 1992. There was further extension of the coverage in 1996 to include the special disease such as cancer.

Community visiting nurse services are provided under both Community Health Care Act by nurses working at public health centers and Medical Care Act by home visiting nurses working at hospitals. The role of the community visiting nurses at public health centers used to be confined to providing simple or routine health care services such as bathing and dressing, but recently more sophisticated medical care services are provided. Costs of the services are paid through both health insurance and patients.

According as the old population has consistently increased, the number of the frail or disabled elderly increase. The physical care of the elderly has traditionally been provided by the family members, but because of the increasing trend of the low fertility in Korea family is no longer able to take the full responsibility. So, the government has to take the partial responsibility of the care for the elderly, especially for the long-term health care. There are 7 types of the welfare facilities for the elderly in Korea such as follows: no charge facility (elderly home, nursing home, skilled nursing home), partial charge facility (elderly home, nursing home), full charge facility (elderly home, nursing home). As of 2001, however, the proportion of the residents in these facilities was only 0.28 percent of the total elderly aged 65 years or over in Korea.

Because of the difficulty of caring for the frail elderly at home, Korean government began to provide home care services for the elderly. As of 2001, there are 109 home help service centers, 107 day care centers for the elderly and 36 short-term care centers are in operation. About two thirds of these centers receive financial support from the central government. This program is supposed to receive major financial support, and thus is expected to rapidly increase in the coming years.

### 3) Policies for a meaningful and comfortable life

In accordance with the increased level of living and population aging, Korean government began to provide various measures for a more meaningful and comfortable

life for the elderly. First of all, the local governments provide financial support to 40,691 community senior centers. Also, the government provides assistances in the daily living such as cleaning services and meal delivery services.

Korean government also established 133 multi-purpose senior centers to offer comprehensive welfare services like counselling on health, cultural activities and recreation for the elderly. There are also programs for the elderly to participate in the volunteer activities in order to encourage them to have a more productive and meaningful life.

#### 4) Cultivating respect for the elderly

In 1997, Korean government established 'Month of the elderly (October)' and 'Day of the elderly' (October 2th)' in order to cultivate the spirit of respect for the elderly. In addition, the government began to give rewards to family members who have shown a good sample of filial piety and citizens who have contributed to the welfare for the elderly. Korean government also provides the benefit of discounting the fare of the elderly in such as second-class train fair (50%), first-class train fair (30%), ship fair (20%), and air fair (10%). Riding a subway and entering public parks and museums are free for the elderly.

### 7. Concluding remarks

Modernization theorist argue that industrialization and urbanization would shift household structure from an extended to a nuclear form and shift living arrangements of the elderly from the type of living with children to the types of living alone or living with spouse only (Cowgill, 1986; Cowgill and Holmes, 1978). Nevertheless, there remains a question whether modernization theory will be adequate in explaining the family changes in Asian countries. For instance, Japan and Singapore have reached demographic transition and socioeconomic development similar to those of developed countries in the West, but their family structure and elderly living arrangements are similar to those neighboring developing countries in Asia(Kojima 1992; Asis et al., 1995; Martin, 1989). Besides the theoretical argument against the convergence approach, there is some empirical evidence that ethnic differences in living arrangements of the elderly in the U.S. persist even after socioeconomic factors are controlled (Kim, I.Y. 1993).

As is widely known, Far East Asian countries including Japan, China, Taiwan, and Korea have shared the ideas of filial piety(Hyo in Korean; xiao in Chinese; Ko in Japanese) for many generations(Sung, 1990). Filial piety is composed of two concepts, one as a family-based concept which indicates that children should care for the elderly as a response to the love and benefit given by their parents, another one as a society-based concept which indicates that the society should pay back the contribution which the elderly gave to the society while they were young.

Respect for the aged has strong roots in Asian culture; it is a value based on filial piety which has not yet been undermined by socioeconomic and demographic changes. Despite the forces of industrialization and urbanization, the family still retains its role as the backbone of old age support in most Asian countries (Kim et al. 1992; Martin 1988; Sung 1990; Tu et al 1989).

Thus, it is predictable that although the proportion of extended family and that of the elderly living with children have declined over time, the proportions would remain at higher levels than are expected in the developed Western countries. For instance, the proportion of the elderly living with children in Asian countries at any time would be much greater than that in the U.S. in 1975, which is 14 percent (Knodel et al. 1992).

In most Asian countries, the family has, so far, taken the full responsibility of caring for the elderly. In accordance with the rapid process of industrialization and urbanization in Asian countries, however, society should share the responsibility to a certain extent. Not only the family but the government, social organizations, and the company where the elderly had worked for a lifetime should have the shared responsibility of supporting the elderly.

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