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보건학석사 학위논문

**A Comparative Analysis on Attitude
towards Ageing of Middle-aged Adults in
South Korea and Japan**

**한국과 일본 중년층의
본인의 노화에 대한 태도 비교 연구**

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ABSTRACT

A Comparative Analysis on Attitude towards Ageing of Middle-aged Adults in South Korea and Japan

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Introduction: This study focuses on a comparative analysis of attitude towards ageing among people aged 40-59 living in Korea and Japan. The purpose of this study is to investigate whether people's perceptions on one's own future life vary in two countries. We also describe leading factors that make Korean and Japanese middle-aged adults more or less concerned about their ageing.

Methods: The data for this study are abstracted from the 2010 Korea General Social Survey (KGSS) and Japanese General Social Survey (JGSS), and 579 of Koreans and 761 of Japanese middle-aged adults were included for the analyses. Three scales of attitude towards ageing were examined as our dependent variables: worry about poor

health, loss of life and financial independence. Our hypothesis was that Koreans have more negative attitude towards ageing due to its unprecedentedly rapid speed of ageing and related social changes, relatively weak social welfare for seniors and weakened traditional family support.

Results: The findings show that Japanese middle-aged adults are significantly more concerned about their future life than Korean counterparts. After adjusting for socioeconomic characteristics, the difference between two countries became even greater.

Conclusions: This study presumed three possibilities for the reason why Japanese showed more negative attitude towards ageing compared to Korean counterparts. First, the Japanese middle-aged are more exposed to ageing related social problems. Second, middle-aged adults in Japan with higher education background and socioeconomic status are more vulnerable for mental health problems. Third, Japanese urban people are faced more with social, economic and health problems than rural ones.

Keywords: Attitude towards ageing; Middle-aged adults; Korea and Japan

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1. INTRODUCTION

1.1 Background

Dramatic demographic shifts are occurring in Korea and Japan. Japan is the most aged society in the world. The proportion of the population aged 60+ years was 29.7% in 2009, and this figure is expected to exceed 40% in 2050 (UN, 2010). Korea's demographic changes are 20 years behind those of Japan, but it also faces the unique challenges of rapid ageing due to its very low fertility rate (total fertility rate, TFR: 1.23 in 2010) and increased life expectancy. The proportion of the population aged 60+ was 15.1% in 2009, and it will rise even more sharply starting in 2020 (UN, 2010). The traditional Confucian values of the two countries, such as family cohesion and care of elderly individuals by family members, are still strongly emphasized in both societies, but the importance of these values has been weakened in the younger generations through the influx of Western ideas (i.e., the introduction of concepts related to social security and individualism) and the modernization of society (Cho, Hong, & Kim, 1999; Jang, Poon, Kim, & Shin, 2004).

One research area of interest in this era of ageing and social change has been the self-perception of ageing. Despite the important effect of a positive attitude toward one's own ageing on physical functioning and mental health in later life (Levy, 2003), this issue has not been extensively studied in Asian countries. The process by which middle-aged and older individuals develop attitudes toward ageing is multi-dimensional and affected by cultural context, including social norms (Steuerink, Westerhof, Bode, & Dittmann-Kohli, 2001). Thus, a cross-cultural comparison would enable investigation of the impact of different social environments, including policies related to ageing, on attitudes toward ageing. This study compared the views about one's own ageing among middle-aged adults in Korea and Japan and examined the potential demographic, socioeconomic, and cultural factors that may contribute to differences between the two nations in this regard.

1.2 Theoretical Framework and Literature Review

1.2.1 Population Ageing in Korea and Japan

Population ageing and demographic transition is occurring at a global level (Figure1). Japan has been the oldest country in the world for more than a half century. The speed of ageing in the country was distinctly fast compared to other developed countries, and the share of population aged over 65 reached 20% in 2006 indicating a super-aged society. The pattern of demographic transition in Korea is shown as similar to what observed in Japan. However, more rapid pace of ageing is observed in Korea than Japan. The Korean population aged 65 years and above is expected to increase from 7 to 14 percent in 19 years (Statistics Korea, 2006). This compares with 115 years in France and 24 years in Japan (Mirkin & Weinberger, 2001). The expected time that the share of population aged 65 years reaches 20 from 14 percent in Korea is even shorter, 7years, compared to 12years in Japan.

Decreased mortality rate and increased life expectancy due to improvements in health, nutrition and medical treatment associated with modernization and industrialization are one of the major causes of population ageing in both countries. However, the most important contributor on rapid ageing is low birth rates. Population ageing in Japan was accelerated after World War II. Japan experienced a very brief baby boom period from 1945 to 1949 (Australian Government.

2000; Muramatsu & Akiyama, 2011). Then the fertility decreased gradually from 1950 as the government encouraged birth control and family planning to prevent population expanding. In addition, as the economy developed rapidly and labor participation of women increased in 1970s, the total fertility rate declined below the replacement level and it has been consistently low (1.39 in 2010). Korea has the lowest total fertility rate in the world. The baby-boom period during the 1950s ended with the success of government's anti-natal policy and family planning program in 1960s (Lee, 2009). As a result, the TFR declined from 6.00 in 1960s to 4.53 in 1970s (Figure2). It dropped more sharply below the replacement level in 1990s when Korea experienced the financial crisis in 1997, and it continuously decreased until the lowest level, 1.08 in 2005 (OECD, 2013). Although the Korean economy has been recovered, some socio-cultural and economic factors such as the increase of female's age at first marriage due to lack of social and institutional support for working women and financial burden of raising children explain its consistently low fertility rate (1.23 in 2010).

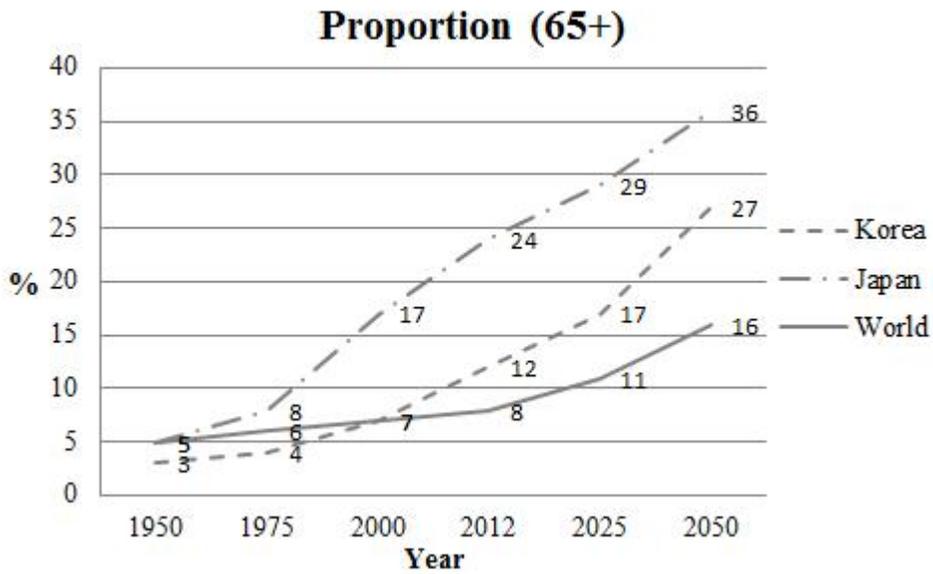


Figure1. Trends in Older Population Age Structure in Korea and Japan (ONU, 2002)

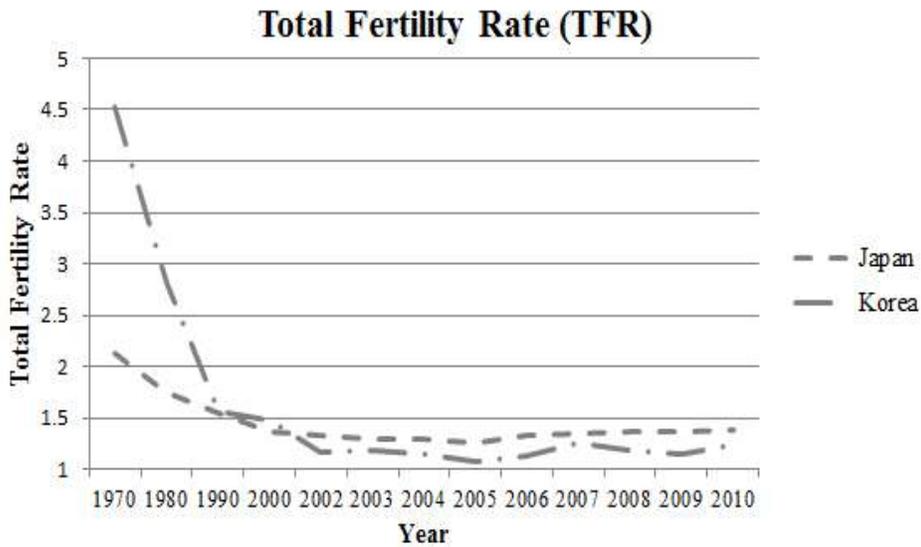


Figure2. Total Fertility Rate in Korea and Japan, 1970-2010 (OECD, 2013)

1.2.2 Social Welfare For Elderly People in Korea and Japan

Given that Japan has had a longer time to prepare for the challenges of population ageing, it is not surprising that Japanese social security systems, such as public pensions and health insurance for the elderly, are more developed and well established compared with those in Korea. The Japanese public pension system began with Seaman's Insurance, which was established in 1939, and the Employee Pension Insurance and the National Pension Insurance were first introduced in 1941 and 1961, respectively (Conrad, 2001). In 1985, the Japanese Government began to factor demographic changes, including increased longevity, into pension reforms, and the current structure of the Japanese pension system was established. In response to the rapid ageing of the population that resulted from declining fertility and mortality rates, the Japanese pension system was modified based on population projections in 1994, 2000, and 2004 (Sakamoto, 2009). Frail elderly Japanese individuals are protected by mandatory public long-term care insurance(LCTI) implemented in 2000. The Japanese welfare system for the older population has been a role

model for Korea (Kim, Kim, Kawachi, & Cho, 2011). In Korea, the National Pension system was first established in 1988, and pension reform occurred in 1998 and 2007. With the second reform in 2007, the non-contributory Basic Old Age Pension was introduced to protect the needs of the elderly in terms of income and property in response to an expanding elderly population (Lee & Phillips, 2011). The Korean Government implemented mandatory public LTCI for the elderly aged 65+ in 2008 to enhance their quality of life and reduce the burdens on family caregivers (Kang, Park, & Lee, 2012). Despite recent policy reform and the adoption of a new healthcare plan for the elderly, Korea is still lags behind due to its unprecedented rapid rate of ageing. According to a 2010 report issued by the Center for Strategic and International Studies(CSIS), the Global Aging Preparedness Index (or GAP Index), Korea was ranked 12th of 20 countries in terms of its “fiscal sustainability index” and 19th in terms of its “income adequacy index” (Japan was ranked 8th and 12th, respectively) (Jackson, Howe, & Nakashima, 2010). The average ageing preparedness index created by the Korea Institute for Health and Social Affairs, also ranked Korea last of the OECD countries (2007–2009) (Choi, 2012).

1.2.3 Older Adults Quality of Life

In this context, questions arise about how the lifestyles, attitudes, financial status, health status, and family support of elderly people in Korea and Japan differ. International statistics indicate that elderly individuals in Japan are, on average, better off than Korean senior citizens. The income poverty rate (i.e., the percentage of the population with incomes <50% of the median household disposable income) among older people (aged over 65 years) was 45.1% in Korea, the highest level of elderly poverty among the 30 OECD member states (the corresponding average figures are 22.0% for Japan and 13.5% for OECD countries). A comparison of health indicators shows that elderly individuals in both countries are in fairly good health. Life expectancy at birth is 81 years for Korea and 83 years for Japan, the highest among OECD members (OECD/WHO, 2012). In terms of a healthy life expectancy(HALE), defined by the World Health Organization as the number of years that one can expect to live in complete health, Japan performs slightly better than Korea (76 years for Japan and 71 years for Korea in 2007) (UNdata, 2010; WHO, 2010). However, recent studies have shown that elderly Korean

people tended to have poorer subjective health and less motivation to maintain their good health than do Japanese individuals (French et al., 2012; Lee et al., 2012). A cross-sectional study of self-rated health among people aged 65 and older in Australia, the United States, Japan, and Korea revealed that the largest differences were between Korea and the other three nations. The authors suggested that elderly Korean people reported much poorer physical and mental health compared with those in other countries. In contrast, elderly Japanese people responded more favorably with regard to their health than did people in the other three nations. Lee (2012) discovered that older Koreans had less inclination to stay fit than did their Japanese counterparts and that Japanese participants aged 65 and over were superior to Koreans in both physical functioning and memory performance. Family members, especially children, are a primary source of support for older people in both Korea and Japan. The younger generations in Korea and Japan have a strong responsibility to care for their elderly parents, and thus the proportion of older people co-residing with children is very high in both countries (Choi, 1996; Koyano, 1996). However, social changes due to industrialization and urbanization have substantially weakened the traditional value placed on family support and have generated changes in living

arrangements (Sung, 2001). The proportion of people aged 65+ living alone in both Korea and Japan is increasing (22% in Korea and 16% in Japan in 2010) (Tamiya et al., 2011; Lee, 2011). Living arrangements are related to social support and quality of life among older people. Elderly individuals living alone tend to feel less socially supported and have a lower quality of life compared with those who live with others (Alwin, Converse, & Martin, 1985; Jennifer Yeh & Lo, 2004; Ann, 2005). Whereas welfare transfers accounted for about half the household income in Japan (OECD average: 60%), it accounted for only one-third in Korea (Lee & Phillips, 2011). Low-income elderly Koreans rely primarily on private transfers, including earned income, resulting in financial difficulties and high rates of elderly poverty.

1.2.4 Attitude Towards One's Own Ageing

An attitude towards one's own ageing or self-perception of ageing refers to how an individual views his or her own transition as they become older (B. R. Levy, 2003; B. R. Levy, Slade, Kunkel, & Kasl, 2002a). Ageing stereotypes are internalized in one's childhood,

and they develop as ageing self-stereotypes when they are aged, which affect the formation of one's perceptions of ageing (B. R. Levy, Slade, et al., 2002a). Ageism or age stereotypes and attitude towards ageing in general have been firmly established as areas of interest. There is evidence that an one's perception of ageing in general exhibits significant role on their cognitive and physical functioning as well as quality of life in one's elderly life (B. R. Levy & Myers, 2005; B. R. Levy, Slade, & Kasl, 2002; B. R. Levy, Slade, et al., 2002a; Sarkisian, Prohaska, Wong, Hirsch, & Mangione, 2005; Steverink, Westerhof, Bode, & Dittmann-Kohli, 2001). A number of experimental studies on attitude towards ageing have reported that aged people who are exposed to more negative stereotypes were more likely to have weaker will to live (B. Levy, Ashman, & Dror, 2000), deteriorating handwriting (B. Levy, 2000), a significant decrease in gait speed, physical functioning (Jeffrey, Levy, & Wei, 1999) and memory functioning as well (B. Levy & Langer, 1994) compared to those with positive stereotypes of ageing. Three longitudinal studies, based on the data from Ohio Longitudinal Study of Aging and Retirement(OLSAR) have recently showed that older adults with more positive perceptions on ageing tended to have better functional health (B. R. Levy, Slade, & Kasl, 2002), a longer life

span (B. R. Levy, Slade, et al., 2002a) and low respiratory mortality (B. R. Levy & Myers, 2005), respectively after controlling for possible confounding factors. The ability to conserve positive perceptions on ageing plays critical roles on successful adjustment to various changes in ageing process and physical and emotional well-being in old age.

Meanwhile, an attitude towards one's own ageing has not been extensively studied yet, in spite of its importance on a perspective of social welfare as well as one's quality of life. As far as I know, only two studies exist on attitude towards one's own ageing in Korea. One is a cross-national study on predictors of self-perceptions of ageing among 291 Korean older adults aged 60 to 90 (Jang, Poon, Kim, & Shin, 2004). The author found that lower education level, unfavorable economic status and poorer health conditions (i.e. having chronic diseases, disability, neuroticism and etc.) were the determinants of negative self-perceptions of ageing in Korean elderly people. The other study is a longitudinal study which examined predictors of attitude towards one's own ageing among Korean adults aged 45 and over using panel data, "Aging and Quality of Life of the Elderly in Korea" (Lee, 2012). The main finding of the study was that one's attitude towards his or her ageing process

becomes negative as aged. Lee also discovered that those with low socioeconomic status, such as having lower level of education, living in rural areas and living without family, are more likely to have negative attitude of one's own ageing. Japanese research on attitude towards one's own ageing is very limited, too. There were two studies which assessed college students' attitude towards their own ageing to understand young adults' views of older people. In Moriya's study, female college students responded that they worry about losing physical and mental youthfulness, physical health and motivation (Moriya, 1974). Omachi's study showed that students worry about physical health, financial problem and social relationships such as weakened family ties in their old age (Omachi, 1981).

Available resources are strongly connected to the formation of attitude towards one's own ageing, and it changes by how resources are sufficient or insufficient (Schelling & Martin, 2008). Past quantitative research on attitude towards one's own ageing have shown that those who have insufficient economic resources are more likely to have negative attitude towards their own ageing (Hong, 2009; Jang et al., 2004; Kleinspehn-Ammerlahn, Kotter-Grühn, & Smith, 2008; B. R. Levy, Slade, Kunkel, & Kasl, 2002b). Krause also found that social resources have an important effect on older adults'

perceptions on themselves (Krause, 1997). Different from ageism or age stereotypes, which internalized during one's youth, perceptions on one's own ageing would be able to change in more positive direction by better social welfare intervention.

1.3 Objectives, Specific Aims and Hypothesis

Korea faces the unique challenges of rapid ageing. In this transition period, understanding individuals' attitudes toward their own ageing would enable us to predict their physical and emotional wellbeing as well as general perceptions on older people in a society. More importantly, it would also bring social welfare issues: whether resources are sufficient, how we should prepare for and cope with upcoming a super aged society. As mentioned above, attitude towards one's own ageing is changeable through policy interventions, and thus, its thorough understanding should be emphasized to establish better social welfare services not only for the elderly, but also for the public.

This study examined attitude towards one's own ageing within South Korea in comparisons to Japan. Japan had experienced about

thirty years ago the similar changes in the age structure of what Korea is currently undergoing. Korean government has been benchmarking some Japanese social welfare services for older people such as the Basic Old Age Pension. Therefore, this comparative analysis with Japan will provide us a mirror in which to examine our current system and predict the future. Moreover, to understand Japanese context and how Japanese view their own ageing process will give us lessons and policy direction to prevent similar ageing-related problems.

To the best of my knowledge, no research investigating the differences in attitudes toward or perceptions of one's own ageing in middle-aged Korean and Japanese adults has been published. The specific aims of this study were 1) to compare the attitudes of Korean and Japanese adults aged 40 to 59 years toward their own ageing, and 2) to investigate the effects of demographic and socioeconomic characteristics on the self-perception of ageing in the two countries. Three different concerns regarding ageing were considered: poor health, loss of independence, and financial independence. Given that the speed of changes in both age structure and society appears unprecedentedly rapid in Korea, but, social welfare in response to such an aging process has not been firmly

established yet compared to that in Japan, I hypothesized that Korean people in their 40s and 50s would have more negative self-perceptions of ageing than would Japanese people in that age group. The age group in our analyses was limited to middle-aged adults. I assumed that middle-aged individuals, who have challenges for supporting their elderly parents, caring for their children and preparing for their future and who are in the beginning stages of their own physical and mental ageing process, would be more likely to be concerned about ageing-related changes than would other age groups.

2. DATA AND METHODS

2.1 Data

The data used in the current study were collected from the 2010 Korean General Social Survey(KGSS) and the Japanese General Social Survey(JGSS), which were conducted as part of the East Asian Social Survey(EASS), a collaborative nationwide social survey in

Korea, Japan, China, and Taiwan. The EASS provides a common module allowing comparative analyses both within and across the four nations (<http://www.eassda.org>). Several previous studies have used the EASS data for cross-national comparisons (Park & Lee, 2013; Yang, 2012).

The 2010 EASS was the third survey focused on health, and it contained uniformly designed questions addressing the demographic, socioeconomic, and health status of respondents in the four nations. The KGSS and JGSS included a nationally representative sample of 1576 Korean and 2496 Japanese individuals (18+ years of age), respectively. Those aged younger than 40 and 60 and over were excluded from our analysis. Consequently, information from 579 Korean and 761 Japanese respondents aged 40–59 years was available for analysis.

2.2 Variables and Measures

2.2.1 Response variables

The dependent variables were three concerns regarding ageing: fear of poor health, loss of independence, and financial independence. In both surveys, respondents were asked to express their agreement with the following three statements on a five-point Likert scale from 1 (strongly agree) to 5 (strongly disagree): “I worry about not being able to get around on my own as I get older,” “I worry others will have to make decisions for me as I get older,” and “Financial dependence on others is one of my greatest fears about old age.” These items were measured as continuous variables, but responses were dichotomized into “worried” and “not worried” with regard to ageing. Ratings of 1 and 2 were collapsed into worried and those 3–5 were collapsed into not worried.

2.2.2 Explanatory variables

The following factors were evaluated as possible predictors of attitudes toward ageing among middle-aged adults: age, sex, educational level, employment status, objective income level, community type, marital status, and subjective health status. Each variable has been shown to significantly influence anxiety about

ageing or to act as a control when evaluating the effects of other factors on anxiety about ageing. Respondents were divided into two age groups, 40–49 and 50–59, to assess age-related differences among middle-aged adults. Educational level was categorized into three groups: junior high school and below, high school, or junior college and above. Objective income level was classified by quartiles: highest (4th quartile), high (3rd quartile), low (2nd quartile), and lowest (1st quartile). A separate category for missing values was added to objective income level due to the high proportion of missing data (17% of the total). Employment status was dichotomized as either “not working” or “currently working.” The three types of communities were identified: rural areas, towns/small cities, and large cities/suburbs of a large city. In terms of marital status, “divorced,” “separated,” “widowed,” and “never married” were collapsed into one category, and “married” and “cohabiting” were treated as another category. The five response categories were used to measure subjective health status (excellent to poor), but I dichotomized the responses as either “good” or “not good.”

2.3 Statistical Analysis

Multivariate analyses were performed to identify the most prevalent anxieties regarding ageing among middle-aged Korean and Japanese adults. Model 1 contained age and sex. Model 2 included educational level, employment status, objective income level, community type, and marital status as well as the factors in the first model. Model 3 included self-rated health status along with the factors in the second model. Multiple logistic regression analyses by country were used to compare the predictors of fear of ageing in the two countries. Weightings from the original data were applied in all descriptive and multivariate analyses. All statistical analyses were conducted using SAS version 9.3.

3. RESULTS

3.1 Descriptive Analysis

Table 1 presents the characteristics of Korean and Japanese participants, and Table 2 presents the percentage distributions and unadjusted patterns of the effects of socioeconomic characteristics and health status on each attitude toward ageing among middle-aged Korean and Japanese adults. Compared with their Korean counterparts, middle-aged Japanese adults were more concerned about poor health (75.8%), loss of independence (52.8%), and financial independence (57.6%) as they aged. Surprisingly, this result is the opposite of what we expected. Koreans aged 50–59 years worried more about their future than did those aged 40–49 years, whereas Japanese individuals in their 40s were more concerned than were those in their 50s. Among Koreans, educational attainment was negatively associated with fear of ageing in terms of all three concerns investigated. Thus, less education was associated with higher levels of anxiety about poor health, loss of independence, and financial independence in their old age. In contrast, Japanese respondents with a higher level of education tended to fear the ageing process more than did those with less education. The perceptions of ageing in the two countries by differed by community type, but this difference, although interesting, did not reach statistical significance. Middle-aged Japanese adults living in a rural area were less anxious compared with those living in an urban

area; however, rural Koreans were more concerned about their future health, independence and financial independence than urban people.

Table 1. Basic Information of Japanese and Korean participants

Variables	Japan (n=761)	Korea (n=579)	Total (n=1,340)	
Socioeconomic Status				
Age				
	40-49	365 (48.0)	360 (62.2)	725 (54.1)
	50-59	396 (52.0)	219 (37.8)	615 (45.9)
SEX				
	Male	382 (50.2)	278 (48.0)	660 (49.3)
	Female	379 (49.8)	301 (52.0)	680 (50.7)
Highest Education Level				
	Junior high and below	37 (4.9)	130 (22.5)	167 (12.5)
	High school	384 (50.7)	212 (36.7)	596 (44.7)
	Junior college and above	335 (44.3)	235 (40.7)	570 (42.8)
Objective Income Level				
	1st Quartile (the lowest)	147 (24.8)	134 (25.8)	281 (25.3)
	2nd Quartile	127 (21.5)	126 (24.2)	253 (22.7)
	3rd Quartile	147 (24.8)	153 (29.4)	300 (27.0)
	4th Quartile (the highest)	172 (28.9)	107 (20.6)	279 (25.0)
	Missing	167	59	226
Employment Status				
	Not working	133 (17.4)	160 (27.6)	293 (21.8)
	Currently working	628 (82.6)	419 (72.4)	1,047 (78.2)
Community Type				
	A rural area	260 (34.2)	60 (10.4)	320 (23.9)
	A town/a small city	342 (45.0)	174 (30.2)	516 (38.6)
	A big city/the suburbs of a big city	158 (20.8)	342 (59.4)	450 (37.4)
Marital status				
	Divorced/Seperated/Widowed/Never married	132 (17.4)	84 (14.5)	216 (16.2)
	Married/Cohabiting	629 (82.6)	495 (85.5)	1,124 (83.9)
Health Status				
Subjective Health Status				
	Not good	191 (25.2)	119 (20.6)	310 (23.2)
	Good	570 (74.8)	459 (79.4)	1,029 (76.8)

Table2. The percentage of Japanese(n=761) and Korean(n=579) samples who agree with subscales of attitude towards on ageing (Total=1340)

	Worry about poor health			Worry about loss of life independence			Worry about loss of financial independence		
	Japan	Korea	Total	Japan	Korea	Total	Japan	Korea	Total
Total	75.8	57.5	67.9	52.8	45.8	49.8	57.6	48.2	53.6
Socioeconomic Status									
Age									
40-49yrs	78.0	52.8	65.5	54.6	43.3	49.0	63.6	46.9	55.3
50-59yrs	73.7	65.3	70.7	51.2	49.8	50.7	52.2	50.2	51.5
SEX									
Male	72.1	50.7	63.1	47.1	40.3	44.2	54.9	43.5	50.1
Female	79.4	63.8	72.5	58.6	50.8	55.2	60.5	52.5	56.9
Highest Education Level									
Junior high and below	77.0	73.1	74.0	48.3	56.9	55.0	61.4	58.5	59.1
High school	73.7	54.3	66.8	51.7	46.7	49.9	55.1	51.4	53.8
Junior college and above	78.5	51.5	67.3	54.4	39.2	48.1	60.3	39.6	51.8
Objective Income Level									
1st Quartile (the lowest)	81.7	67.2	74.8	61.2	59.0	60.1	67.5	66.4	67.0
2nd Quartile	74.6	53.2	63.9	49.9	42.9	46.4	59.7	44.4	52.1
3rd Quartile	72.7	53.6	62.9	46.9	42.5	44.6	53.9	45.8	49.8
4th Quartile (the highest)	71.0	53.3	64.2	49.8	35.5	44.3	49.4	29.0	41.6
Employment Status									
Not working	81.4	66.9	73.5	62.1	51.3	56.2	57.4	53.8	55.4
Currently working	74.6	53.9	66.3	50.9	43.7	48.0	57.7	46.1	53.0
Community Type									
A rural area	74.9	71.7	74.3	53.3	58.3	54.2	57.6	58.3	57.8
A town/a small city	74.8	55.2	68.2	49.8	43.7	47.7	56.9	45.4	53.1
A big city/the suburbs of a big city	79.1	56.4	63.6	59.0	45.0	49.4	59.6	48.0	51.6
Marital status									
Divorced/Seperated/Widowed / Never married	80.7	61.9	73.4	55.7	53.6	54.9	60.4	58.3	59.6
Married/Cohabiting	74.7	56.8	66.8	52.2	44.4	48.8	57.1	46.5	52.4
Health Status									
Subjective Health Status									
Not good	84.6	74.8	80.8	61.3	58.8	60.3	64.7	56.3	61.5
Good	72.8	52.9	63.9	50.0	42.3	46.5	55.3	46.2	51.2

3.2 Multivariate Regression for Pooled Analysis

Table 3 presents the results of multivariate logistic regression analyses of the differences between the two countries and the effects of demographic characteristics, SES, and self-rated health status on attitudes toward the three concerns investigated. To determine the significance and magnitude of the difference in attitudes between participants from Korea and Japan, a pooled sample of respondents from the two countries was drawn and analyzed. All models in this table were adjusted for age and sex. We estimated country effects controlling for age and sex in Model 1. The results were consistent with our descriptive findings, showing that Japanese participants had significantly more negative attitudes toward their own ageing than did their Korean counterparts. The magnitude of the difference between the two countries was considerably greater for all three concerns investigated when SES (community type, objective income level, employment status, educational level, and marital status) were included in Model 2. This implies that the different attitudes in each country were primarily attributable to the contrasting socioeconomic characteristics of the two societies. The different distributions by age,

level of education, and community type between the two countries that were noted in descriptive analyses (Table 2) are likely to be the reason for this difference, and we consider these socioeconomic effects in the next section using cross-national analyses. In Model 3, where self-rated health was controlled, the significance and magnitude of the differences between two groups remained unchanged for all three concerns. This model suggests that people in both groups who rated their health status as not good are at a greater risk of feeling anxious about poor health, loss of independence, and financial independence in their future than are those who rated their health status as good, regardless of the influence of other factors. Thus, self-rated health status did not significantly explain the different attitudes toward ageing in middle-aged Korean and Japanese adults. The results in Table 2 show that females, those with a lower level of education, and those who rated their health status as not good were significantly more likely to be concerned about becoming too frail to live by themselves. Age was negatively associated with anxiety about financial independence, with people aged 40–49 being more concerned about financial issues in their later life than were those aged 50–59.

Table3. Logistic Regression analysis on Subscales of Attitude Towards Ageing in Odds-ratios

	Poor Health			Loss of Life Independence			Loss of Financial Independence		
	Model 1	Model 2	Model 3	Model 1	Model 2	Model 3	Model 1	Model 2	Model 3
Country (Japan)									
Korea	0.43***	0.37***	0.38**	0.75**	0.68**	0.70**	0.66**	0.59***	0.60**
Age (40-49)									
50-59	1.15	0.99	0.98	1.04	0.93	0.92	0.81*	0.70**	0.70**
Sex (Male)									
Female	1.60***	1.53**	1.58**	1.57***	1.53**	1.56**	1.33**	1.36**	1.38**
Community Type (Big city or suburb)									
Town or small city		0.90	0.91		0.82	0.83		0.88	0.88
Rural area		1.02	0.98		1.01	0.99		0.99	0.97
Objective Income Level (4th quartile)									
1st quartile		1.52**	1.45*		1.83**	1.77**		3.11***	3.04***
2nd quartile		1.05	1.03		1.11	1.10		1.58**	1.57**
3rd quartile		1.06	1.04		1.04	1.03		1.45**	1.44**
Missing		1.36	1.33		1.35	1.33		1.88**	1.87**
Employment Status (Currently working)									
No work for income		1.28	1.17		1.13	1.06		0.91	0.87
Educational Attainment (Junior college up)									
Junior high less		1.63**	1.53*		1.20	1.15		1.27	1.23
High		0.84	0.81		0.96	0.94		0.93	0.92

Marital Status(Married/Cohabiting)									
Divorced/Seperated/Widowed/Never married		1.14	1.12		1.08	1.05		0.99	0.98**
Subjective Health Status (Good)									
Not good			2.16***			1.60**			1.40
Intercept	0.85***	0.84***	0.73**	-0.13	-0.20	-0.27	0.28**	-0.05	-0.10
-2LL	1615.90	1588.62	1565.16	1834.40	1808.50	1796.51	1828.87	1779.15	1773.25
-2LL(Delta to Model 1)		27.28	50.74		25.90	37.89		49.72	55.61

Note: Reference category for each variable is in ()

* p<0.1, ** p<0.05, *** p<0.001

3.3 Multiple Regressions for Cross-National Analysis

Table 4 shows the estimated effects of demographic characteristics, socioeconomic status, and subjective health on attitudes toward one's own ageing by country. The important risk factors for anxiety about poor health, loss of independence, and financial independence in both countries were quite similar to those found in the pooled analyses (i.e., sex, subjective health status, and objective income level for financial independence). However, the results of the multiple regressions for cross-National analysis show that the different socioeconomic characteristics of middle-aged individuals in each country accounted for differences in their attitudes about their later life. Attitudes differed according to age group, educational level, and community type, sometimes to the level of being opposite, in Korea and Japan, although most differences were not statistically significant at a 95% confidence level. Japanese adults aged 50–59 years worried less about poor health (OR=0.75), loss of life independence (OR=0.82), and financial independence (OR=0.59) as they aged than did those aged 40–49 years, whereas Korean adults aged 50–59 years had more negative attitudes toward their future health (OR=1.36) and

losing decision making capacity (OR=1.08). The differences between the two groups in attitudes according to educational level and community type were also interesting. More negative attitude towards one's own ageing was observed among Koreans with lower education status. Having the lowest level of education background significantly increased the anxiety levels for poor health at a significance level of 0.1 among Koreans (OR=1.64). However, Japanese participants with the highest level of educational attainment were most worried about the future. Japanese middle-aged adults with high school education were significantly less likely to worry about losing financial independence compared to those who attained junior college and above (OR=0.74, $p<0.1$). Middle-aged Koreans living in a rural location tended to be more concerned about poor health (OR=1.33), loss of independence (OR=1.26), and financial independence (OR=1.08) in their old age than were those who lived in an urban area. However, for Japanese, living in urban areas appeared to worry the most about the future. Those living in a town or a small city demonstrated significantly less anxiety compared to those living in urban areas (OR=0.69, $p<0.1$). Contrary to what observed in Korea, living in a rural area seemed to lower their worries as aged (OR=0.81 for poor health; OR=0.83 for loss of life independence;

OR=0.95 for financial dependency), though statistically not significant.

Table4. Multiple logistic regression analyses by country on three scales of attitude towards ageing in odds-ratios

	Japan			Korea		
	Poor Health	Loss of Life Independence	Financial Dependency	Poor Health	Loss of Life Independence	Financial Dependency
Age (40-49)						
50-59	0.75	0.82	0.59**	1.36	1.08	0.94
Sex (Male)						
Female	1.49**	1.54**	1.35*	1.72**	1.57**	1.44*
Community Type (Big city or suburb)						
Town or small city	0.79	0.69*	0.88	0.94	0.94	0.88
Rural area	0.81	0.83	0.95	1.33	1.26	1.08
Objective Income Level (4th quartile)						
1st quartile	1.78*	1.66**	2.62**	1.25	2.05**	4.15***
2nd quartile	1.23	1.06	1.55*	0.86	1.20	1.75*
3rd quartile	1.09	0.91	1.23	0.98	1.25	1.91**
Missing	1.56*	1.30	1.62**	1.07	1.39	2.66**
Employment Status (Currently working)						
No work for income	1.08	1.15	0.74	1.21	0.96	0.96
Educational Attainment (Junior college up)						
Junior high less	0.78	0.66	0.85	1.64*	1.31	1.29
High	0.75	0.85	0.74*	0.89	1.12	1.28

Marital Status (Married/Cohabiting)						
Divorded/Seperated/Widowed/Never married	1.21	1.02	0.90	1.01	1.13	1.07
Subjective Health Status (Good)						
Not good	1.96**	1.52**	1.47**	2.37**	1.75**	1.30

Note: Reference category for each variable is in ()

* p<0.1, ** p<0.05, *** p<0.001

4. DISCUSSION

I considered two main issues in this study. The first involved comparing the attitudes toward ageing held by Korean and Japanese adults aged 40–59 with regard to three specific concerns: fear of poor health, loss of independence, and financial independence. The second involved the effects of demographic and socioeconomic characteristics on the differences in the perceptions of ageing in the two countries.

At the outset of this study, I hypothesized that middle-aged Koreans would worry more about their future life in terms of health, decision-making, and financial independence than would their Japanese counterparts because the trend toward population ageing in Japan is more advanced than it is in Korea and, consequently, the Japanese social welfare system for elderly individuals is more developed (i.e., a long-term care insurance(LTCI) system). Indeed, health promotion and care for disabled and cognitively impaired elderly individuals have been critical issues for the Japanese government, whereas elderly Korean people still tend to depend on their families for physical, economic, and psychological care rather than access public assistance, such as pensions. Additionally, Japan has the greatest longevity among

the OECD countries and a higher healthy life expectancy than Korea. Therefore, I expected Japanese respondents to have a more positive attitude toward their later life compared with Korean respondents.

However, the descriptive analyses demonstrated that the findings were not consistent with our general expectation. Middle-aged Japanese adults were significantly more anxious about their frailty, lack of decision-making capacity, and financial independence in later life than were their Korean counterparts. The fact that Koreans in their 40s and 50s have had little experience with social problems or with the disadvantages caused by population ageing may explain this unexpected result. A longer period of exposure to the challenges attributable to an ageing society, such as the heavy burden on individuals of working age and the shrinking labor supply, may have generated more anxiety about later life in middle-aged Japanese respondents.

When I adjusted for demographic and socioeconomic factors in the pooled analyses, the significance and magnitude of the differences between the two groups in perceptions of ageing with regard to the three concerns increased. The findings suggest that differences in the demographic/socioeconomic characteristics of the middle-aged Korean

and Japanese adults may have increased magnitude of the difference in attitudes. Of the variables explored in the cross-national analyses, age, educational level, and community type were found to be the main, albeit not statistically significant, explanatory factors for the cross-country differences in attitudes toward one's own ageing with regard to health, decision-making, and finances.

Japanese adults in their 40s were more worried than were their older peers (aged 50–59 years) about the three concerns investigated. The difference in anxiety between participants in their 40s and those in their 50s was particularly significant with regard to financial independence in later life. A study that estimated happiness and life satisfaction in Japan using the 2010–2012 data from the Japanese National Survey on Lifestyle Preferences (NSLP) for found that respondents aged 45–49 were the unhappiest of all age groups (Kohlbacher, 2013). A 2012 survey by the Dai-ichi Life Research Institute in Japan revealed that the self-rated level of happiness was lowest among men in their 40s (5.51 of 10) and highest among men in their 80s (8.0 of 10) (Yoshikawa, 2012). Women's happiness levels were approximately the same across all age groups, whereas the happiness levels of men in their 40s dropped dramatically and they then became happier as they aged. It is reasonable to assume that

individuals who are not satisfied with their current lives would not be optimistic about their future. Furthermore, Japan is currently experiencing its second economic crisis (the first was in the 1990s), resulting in increased public debt (205% of GDP in 2011 vs. 158% in 2003), a large budget deficit (more than 8% in 2011 vs. less than 2% in 2006), and job insecurity (Bitinas, 2012). social security and rapid population ageing (AJISS commentary). Increasing public spending on social and healthcare systems due to the increasing proportion of elderly people has placed a substantial burden on the younger Japanese working population, who pay most of the taxes that fund social security. Accordingly, Japanese people in their 40s are the most likely to be employed full-time and bear the largest part of the burden of an ageing population. This may explain their negative perceptions toward their own ageing. In contrast, Koreans in their 50s were more concerned about their health and loss of independence as they aged than were their counterparts in their 40s. This difference in attitudes as a function of age is consistent with previous studies that have shown that people are more exposed to the negative effects of ageing (e.g., more health problems with increasing age) as they age and thus, their attitude toward their own ageing becomes more negative (Levy, 2003; Lee, 2012).

The cross-cultural analyses (Table 4) showed that educational level can also explain the differences in attitudes toward one's own ageing in Japan and Korea. Middle-aged Korean participants with more than a junior college education reported more positive self-perceptions of ageing. For Koreans, educational achievement is an essential social determinant of their quality of life and health, and it is also a good indicator of socioeconomic status(SES). Given this, we can conclude that Koreans in their 40s and 50s with a higher SES are more likely to have fewer concerns regarding health problems, loss of decision-making power, and financial independence in the future. Studies in other countries have also consistently revealed that more educated individuals have more optimistic views and less anxiety about ageing (Barrett & Robbins, 2008; Cummings, Kropf, & Weaver, 2000; Jang, Poon, Kim, & Shin, 2004; Macia, Lahmam, Baali, Boëtsch, & Chapuis-Lucciani, 2009). However, I found contrasting patterns in Japanese society. Middle-aged Japanese adults with less than a junior high school education had fewer concerns about their life as they aged compared with those with more education. My interpretation of this result is that, in Japan, more educated middle-aged people and those with a higher SES are more concerned about ageing because they have been more exposed to the

ageing-related problems of earlier generations. As mentioned above, the economically active middle-aged population in Japan is paying increased taxes to maintain the social security system due to the rapid ageing of the population and the aggregated debt of the Japanese government. The phenomenon of better educated and higher SES middle-aged Japanese adults holding more negative views toward their own ageing is comparable to what has been observed in studies of suicide trends in Japan (Hiyama & Yoshihara, 2008; Kim et al., 2011; Kondo & Oh, 2010). In Japan, middle-aged men(40s-50s) are the group with the greatest risk for suicide, which is unique compared with other societies in the world, where elderly individuals are generally at the highest risk. The economic recession is the main cause of suicide among the active working group in Japan, but work-related stress also contributes to this phenomenon. is a term that refers to suicide by people who are exposed to excessive overwork, such as long working hours and a heavy workload, and its political and social impact on the country is of concern despite the fact that suicide is responsible for only a small fraction of all deaths in Japan (Kawanishi, 2008; Targum & Kitanaka, 2012). It is possible that the previously reported relationship between self-perceptions of ageing and the will to live among elderly people explains the

comparable pattern in the relationship between attitude toward one's own ageing and suicide (Levy, 2003). Overall, we can infer that more educated and higher-SES middle-aged adults in Japan are physically and mentally suffering and that this seems to explain their more negative perceptions toward their future life (i.e., health problems, financial difficulties, etc.).

Type of community (or residential area) is the final factor that may clarify the differences in the concerns of middle-aged Japanese and Korean people toward their own ageing. Several studies have investigated the effect of residential location on perceptions of ageing. One qualitative study in Korea reported that an older population living in a rural community has a more negative perception of elderly life than do older people in urban areas (Choi, 2009). The study concluded that elderly people in rural areas are more likely to experience adverse health problems due to their long history of engaging in manual farm work and that this influences their unfavorable attitudes toward ageing. A cross-cultural study (2009) of France and Morocco also showed that elderly people in Morocco who resided in urban areas tended to have better self-perceptions of ageing (Macia et al., 2009). In this study, it was unsurprising that Korean participants who lived in urban areas had more positive perceptions of

the consequences of ageing. However in Japan, middle-aged people residing in rural areas were found to be more optimistic toward their own ageing. The difference in SES between rural and urban communities may result in significant differences between Korea and Japan. Most rural areas in Korea have a poorer infrastructure and fewer resources than do urban areas; therefore, people who are active in the labor force tend to avoid living in such communities. This was supported by the finding that the proportions of middle-aged adults living in urban and rural areas were 60% and 10%, respectively, in Korea and 21% and 34%, respectively, in Japan. Additionally, a number of rural Koreans reported having a poor economic status. Japanese individuals living in rural areas were not as poor in terms of finances, living conditions, mental health, and social capital as were Korean individuals living in rural areas. The difference in the SES of rural and urban residents is not as large in Japan as it is in Korea. However, in Japan, urban residents are faced with other social, economic, and health problems that are specific to urban conditions. Rural residents may enjoy more comfortable lives than do urban residents as a result of stronger family ties, better social/environmental conditions, and health services. The fact that the number of unattended/solitary deaths among elderly individuals in urban

communities outnumber that of unattended/solitary deaths among elderly individuals in rural areas may also support the finding that the perceptions of Japanese people toward ageing were more favorable among residents of rural than among residents of urban areas (Tanaka, 2008).

This study compared the views regarding one's own ageing held by middle-aged Korean and Japanese people. I found differences between the two nations that may be explained by differences in the social contexts of the two countries. Koreans generally expressed less negative attitudes toward their later life, and we found completely contrasting results between the two countries in terms of differences in age, educational background, and living area. In Japan, individuals in their 40s, those who were more educated, and those living in urban areas expressed more unfavorable perceptions about their own ageing. My findings suggest that Japanese people who have been individually and socially more exposed to the various problems resulting from population ageing were more concerned about their own futures. However, Koreans did not seem to be aware of the magnitude of the challenges of a rapidly ageing population and appeared to minimize the significance of being prepared for the forthcoming aged society.

This study has several limitations that should be noted. First, a cross-cultural response bias may exist. The responses of individuals regarding their perceptions toward ageing may have been attributable to the different cultural contexts in the two countries. Future research should use a standardization procedure to adjust the scores on the rating scales to reduce the bias and increase the validity of the results. Another limitation is the small sample size. Although the sample in the EASS consists of representatives from each nation and every analysis in this study applied statistical weights, the relatively small sample size may have reduced the effect size and the significant differences between countries. Additionally, future research should examine longitudinal changes in the attitudes of middle-aged people as they experience their own ageing process and a more aged society. Despite these limitations, this study provides the first comparative analysis of the attitudes of middle-aged Korean and Japanese individuals toward their own ageing; this is particularly important given that worldwide attention has been focused on the demographic shifts in and significant ageing of the populations of these two countries. The cross-cultural study design allowed investigation of several variations in self-perceptions of ageing both within and across countries, including factors related to both the

social and individual level of analysis (i.e., socioeconomic status, health status).

In order to lessen concerns about the future life among the Japanese middle aged, social protections for the active working population and ways to decrease their financial burden for older generations are needed to decrease the anxiety experienced by this cohort about their future. Furthermore, to prevent solitary death among elderly people, local welfare should be promoted to encourage mutual support in neighborhood and more assistance for local governments should be provided. Meanwhile, the result of less negative attitudes toward ageing among Korean adults compared to Japanese does not mean that Koreans have better resources and they have bright future. The positive association between age, education, objective household income level and negative attitude towards ageing shown among Korean participants informs us that the quality of life of elderly individuals with low socioeconomic status and their attitude towards own ageing process should be improved through greater welfare protection, as is the case in Japan. In addition, to prevent middle aged adults from having more negative attitude towards their own ageing in an upcoming super aged society, welfare system should not lean to elderly care, but it need to be balanced. Future studies should

compare attitudes toward one's own ageing in other Asian countries.

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국문초록

한국과 일본 중년층의 본인의 노화에 대한 태도 비교 연구

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본 연구에서는 한국, 일본 중년층의 본인의 노화에 대한 태도를 비교하고, 양국 간에 나타나는 태도의 차이에 영향을 미치는 요인들은 무엇인지를 분석하였다. 이를 위하여 2010 한국종합사회조사(KGSS)와 일본종합사회조사(JGSS) 자료를 사용하였고, 총 대상자수는 40-59세 한국인 579명, 일본인 761명이었다. 조사도구는 노화에 대한 태도를 세 가지 측면(건강, 의사결정권, 재정적 독립성)에서 측정하기 위한 문항이 사용되었다. 연구결과는 본인의 노화에 대한 태도의 세 가지 측면에서 모두 유의하게 일본의 중년층이 한국 중년층에 비해 부정적인 태도를 갖고 있는 것으로 나타났으며, 양국 태도의 차이는 인구, 사회·경제적인 요소들을 통제된 후에 더욱 증가하였다. 이에 본 연구에서는 이러한 국가 간의 차이가 나타난 이유에 대하여 세 가지 가정을 세워 설명하였다. 첫째, 일본 중년층은 한국인들에 비해 고령화와 관련된 사회 문제들을 더 많이 경험하였다. 둘째, 높은 교육 수준을 가지고 가장 활발히 일을 하는 40대 일

본 중년층을 둘러싼 사회적 환경과 그로 인한 스트레스의 정도가 동등한 위치에 있는 한국인들과 다르게 나타난다. 셋째, 일본과 한국의 지역 간 (도시와 농촌) 차이가 매우 다르게 나타난다. 이와 같은 연구 결과를 토대로 양국의 향후 관련 정책을 논의하고, 후속연구에의 시사점을 제시하였다.

주요어: 본인의 노화에 대한 태도; 중년층; 한국과 일본

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