

A Comparative Study of a Lifestyle and a View of Health in Japanese Canadian Elders and Japanese Elders

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Introduction

In recent Japan, improvement of life support systems and better preparation of public facilities by the agencies concerned are important requirements to secure vigorous and happy life for senior citizen.

However, positive activities and intention of the elders themselves to acquire these situations might be a fundamental factor to enhance the quality of life of them under present circumstances. We have already reported the results of health surveyance studies^{1~6)} on actual conditions of health status and daily life of the aged in a rural area in Japan. In these studies, several significant findings were obtained. (1) Subjective health status of the elders were significantly influenced not only by their actual health conditions but by many factors including their feelings of happiness, sense of life satisfaction, physical fitness and others.

(2) Contents and enforcement of public services for the aged vary in different localities.

(3) Requirements of public services for the aged are quite different with societies and cultures.

(4) Some subjects of older than 85 years often kept their physical strength and sometimes improved their life satisfaction and subjective health status.

We intended in this study to compare ways of life, social relationships, life satisfactions, conditions of health and intentions of physical assistance, between Japanese Canadian elders in Canada and Japanese elders in Japan. Further, we investigated the influences of different levels of support systems for the elders on the way of life and health, describing the requirements for desirable substances of public services for the aged people.

Subjects and Methods

1. Subjects : Japanese elders living in Gifu-Ken, Japan and Japanese Canadian elders living in Vancouver City, British Columbia State, Canada were selected. They were grouped as follows:

I : Japanese elders living in Higashi-Shirakawa Village, Gifu-Ken, Japan (number: 83, age: 76.3 ± 5.6 yrs.) They were uniformly selected from the participants of health examination for the aged in the village.

II : Japanese elders living in Gifu City, Gifu-Ken or in the area just outside Gifu, Japan (number: 111, age: 74.1 ± 5.0 yrs.) They were grandfathers and grandmothers of the students at a women's junior college and a women's university in Gifu-Ken.

III : Japanese Canadian elders living in Canada randomly chosen from residents of the districts described above. (number: 88, age: 76.3 ± 8.3 yrs.)

2. Term of the investigation : 6 ~ 10/1997.

3. Methods of examination : Subjects were surveyed by self-administered questionnaires and participant observations in Canada and Japan. The main contents of the questionnaire were on their health conditions, the degrees of contentment with subject's life, sources of worries, the degrees of need for their physical assistance, the person from whom they hope to get the assistance. Recovery rates of the questionnaires were about 95% in Group I, 89% in Group II and 75% in Group III, respectively.

Results

1. The characteristics of the resident places of the each subject group were as follows:

- ① The resident places I ;
a mountain village in underpopulated rural area with a population of 3,200. The ratio of aged population was more than 20% at that time(1997), and the administrative activities for the elders are brisk to improve health.
- ② The resident places II ;
the seat of a prefectural office and urbanized area with a population of 410 thousands.
- ③ The resident places III ;
a part of Greater Vancouver District including Vancouver City and its suburbs. Population of the District was about one and half million containing Japanese Canadian population of a little under 20 thousands. Sufficient levels of the public support systems and the social networks for the elders are prepared.

2. Main sources of income are shown in Fig. 1. Since all of the subjects in this study were older than 65 years old, greater part (70 ~ 77%) of "main source of income" was a pension in each group of the subjects .

3. Health conditions of each subject group

Subjective health status of the subjects were shown in Table 1. Subjective health status of "very good" were most obviously seen in Japanese Canadian elders group (Table 1 and Fig. 2) ,on the other hand, percentages of "not so good" and "ill" were greater in Japanese elders living in the city. However, the majority (72 ~ 88 %) of the subjects in each group were subjectively in fairly good health.

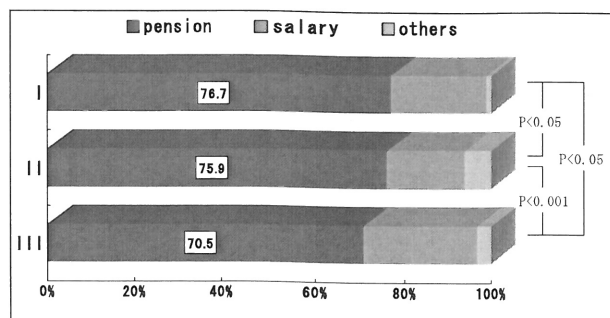


Fig.1 Main Source of Income

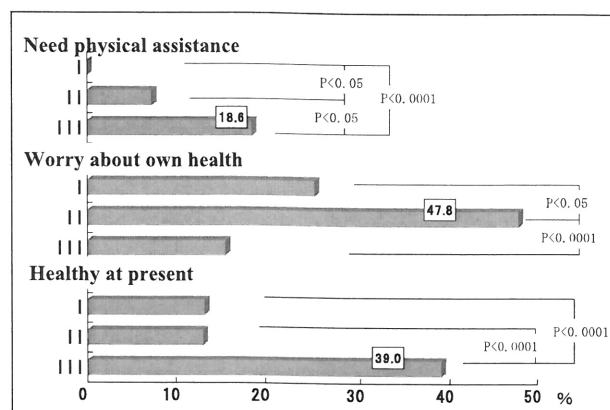


Fig.2 Health condition of Subjects

Requirements of physical assistance were significantly greater in Japanese Canadian elders and Japanese elders living in urbanized area than Japanese elders living in rural area as described in Fig. 2.

Fig. 2 also showed that elder subjects of group II living in the city worried about their health more than other groups did.

4. Reasons for worth living are described in Fig. 3. Hobbies are most popularly chosen by subjects in each group. Elders of Group I had chosen their jobs as reason for worth living more than the elders of

Table 1 Health conditions of each subject group

	very good	passably	not so good	ill	other
Subjects					
I	15.3	61.2	23.5	0.0	0.0
II	14.9	56.7	26.5	2.1*	0.0
III	39.0**	48.6	12.4*	0.0	0.0

** :p < 0.0001 * :p < 0.01

other groups did. Japanese Canadian elders placed a great deal of emphasis on voluntary activities, social intercourses in addition to hobbies.

5. Degrees of contentment with their lives are indicated in Table 2. Elders of Group I and III were almost contented with their lives, on the other hand, considerable proportion of the elders in Group II, living in the city in Japan were unsatisfied or not so contented with their lives.

6. Feeling of happiness of the subjects (Table 3)

Subjective feeling of happiness was generally strong in all these three groups, in particular, the elders living in the Japanese village had greater feelings of happiness than other groups.

7. "Do your family pay deep concern about you? Are they interested in your health, etc?"

Table 2 Degrees of contentment with their own life

	very good	passably	not so contented	unsatisfied
I	48.8**	51.2	0.0	0.0
II	26.0	60.7	10.7**	2.6
III	49.1**	47.3	3.6	0.0

** :p < 0.0001

Table 3 Are you Happy now?

	very happy	passably	not so much	unhappy
I	60.2**	38.6	1.2	0.0
II	35.9	60.6**	2.5	1.0
III	49.1*	48.2*	1.8	0.9

** :p < 0.0001 *:p < 0.01



Fig.3 Reasons for worth Living

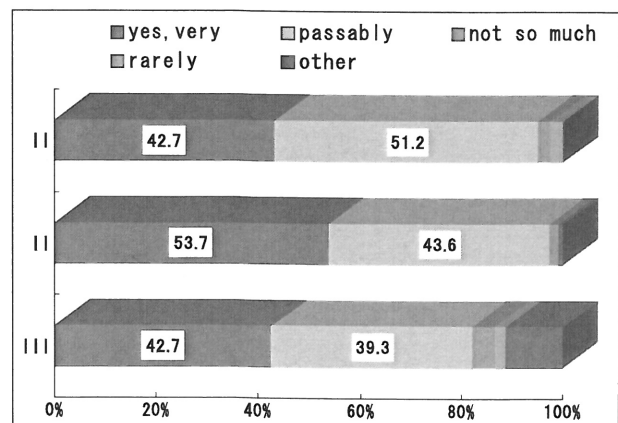


Fig.4 Do your family pay deep concern about you?

The answers of the subjects to the question above were summarized in Fig.4. The majority of the subjects in all three groups felt that they were taken good care of by their family member, while a part of the subjects in Japanese Canadian elders might not have thought so, although there were of no significance.

8. Worries and feelings of loneliness in their daily life were illustrated in Fig.5. Japanese elders living in urbanized area(Group II)had significantly more worries and feelings of loneliness than other two

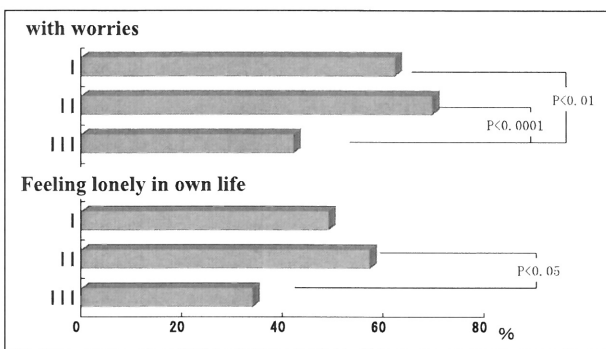


Fig.5 Worries and Feeling of Loneliness in one's Daily Life

groups, on the other hand, Japanese Canadian elders had significantly less troubles of such kinds.

9. Sources of worries are summarized in Table 4. Health status were one of the main sources of worries in elders of all three groups. In particular, Japanese elders living in urbanized area (Group II)worried significantly more about their own health, families and jobs than other groups of subjects did. To the contrary, Japanese Canadian elders (Group III)seemed to worry significantly less than other groups of the subjects did.

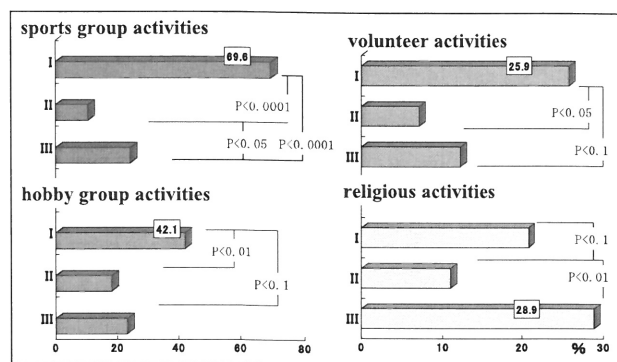


Fig.6 Activities with higher rates of participation

Table 4 Sources of worries

	%									
	family	the opposite sex	friends	health	property	income	job	life worth	none	other
I	7.4	0.0	1.1	24.2*	1.1	3.2	4.2	2.1	34.7	2.1
II	16.0**	1.0	2.0	47.8**	5.5	9.5	12.5*	3.0	24.6	2.5
III	9.7	2.7*	4.4	15.0*	2.7	5.3	6.2	3.5	51.3**	9.7

** :p < 0.0001 *:p < 0.01

10. Participations of the subjects in social activities with higher frequencies are described in Fig. 6. Subjects of Group I living in rural area frequently participated in activities of sports, volunteer, hobbies and religion(p<0.01~0.001). On the other hand, elders of Group II living in urbanized area had a tendency of less frequencies of participations in social activities. Frequency of participation in religious activities were highest in Japanese Canadian elders.

11. Persons from whom subjects hope to get physical assistances(Fig. 7)

Many elders living in Japan intended to depend on their children, in particular on their sons, in case they needed physical assistance and few wanted to depend on public services, while majority of Japanese Canadian elders intended to depend on public services (p<0.0001). Spouses were the second biggest persons from whom subjects hope to get physical assistance in all groups of this study.

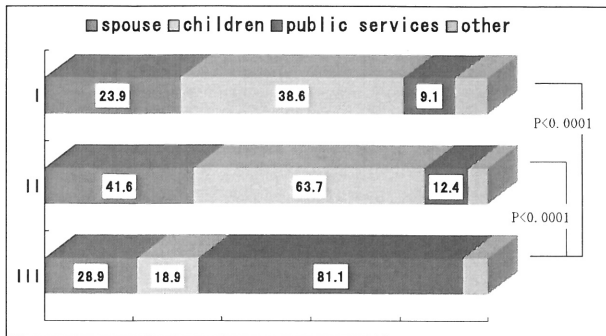


Fig.7 Persons from whom subjects hope to get some Physical assistances

Discussion

The purpose of this study was to compare ways of life, social relationships, life satisfaction and intentions of physical assistance, between Japanese Canadian elders and Japanese elders. They were surveyed by self-administered questionnaires and participant observations in Canada and Japan. Japanese Canadian elders were selected from residents of Vancouver city in Canada^{1,5)}, on the other hand, Japanese elders were selected from residents of two typically different districts in Japan – a mountain village and a city of prefectural capital.^{1,5)} Therefore, we could analyze the results from view points based on differences in life styles between three districts.

Subjective health conditions of the elders were generally good in all three groups. Especially, almost 40% of Canadian elders thought that they were in very good health, however, considerable portion of the Canadian subjects needed some physical assistances. On the other hand, few Japanese elders with requirements of physical assistances thought so.(Table 1, Fig.2)

Similar trends were observed in degrees of life satisfaction and feeling of happiness. In other word, many Japanese Canadian elders felt that they were healthy, contended with their lives and happy even in the case they needed physical assistances.

To the contrary, in Japanese elders living in the city, degrees of health conditions, life satisfaction, feeling of happiness were lower than other groups and worrying more about their health, families, jobs, incomes, properties (Table 4).

Hobbies were main reason for worth living in all three groups. Japanese Canadian elders did not place a great deal of emphasis on their children but on voluntary activities and social intercourses. (Fig.3)

From these results, characteristics of the subjects in these groups could be summarized as shown below.

Group I :

- high levels of subjective health conditions and feeling of happiness
- frequent participations in social activities
- intentions to depend on their children and spouses in case they need physical assistances (no needs of physical assistances at that time)

Group II :

- passable levels of subjective health conditions and feeling of happiness
- less frequent participations in social activities
- more worries
- intentions to depend on their children and spouses in case they need physical assistances

Group III :

- high levels of subjective health conditions and feeling of happiness
- frequent participations in religious activities
- less worries
- intentions to depend on public services in case they need physical assistances

Characteristics of places of their residences could be also summarized as follow.

Residence of Group I :

- active health administration and health promotion
- close human relations
- stable livelihoods with own houses for generations
- traces of the family system

Residence of Group II :

- passable health administration
- weak human relations

Residence of Group III :

- active health administration and substantial public health services
- close human relations
- substantial social networks

We consider that higher sense of happiness and subjective health of Japanese Canadian elders might derive from the existences of substantial public services and social networks, because under these circumstances, they could rest assured even in case they have health problems. On the other hand, Japanese elders living in the mountain village seemed to be defended from various health problems by active health administration of the village and their own health promotion activities. As mentioned before, some subjects of older than 85 years often kept their physical strength and sometimes improved their life satisfaction and subjective health status.^{2~9)} These results might not mean that they became stronger with their years, but suggests that only the elders with healthier and stronger physical status could remain alive. They could have preserved their physical strength, roles in their families, refrained from severe diseases, which might make them possible to keep their health and life satisfaction.^{2~4)}

Conclusion

We consider that, to live a happy life, it is necessary for elders to lead a healthy and active life, to make efforts to keep their physical strength, to pay concern to and study their social affairs, to establish and keep social networks to have reasons for living and to be encouraged with respects to be independent.

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