Health Policy 119 (2015) 840–849

Contents lists available at ScienceDirect

Health Policy

journal homepage: www.elsevier.com/locate/healthpol

A gap in formal long-term care use related to characteristics of caregivers and households, under the public universal system in Japan: 2001–2010

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ARTICLE INFO

Article history:
Received 1 July 2014
Received in revised form 21 October 2014
Accepted 24 October 2014

Keywords:
Japan
Long term care
Gender norms
Utilization gap
Universal provision of care

ABSTRACT

We investigated whether the universal provision of long-term care (LTC) under Japan's public system has equalized its use across households with different socio-economic characteristics, with a special focus on the gender and marital status of primary caregivers, and income. We used repeated cross-sectional data from national household surveys (2001, 2004, 2007, and 2010) and conducted multiple logistic regression analyses to obtain odds ratios of caregiver and household characteristics for service use, adjusting for recipients' characteristics. The results showed that the patterns of service use have been consistently determined by caregivers' gender and marital status over the period despite demographic changes among caregivers. The gap in service use first narrowed, then widened again across income levels after the global economic recession. The results indicate that the traditional gender-bound norms and capacity constraints on households' informal care provision remained influential on decisions over service use, even after the universal provision of formal care. To improve equality of service utilization, the universal LTC system needs to meet diversifying needs of caregivers/recipients and their households, by overcoming barriers related to gender norms and economic disparity.

1. Introduction

Increasing demand for long-term care (LTC) for frail older people has become a common policy issue in developed countries [1], and more recently among emerging economies [2]. According to the United Nations' most recent demographic estimates, by 2050, most of the current low–middle income countries will reach the position where over 14% of their population will be over 65 years of age [3]. Japan joined the 'aging society' in 1970, when the proportion of its population aged 65 and over first exceeded 7%. The proportion reached 12% in 1990 and the speed of population aging has since further accelerated owing to improved healthcare and socioeconomic conditions. At the same time, the burden of care for frail older people became a major social concern [4]. Care of frail elderly parents was and is often borne by women in the household. The gender-biased burden of informal care was increased in Japan as the Confucianism-based norm in traditional family systems obliged women in the first son's household to be the primary caregivers to his parents [5–8]. In 2000, when the older proportion of the population reached 17.4%, the Japanese government introduced a long-term care insurance (LTCI) system to provide formal care with a

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http://dx.doi.org/10.1016/j.healthpol.2014.10.015
0168-8510/

10% copayment, based solely on a functional assessment of the recipient, regardless of households' demographic and socioeconomic conditions. The aim of the universal system was to share the burden of care via community solidarity [9,10]. The "socialized" formal care provision was expected to emancipate women from the normative obligation of primary caregiver under traditional family culture [8,11]. In the early stages of the scheme, however, gaps in service use were reportedly linked to the gender of caregivers, household size, and income status [12,13]. These were attributed to the remaining social norms of gender roles and a shortage of formal services in the early stages of implementation. LTCI purported to achieve equal access to services for equal functional needs regardless of household socioeconomic conditions [8]. Although the supply and use of formal care rapidly increased in the following decade, there has been little evaluation of whether or not inequalities in use have lessened [14].

Since 2000, the demographic and socioeconomic environments surrounding LTC for older people in Japan have also undergone extensive changes. First, the size of households containing people aged 65 years and over has been decreasing: the percentage of non-traditional households (one- and two-person households) was 47.6% in 2001 and 54.1% in 2010 [15]. Daughters-in-law, the traditional primary caregivers, represented 34.4% of all caregivers in 2001, but that had decreased to 26.8% by 2010 [16]. By contrast, the proportion of male caregivers, such as unmarried son and male spouse taking care of their mother/wife, has rapidly increased. In the traditional family norm, the man of the family should be responsible for welfare of a dependent family member [17,18]. With limited skills in caring and overwhelming responsibility, these cases were known to have a higher risk of maltreatment (e.g. abuse, homicide–suicide) [19,20].

The LTCI scheme also underwent a major amendment in 2006 to control rapidly-increasing expenditure. These reforms removed coverage for the costs of accommodation and meals at institutional respite facilities, and provided greater restrictions on the use of housekeeping services [21]. These measures were accompanied by a drop in the average real household income of 8.7% between 2001 and 2009 because of economic stagnation [22]. This may affect the affordability of formal LTC services especially in low-income households, resulting in a widening use gap.

Current emerging economy countries face more rapid and drastic change in economic and demographic structures than Japan has experienced, and the issue of long-term care provision by public sources will be an urgent topic for future health policy in these countries. With this background, the evaluation of formal LTC use in the past decade in Japan can provide important policy lessons for future policy planners on how demographic and economic changes affect its use under universal public coverage. Using micro-datasets from the nationally-representative surveys over several years, this study scrutinized the socioeconomic and demographic contexts of caregivers and their households, and examined whether the inequalities in the pattern of LTC use by the socioeconomic and demographic characteristics of caregivers and their household was resolved after expansion of formal care supply in the past decade. We focused particularly on the gender and marital status of primary caregivers and household income.

2. Materials and methods

2.1. Data source

We used in this study the Comprehensive Survey of Living Conditions of the People on Health and Welfare (CSLCP), a nationwide representative cross-sectional survey of households that is conducted every three years by the Ministry of Health, Labour and Welfare in Japan [23]. We obtained four sets of data for the years 2001, 2004, 2007, and 2010. The 2010 survey used a probabilistic sampling of about 5500 sampling area units stratified by 47 prefectures in Japan, then asked all the households in the sampled unit to participate in the self-administered questionnaire survey on household sociodemographic conditions and health status of household members. In 2500 randomly-selected area units from the original sample, an LTC questionnaire was further distributed to all households having a member eligible for LTCI at the time of the survey.

In 2010, the original survey included 228,864 households and 609,018 subjects from 5,510 sampling units in 47 prefectures in Japan (household response rate = 79.1%). Of the 5912 households who responded to the LTC survey, we limited our analysis to the 3317 responding care recipient-giver dyads who had primary caregivers within the same household and whose socioeconomic characteristics were available. We excluded 59 where the caregiver took care of more than two care recipients at the same time. Consequently, 3258 care recipient-giver pairs were available for further analysis. We conducted similar procedures for the 2001, 2004, and 2007 datasets.

The use of the data was officially approved for a government-funded research project. Ethical approval was waived in this study for secondary use of anonymous data.

2.2. Measurement

2.2.1. Primary caregiver characteristics

In addition to age, the characteristics of primary caregivers were classified into eight categories based on gender, kinship, and marital status, following previous studies conducted in Japan [24,25], because these properties are closely related to traditional gender roles in the household under the family norms. The categories were wife, husband, married/widowed son, married/widowed daughter, never-married/divorced son, never-married/divorced daughter, daughter-in-law, and others.

2.2.2. Care recipient characteristics

We considered care recipients' characteristics such as age, gender, the main cause of the disability, the number of non-bedridden days, and Activities of Daily Living (ADL) (levels 1–4) as indicators of the amount of care required.

2.2.3. Household characteristics

We included the number of household members living together in the analysis because this should reflect the