

Aging Population and Social Support in the United States

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【Abstract】 A rapidly growing older population will inevitably have an effect on the social support systems in the United States and Japan. The most critical issue arising from the growing older population is “who should do what to help frail older persons?” This issue implies an underlying problem between family (informal support) and government (formal support). How well does governmental support meet the needs of the elderly? How much does family provide social support? A combination of formal and informal support would be required for an aging society.

【Key words】 Social support, Elderly, Independence, Formal support, Informal support

I Introduction

In the last few decades in developed countries, the population structure has changed from a typical pyramid with a broad base to a bell shape with a narrower base. In other words, these countries have experienced lower birth rates, lower death rates and improving of life expectancy. As a result, older population has increased and younger population has decreased. Mean age of population has increased. This population structure change has affected the component of aging population in developed countries.

For example in Japan, life expectancy has remarkably improved and has been the highest in the world. It was 75.5 years for men and 81.3 years for women in 1990, about 4 years longer than for Americans (Ministry of Health and Welfare in Japan, 1991).¹⁾ The mean age of the population has risen 10 years since WWII, in 1990 the mean age of the population was 37.4 years old (Ministry of Health and Welfare in Japan, 1991).¹⁾ The population structure in

Japan strikingly changed from the typical pyramid to the bell shape between 1950 and 1980. This structural change has created “the graying of Japan,” one out of ten persons is now sixty-five years and older. In 1991, about 11 percent of Japan’s population (124 million) was over sixty-five. By the year 2000, the older population (over 65 years of age) will rise to 16 percent, and by the year 2020, it will reach 23 percent. On the other hand, the number of children (0–14 years of age) has decreased. Also the proportion of the productive age population (15–64 years of age) has changed; it has increased recently, but by the year 2000, this population will decrease while older population increases. In other words, a smaller productive population will have to support a larger older population. At present, five productive people support one older person, but in the near future, three productive people will support one older person (Clark and Spengler, 1980).²⁾

In the year 2000, the dependency ratio of aged population¹ will become 24.7 percent, that of child population² 27.4 percent, with the ratio

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of the dependent population³ will rise to 52.1 percent. By the year 2025, when the population will have aged significantly, the dependency ratio of aged population will reach 38.8 percent, that of child population 27.2 percent, with the ratio of dependent reaching 66.0 percent. These estimates demonstrate the remarkable speed and extent of the aging of the population structure in Japan. Consequently, the burden of supporting the elderly in Japan will increase almost 2.6 times for the workers in society (Atoh, 1990).³⁾

A rapidly growing older population will inevitably have an effect on the social support systems. A growing older population, by itself, is not a problem, but social circumstances or conditions arising from a growing older population can be a problem. These problems affect more than the elderly. A major concern for an aging population is "who should do what to help frail older persons?"

II The Issues Related to the Elderly

Independence

For the elderly, the fear of growing old is not fear of death but of "becoming helpless" (Bould, Sanborn, and Reif, 1989).⁴⁾ An elderly individual's primary concern is becoming dependent on others for help in his or her daily life. However, maintaining independence is not easy in later years. Financial situation, health condition, and social support (both instrumental and emotional support) are important factors associated with maintaining independence. Adequate income facilitates greater independence, because it allows an older individual to maintain a style of life which he/she has been accustomed to, and he/she need not depend on someone else.

The concept of independence has been defined in various ways. Lawton (1971)⁵⁾ views independence as "the basic self-maintenance functions," such as dressing themselves, cooking,

handling their finances, and shopping. Kalish (1975)⁶⁾ defined independence as the ability with which the elderly adapt their environment and maintain a familiar life-style. Also, independence implies autonomy and individualism, which is reflected in the elderly's life style (Bould et al., 1989).⁴⁾ Practically, independence is living alone or with a spouse and maintaining the ability of handling daily life without help.

Independence is often compare to dependence. The elderly gradually lose their self-determination because of needing someone's help (Bould et al., 1989).⁴⁾ Dependence may not necessarily be due to physical condition but to financial constraints and available resources in the community (Bould et al., 1989).⁴⁾ When the elderly's financial situation becomes seriously tight, they may become dependent on their children and/or social welfare programs, such as Supplementary Security Income and Medicare (Kalish, 1975).⁶⁾

Economic dependency is sometimes due to the loss of a career or retirement from work. Therefore, retirement may be one of the critical points in losing independence. In addition, financial resources are related not only to maintaining independence but also to social support (Krause and Jay, 1991).⁷⁾ Physical condition is another factor related to independence. Forty-seven percent of those aged 65 years and over had some limitation of activity (Kart, 1985).⁸⁾ Therefore, these people may become dependent, but if they receive adequate social supports, they may not lose their independence completely. Thus, social supports may maximize the elderly's independence.

Social Support

There are three types of support for the elderly: economic support, physical support, and psychological and emotional support. The major issue is who takes responsibility to provide each type of supports. Awareness of the burdens provided by the elderly is a big issue for the

caregiver (family and society) and care receiver (the elderly themselves).

Social support is often categorized into formal support and informal support. Formal support is provided by the government as social programs. Informal support, on the other hand, is provided by family members (spouse, children, and relatives) and sometimes by friends and neighbors. Social support can also be divided into instrumental support—such as homemaking, personal care, health care and maintenance of house—and emotional support. Formal support usually provides instrumental support while informal support provides both instrumental and emotional support.

Informal Support

Informal support is based substantially on a family; instrumental support (chore type help) and emotional support is more likely to be provided by children, kin and/or friends, yet direct financial support (money) is less likely to be provided by them. Since informal support is based on family, the relationship between parents and children is critical.

Recently, much research has focused on the association between the child–parent relationship and social support. For instance, Rossi and Rossi's study (1990)⁹⁾ showed that the gender of the parent and the adult child was a significant factor related to differences in social interaction, feelings of obligation, degrees of intimacy, and the exchanges of help between the generations. Daughters were more likely to be in contact with and to provide help to their frail parents than sons (Rossi and Rossi, 1990); Spitze and Logan, 1990).¹⁰⁾ Number of children, however, was not as important as gender for social support (Spitze and Logan, 1990).¹⁰⁾ Having at least one daughter is associated with receiving supports—frequency of phoning, visiting, and helping (Spitze and Logan, 1990).¹⁰⁾ Yet, having additional children, three or more, increased the frequency

of visits, but it did not increase the frequency of telephone calls (Spitze and Logan, 1990).¹⁰⁾

Another factor related to social support is distance. Distance is the major factor affecting the frequency of interaction between parents and children. Great geographic distance between parents and children reduce not only the frequency of visits but also the frequency of telephone contact and direct as well as indirect help (Rossi and Rossi, 1990).⁹⁾ Furthermore, the cohesiveness of early family life and the quality of the emotional bond between parents and children had direct effects on the frequency of contact and amount of help (Rossi and Rossi, 1990).⁹⁾

Living arrangements are another phase of informal supports. The marital status of parents affects living arrangements. Old women are more likely to live with their children (Spitze and Logan, 1990).¹⁰⁾ However, the gender of the children is not related to living arrangements (Spitze and Logan, 1990).¹⁰⁾ Number of children is a significant factor in living arrangements—“those with three or more children are significantly more likely to be living with a child than are those with two or fewer children” (Spitze and Logan, 1990).¹⁰⁾ When children are in the work force, they do not willingly share households with their parents (Mancini and Blieszner, 1989).¹¹⁾ Middle-aged married women have been entering the labor force and rearing younger children, so that they do not have time and energy to have responsibilities for their frail parents (Roff and Klemmack, 1986).¹²⁾ Adjusting their work schedules or sharing households with their parents is sometimes stressful for them. As a result, those women who are in the labor force are not in favor of family caregivers (Mancini and Blieszner, 1989)¹¹⁾. Thus, wife's employment status may have effect on informal support.

Other factors related to social support are parent's gender, income, physical condition, and education. Women, who are not married

(widowed, divorced, or separated), of lower income or in poor health are more likely to receive higher level of social support from their children (Rossi and Rossi, 1990).⁹⁾ On the other hand, well-educated, healthy, resourceful older parents are less likely to receive social supports from their children (Mancini and Blieszner, 1989).¹¹⁾ They tend to provide more instrumental support to their children rather than to receive (Mancini and Blieszner, 1989).¹¹⁾

Theoretically, from the view of exchange theory, parents and children engage in mutually supportive exchange patterns. Relationships between parents and children are interdependent. Exchanges of assistance and support between children and parents change over the life course. The level of help from parents to children gradually decreases, and in the later years older parents are more likely to receive help from their children (Rossi and Rossi, 1990).⁹⁾ Furthermore, Walker, Martin, and Jones's study (1992)¹³⁾ examined the relationship between parents and children underlying benefits and costs—the outcomes of caregiving. The costs may be influenced by parent's age and level of dependent. The costs to a caregiver will be higher when the care receiver's need are greater. In addition, the costs tend to be higher when caregivers and care receivers share a residence (Walker et al., 1992).¹³⁾ On the other hand, the benefits for children, received through caregiving, was knowledge about the aging process (Walker et al., 1992).¹³⁾ The benefits may result from the act of caring itself, or it may derive from the relationship between the caregiver and the care receiver (Walker et al., 1992).¹³⁾ Thus, this benefit is related to the quality of the relationship between the caregiver and the care receiver. However, the quality of the relationship between caregiver and care receiver, especially the mother-daughter relationship, is also strongly associated with stress and burden.

In Japan, the family has been the most important source of support for the elderly. However, the relative importance of family support for the elderly may be decreasing because of the increasing proportion and the real number of frail and impaired older people and the decreasing capability of families to care for older parents (Maeda, 1983;¹⁴⁾ Mancini and Blieszner, 1989).¹¹⁾ Even though the nuclearization of the family decreases the supports for frail old parents, a large number of elderly still live within a three-generation family (extended family). The major reasons for this type of family structure are norms (living with their children is customary), companionship with children, and receiving care from children (Palmore, 1975).¹⁵⁾ However, decreasing proportions of the elderly living with their children were reported by the 1985 Japan's Census. In 1975, about 65 percent of the elderly lived with their married children. The proportion decreased to 56 percent in 1985 (Statistics Bureau, Management and Coordination Agency, 1986).¹⁶⁾

Even though the number of Japanese elderly living with their children has decreased, the proportion was about four times as great as that of elderly Americans (Statistics Bureau, Management and Coordination Agency, 1986).¹⁶⁾ Although living arrangements of the elderly seem to conform to the Western pattern, the traditional living arrangements, living with the eldest son, have strongly persisted. Nevertheless, the traditional culture still has given primacy to the continuity of the household and has stressed the vertical relationship across generations. This cultural background may be associated with social pressure, "Japanese social interaction between parents and adult children is often said to be bound by social obligation" (Campbell and Brody, 1985: 585).¹⁷⁾

The difference toward filial responsibility between Japan and the United States is not only cultural but also includes who is charged with

being the caregiver. Daughters-in-law are charged with care of their parents-in-law in Japan while daughters are response for care of their own parents in the U.S. (Campbell and Brody, 1985;¹⁷⁾ Martin, 1989).¹⁸⁾ Nearly 50 percent of impaired older women in Japan were cared for by their daughters-in-law while of 28 percent were cared for by their own children (Maeda, 1983).¹⁴⁾ Elderly living with only their spouses is very rare in Japan (Tsuya and Martin, 1992).¹⁹⁾ Furthermore, if children live separately from their parents, they often move together when their parents become widowed or ill.

In conclusion, even though the values and systems of family have changed, family is still a very important and fundamental resource for social support. Although filial responsibility norms are behaviors that have clearly and traditionally been sex-stereotyped (Roff and Klemmack, 1986),¹²⁾ gender of children is the most significant factor for social support. Yet, quality of the relationship is also a necessary factor for informal support, because the relationship exists though the life course—it begins when a parent has a baby, and it ends when a parent dies. The relationship between caregivers and care receivers may be the last relationship between parents and children.

Formal Support

Formal support is given by the government directly and affects the elderly's economic condition. Historically, governmental social programs had been established in 108 countries by 1975 (Clark, 1980).²⁾ As early as 1889, Germany had well organized and legislated social programs. Other European countries also had good social programs in the early 1900s. The United Kingdom established them in 1908, France in 1910, and Sweden in 1913. The United States did not enact Social Security programs until 1935. In Japan, social security programs was established quite late. They were legislated in 1959. The proportion of

national income devoted to social welfare varies widely between these countries. In 1980, the ratio of social expenditures for persons of all ages to national income was 15 percent in Japan, 18 percent in the U.S., 23 percent in the United Kingdom, 31 percent in West Germany and France, and 44 percent in Sweden (Martin, 1989).¹⁸⁾ Social expenditure in Japan and the U.S. were lower than for European nations. So, in the next section, we will discuss the condition of formal support between the U.S. and Japan.

The United States

Table 1. Proportion of the Older Population (over 65) and Social Expenditure (GDP) in 1980 by Nations

	% of Older Population
The U.S.	11.2918
Japan	9.1015
The U.K.	14.7923
France	13.7331
West Germany	15.0431
Sweden	16.1844

Source: United Nations, World Population Prospects: Estimates and Projections; Ministry of Health and Welfare

In the U.S., the major sources of income for the elderly are social security, earnings, and assets. The elderly receive in-kind income in the form of goods and services, which they obtain free or at reduced cost. For instance, the government provides housing to the elderly below the cost for similar housing on the open market. Food stamps are another source of indirect income to the elderly. Medicare is the largest governmental program providing indirect income to them.

The elderly need direct medical supports since the biological and physiological problems of aging lead to an increased incidence of chronic

conditions and disabilities. However, without some form of health insurance, chronic illness or catastrophic illness would strain the elderly's finances. Medicare was enacted in 1965 as an amendment to the nation's basic Social Security Act. Medicare is eligible for those who are aged sixty-five and older and eligible for Social Security retirement benefits. It provides prepaid hospital insurance and low-cost voluntary medical insurance for the elderly. Yet, Medicare does not cover dental care (including dentures), eyeglasses and eye examinations, hearing tests and hearing devices, custodial nursing-home care, private-duty nursing, prescription drugs, and routine check ups (Dinitto and Dye, 1987).²⁰⁾ Although the first three items (dental, vision, and hearing) are basic needs for the elderly, they are not covered by Medicare.

The Social Security Act of 1935 included a mandate for the establishment of a separate program for old-age assistance. Under the Social Security Amendment of 1972, Supplemental Security Income (SSI) replaced the state welfare program. The SSI is a basic national income maintenance system for the elderly, blind, and disabled. It is the supplemental social security program that provides income support to those not covered by Social Security. Since SSI is an assistance program, applicants must prove need by meeting an "assets test" (Dinitto and Dye, 1987),²⁰⁾ so receiving SSI is quite difficult.

Nine of ten workers are covered and over 90 percent of the elderly receive some income support by the government through Social Security. Social Security eligibility is related to work rather than to need. An individual is eligible if he/she has worked for a certain number of years. Benefits are financed by payroll taxes paid by both employees and employers on income up to a certain level.

Private pensions have generally been designed as supplements to Social Security.

Approximately 49 percent of U.S. workers are covered by a private pension plan. However, these benefits are quite low. The median annual benefit for a male earner after thirty years of pension service was 27 percent of their average earnings and 34 percent for females (men also received more than women in actual dollars) (Kart, 1990).⁸⁾

There are many other kinds of social services available for the elderly in the community. In general, these are provided to maintain the maximum independence and convenience for the elderly. The provided services include: in-home services, senior center services, legal services, and nutrition services, and these services are provided at an institution, a senior center, a clinic or office, a rehabilitation center, an adult day care center, or a private household. These social services' rules and regulations are controlled by the Older Americans Act (1978 amendments). The following services are available to the elderly:

- a) Access services: information and service management, outreach, case coordination and service management, transportation, and escort
- b) Health services: hospital services, nursing home services, physician services, rehabilitation therapists' services, health education services, and home health services
- c) Nutrition services: congregate meals, home-delivered meals, and nutrition education
- d) Housing services: independent residential facilities, assisted residential facilities, personal care homes, home repair services, and adult day care
- e) Income maintenance services: pensions, Old Age and Survivors Insurance (Social Security), Supplementary Security Income, and indirect income (rental and mortgage assistance programs, discounts, and tax reductions)
- f) Employment services: community service

employment programs, Comprehensive Employment and Training Act program, U.S. Employment Service Older Worker program, and job banks

g) Personal support services: counseling, peer support, telephone reassurance, friendly visiting, and personal advocacy

h) Training and education: training for employment, training for self-care, and adult education (Wilson, 1984: 21-22).²¹⁾

Yet, these services are not available to all the elderly, because the needs and the environments vary due to the individual's resources, such as adaptive skills, informal support, and community structure (Wilson, 1984).²¹⁾

The other issue related to formal support is nursing homes. The image of nursing homes is mostly negative —“dehumanizing,” “depersonalizing” (Townsend, 1962),²²⁾ “human junkyards,” and “warehouses” (Butler, 1975).²³⁾ Although the elderly had unfavorable opinions of nursing homes and other institutions, many older individuals required institutional care (Dunkle and Kart, 1990).²⁴⁾ Approximately 1.3 million elderly (5% of those 65 years and older) were in nursing homes at any given time (U.S. General Accounting Office, 1977),²⁵⁾ and the proportion may increase in the future. The typical nursing home residents are white, female, widowed, and seventy-nine years old (U.S. Department of Health, Education, and Welfare report, 1977).²⁶⁾ The primacy reasons for being in a nursing home was due to physical conditions —chronic conditions of heart disease, arthritis, and rheumatism (Dunkle and Kart, 1990).²⁴⁾

Japan

Recently, the Japanese government has focused on encouraging firms to raise their retirement age limits to at least 60 years from 55 years. The social security system in Japan has been well developed. There are two major social

support programs for the elderly: Public Pension (the security of income), and Medical care insurance. Public pension is divided into eight categories: Employees' Pension Insurance Scheme for employees of enterprises, offices or work-shops in general; National Pension scheme mainly for the insurance of self-managed persons and farmers and every one in Japan between the ages of 20 and 60 is a compulsory member; Seamen's Insurance Scheme; and five Mutual Aid Association Schemes for Public service personnel (Statistics Bureau, Management and Coordination Agency, 1986;¹⁶⁾ Martin, 1989).¹⁸⁾ The minimum beneficiary's age for men is sixty, and for women is fifty-six, but by the year 2000, the age will rise to sixty-five for both men and women (Ministry of Health and Welfare, 1991).¹¹⁾

When the Law for the Welfare of the Aged was passed in 1963, the existing welfare services for the elderly were greatly improved by the addition of such new services as the dispatch of “home helpers,” the installation of welfare telephones, and subsidies for older people's clubs. In 1971, thirty prefectural governments instituted partial payment of medical care for the elderly, and free medical care for the elderly went into effect nationwide in 1973 (Martin, 1989).¹⁸⁾ A comprehensive 10-year blueprint for augmenting services for the elderly was released in 1989. The plan called for the more geriatric rehabilitation centers and physical therapists and the increase in the number of public “home helpers” (Dentzer, 1991).²⁷⁾ The following services are available to the elderly:

- a) Home helper: a kind of housekeeping assistant or nurse's aid who visits elderly households several times a week
- b) Day services: meal and bathing services and rehabilitation
- c) Short term care: temporarily staying in a nursing home
- d) Supply of medical and daily equipment:

special bed, portable toilet, bath tub, telephone, fire alarm, and so on (Ministry of Health and Welfare, 1991: 236-237 translation ours).¹⁾

III Conclusion

Overall, receiving not only informal support but also formal support is strongly associated with the elderly's economic and physical conditions. Those who have financial strain and poor physical condition are more likely to receive either informal support or formal support. In addition, since informal support is primarily provided by family, other factors related to a family —gender of parents and children, number of children, age of parents and children, employment status of children, economic condition of parents and children, marital status of parents and children, educational level of parents and children, frequency of social contacts, and race or ethnicity— may be associated with the level of social support.

The problems arising from the growing older population —“who should do what to help frail older persons?”— will become more serious in the near future. This issue implies an underlying problem between family (informal support) and government (formal support). How well do governmental support meet the needs of the elderly? How much does family provide social support? A combination of both type of support is required for an aging society. Thus, the nations experiencing aging of the population have to be concerned with the issue of “filial

responsibility” not only at individual levels but also at the national level.

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Notes

1.
$$\frac{\text{Aged population (over 65)}}{\text{Working age population (15-64)}}$$
2.
$$\frac{\text{Young population (0-14)}}{\text{Working age population (15-64)}}$$
3.
$$\frac{(\text{Young Population} + \text{Aged population})}{\text{Working age population}}$$

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