

博士学位論文審査要旨

2010年7月15日

論文題目： A Comparative Study on Elderly Care Practice : Kyoto and Kathmandu
(高齢者介護実践の比較研究：京都とカトマンジュ)

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要 旨：

本論文は、日本・京都とネパール・カトマンジュの両都市における高齢者介護実践の比較研究を目的としている。施設介護・訪問介護など介護システムがある高齢社会京都と、これから高齢化社会を迎えるカトマンジュを、M.Dogan と D.Pelassy の最相違システム比較アプローチを援用しながら比較分析し、効率的で効果的な高齢者介護実践とは何かを研究している。具体的には、高齢者の身体・精神・心理・社会・経済・住居・雇用等の条件あるいは日常活動や娯楽等を比較検討している。本論文の研究方法は、両都市の高齢者や関係者へのアンケート調査による量的調査とインタビュー調査による質的調査から得られた結果を基にしながら、主要な高齢者問題と現況について分析・考察している。また両都市におけるフォーマルかつインフォーマルなソーシャルサポートの現状から、それぞれの特徴を明らかにし、高齢者介護実践について論じている。たとえば、京都での高齢者介護は核家族化が進行する中、地域での居宅介護もしくは施設介護が主に実践されている現状がある。しかし、カトマンジュでは高齢者は尊敬されており、まだ多くの高齢者が家族と同居し、強い絆で結ばれた家族による居宅介護が主に実践されている。京都では高齢社会をやや悲観的に捉えているが、カトマンジュでは、高齢化社会を京都よりも肯定的に捉えている。また京都もカトマンジュでも主な介護者は娘もしくは嫁という類似性はあるが、カトマンジュでは、家族とともに住み込み人による高齢者介護の実践がされている。京都では高齢化率の増加に伴い老老介護が増えているが、カトマンジュでは親族等も巻き込む介護になっている等の大きな相違が見られることを明らかにしている。

以上、本研究では量的・質的調査によって両都市間の高齢者介護実践を多側面から分析・考察し、家族規範、行動様式、社会政策等の伝統を反映した相違性と類似性があることを明確にしたこと、また家族や地域社会が高齢者の健康的・精神的・心理的支えになっている等との結論は、これから高齢化社会を迎える世界の国々へ多くの示唆を与えるものである。

よって、本論文は、博士(社会福祉学)(同志社大学)の学位を授与するにふさわしいものであると認められる。

総合試験結果の要旨

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要 旨：

2010年7月14日(水) 15時から1時間にわたり、申請者による公開学術講演会を溪水館会議室にて行った。引き続き、16時より約1時間にわたり、上記3名の主査・副査による口頭試問を行った。

公開学術講演会においては、申請者は博士学位申請論文内容に関する講演を行い、本論文の独自固有性を明快に披露し、体系的かつ実証的研究による仮説の有効性を論証した。講演会出席者からの質問に対しても的確な回答をした。

また口頭試問においても、審査委員からの学位申請論文内容と社会福祉学に関する質疑に対して的確に回答し、豊かな知識、学力を有していることを証明した。また同時に、論文作成に関する外国語能力(英語)も十分に保有していることを確認した。

よって、総合試験の結果は合格であると認める。

博士學位論文要旨

論文題目 A Comparative Study on Elderly Care Practice: Kyoto and Kathmandu
高齢者介護実践の比較研究：京都とカトマンジュ

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要旨 Abstract

Introduction

Family care in the world is changing, let there be no doubt. The traditional patterns of the past seem to be crumbling in the face of social, economic and demographic forces producing and resulting in changes in cultural values toward the elderly, in general, and family care to the elderly, in particular. In Japan, just a generation or two ago, adult children cared for the majority of the elderly in their own homes; as more women entered the workforce, families turned more to community home and other institutions to care for the elderly. In this context, the caring for the elderly is a challenge and can be overwhelming if not given proper consideration. Likewise, the global phenomenon of population aging also afflicts Nepal. Historical systems of care, living arrangements, and familial responsibilities that once centered around or within the family network are changing to look more like Western, individualistic systems (Eckerman and Brauner, 2007). Though the process of aging of Nepal's population is still in its early phase, it is expected to gain momentum in the 21 century and pose a major problem to the country.

Apart from other important dimensions in the field of pensions and health care systems, ageing populations will also increase pressures on social and caring systems. Therefore care for frail elderly persons is an important component in this context (Jacobzone, 1999). The need for help can have enormous impact on the elderly and their families. Therefore, the health and social care for frail elderly persons is a serious concern for all sectors of society both in Japan and Nepal. Likewise, a comprehensible approach to including social care as a welfare dimension in the understanding of the welfare state and taking the aforementioned issues into account, it is necessary with a broadly encompassing understanding of care. The argument here is that it is the combination of formal and informal dimensions of care that constitutes the turning point for an understanding of the principles behind the social care system.

This research compares the elderly care practice of Kyoto and Kathmandu. The selection of these two cities for comparative analysis is based on the principle of the "Most Dissimilar Systems" approach according to Dogan & Pelassy (1990). In combination with growing internationalization a shift has taken place in comparative research from emphasizing uniformity among variety to studying the preservation of differences and uniqueness in contrast to homogeneity and

uniformity (Boje, 1996). The comparative study of elderly persons serves two purposes: the first is to develop a broader understanding of the social processes in question; and the second to learn about and develop new ways of responding to the interests and needs of older people. I am concerned here with both aspects.

The theoretical framework of this study is based largely on the concepts of Tronto's theory of care (1993). Tronto considers 'care' to be an activity, a social practice. She insists that the activity of caring is largely defined culturally, and will vary among different cultures. Tronto distinguishes four analytically separate, but interconnected, phases in the caring process. These are caring about, taking care of, care-giving and care-receiving.

In summary, finding efficient and effective ways to care for the elderly is always an important issue, and it is an issue of growing importance both in super ageing society of Japan and growing aging population of Nepal. However, the magnitude of the problem varies significantly from one country to the next.

Objectives

The main objective of this study was to examine the family, community and state based care practices for elderly of both cities in a comparative perspective.

Other objectives are as follows;

- a) To investigate the physical, mental, psychological, social, economic, housing condition living arrangements, employment as well as activity and entertainment status of the elderly.
- b) To analyze and find out the current situation and major issues facing by the elderly people of both cities.
- c) To inquire into the patterns of social support, both formal and informal.
- d) To gain a better understanding of adaptation of elderly care practices

Methodology

The mixed research design carried out for this study of both qualitative and quantitative. In other words, the research was descriptive and explorative. Mixed methods research resides in the middle of the continuum because it incorporates elements of both qualitative and quantitative approaches. Two different sources of information were consulted for this dissertation, namely primary and secondary. The former consisted of the experiences and views of governmental officials, policy makers, professionals, social workers, university teachers, medical doctor, staff nurses, and head of the elderly homes as well as elderly people by way of interview. The secondary information comprised research reports produced on the issues of aging and caring for the elderly by various types of national and international organizations as well as the published books, dissertations, journal, magazines by individual and scholars as well. A limited amount of information was obtained from the Internet.

This study was based on face to face interviews with elderly people aged 65 and over and also professionals, policy makers' etc. from both cities. The study uses the data from the

surveys done in Kyoto and Kathmandu, where the same sets of structured questionnaires were employed. I determined the sample size according to Cochran's formula $n = \frac{t^2 * (p) (q)}{(d)^2}$. Hence, the sample size of the Japanese survey was 66 elderly, and the one of the survey done in Kathmandu 100 elderly. Likewise, for qualitative information the equal numbers (ten from each city) of professional respondents were selected for interview.

A purposeful random sampling technique was investigated in this research. Purposeful sampling enabled the selection of subjects who best aided in achieving the research objective (Merriam, 1988). Likewise, I analyzed the qualitative data manually and for quantitative by SPSS version-17. I analyzed the qualitative data manually and for quantitative analysis I used chi-square test, t-test and used the simple statistical tools, such as frequency, distribution, average and percentages. The data were analyzed in a series of steps designed to allow sorting out, classification and description and as a final step, interpretation of the data. Information on the expressions and gestures of the respondents and also other salient points were written as field notes. The average interview length was around 42 minutes per individual.

Major Findings

The data revealed similarities as well as differences between the countries on the various dimensions that might reflect variations in family norms, patterns of behaviors and social policy traditions of the countries. Although both countries have bilateral kinship system, the typical images about Japanese and Nepalese families and elderly-care arrangements are contrasting. In Kyoto (Japan) the nuclear family is supposed to be predominant, among whom respect and care for the elderly persons is somehow lacking, because most elderly persons are cared for either in a home or in any community based homes and also institutions such as Hospitals, Nursing homes etc. The image about elderly care in Nepal is that joint family is predominant, strong families ties and respect for parents exist and elderly persons are supported within the family.

The overall health status of the Kyoto (Japanese) elderly was found to be better than the one of the Nepalese. However, the increase in the elderly population, especially old elderly has raised many serious social and medical issues in Japan.

The Nepalese society has a more positive attitude towards elderly than the Japanese one. The results show that the social status and networks of the Nepalese are better than Japanese ones. The economic status of the Japanese elderly is better than the Nepalese one. The income level in Nepal is highly scattered but among the Kyoto (Japanese) elderly it is clustered more around US \$ 2000. Almost all Nepalese elders' income lies below US\$ 200 per month. The income level shows that the t-test is 10.252, which is significant at $df=164$, and P value 0.000.

Daughters-in law or daughters are the main care givers in both cities. In Nepal there is a tradition to keep a home servant who assists in caring for elderly as well as household's chores. In Japan there has been an increase in the number of elderly people who are themselves caring for other

elderly people. The biggest part of Nepalese elderly in need of care prefers to be cared for in their own homes rather than in community. For the Japanese elderly, buying food and social expenses are the main financial problems, whereas for the Nepalese elderly, paying medical expenses followed by buying food are the main problems.

The life satisfaction and rating of life was seen good than their Nepalese counterparts. Japanese respondents worried hardly ever about things they need in their daily life while Nepalese worried more.

Qualitative and quantitative results show that the most of Japanese respondents expressed their view that community-based care practice might be a good way for caring for the elderly in an infirm old age. In other instances, the elderly have chosen to enter an institution to avoid becoming a burden to their families. On the other hand, Nepalese professionals and respondents have showed their opinion primarily in favor of home care and secondarily in community-based care practice as well.

Even if governments major emphasis of caring for their super aged society in Japan, the public financing still remains insufficient to cover the whole costs. It may have strong repercussions on the health of elderly. This situation is more vulnerable for elderly people of Nepal. There has not been much attempt on the part of government to help and care for the elderly people in Nepal.

The great advantage of using Tronto's concepts of care is that the results become comparable and lead to insights into care needs and care provisions as universal issues. The formal, professional care is something that is available to elderly persons in Kyoto, not to elderly persons same as in Kathmandu. These differences make it difficult to compare the two cities.

Most of the houses of Japanese elderly are safety and elderly friendly than the Nepalese. However, Japanese houses are narrower than Nepalese, which being difficulty to live two or more generations in a same households.

The provision of care is not a zero-sum activity and that neither is there a fixed quantum of care to be given nor is it divisible between public and private spheres. In Nepal there is complementarity rather than competition between formal and informal care.

Conclusion and Discussions

Aggravating society's care problem is the fact that the average family's ability to provide such care is decreasing, partly because of the ongoing transition from extended to nuclear family patterns. In response to these circumstances, care services need to be integrated between social and health services including reorganizing the welfare systems. They should be appropriately tailored to demand and balanced across institutions and care in the community (also at home). For that, all levels of government and all sectors of society will need to work in partnership to respond to the challenges of an aging society.

Increased life expectancy is a positive achievement, yet population aging is often

perceived as a burden, especially by governments concerned about costs of care and welfare service provision for elderly. A rapidly increasing population of elderly people and also frail elderly people, public policy concern with increased costs of providing care now encompasses care in, by and for the community system. In this context, an emerging new type of care model, the community care model seems a way out for caring the elderly people. The community care model is a combination of community service and home care. Elderly people could live in their own homes while enjoying certain level of community care. This is a modern way of caring for the elderly, extending one's family to the community or taking the community as one's home.' The encouragement of true community care involves a broad approach and genuine joint strategies in social policy. A key aspect of social policy towards the care for the elderly must therefore be a positive partnership between family, the state, the market and other voluntary sectors as well.

Elders play a vital role in providing a sense of structure and cultural identity that helps keep our families and communities emotionally and mentally healthy. It is therefore essential that we develop the services to support elders so they can remain with their families and communities. Keeping our Elders near their families also supports their own mental and emotional health, resulting in longer and happier lives. And, in an interrelated way, healthy families are able to provide a safer, more supportive environment for elder care.

With the development of information resources and research, nationally and internationally, informed policies and plans for the care of the elderly can take place, ensuring successful coping by the elderly and their families of the ageing process, economically, mentally, emotionally and physically. So that elderly people are becoming a social stratum interesting to academics in the social and health care approach because they are needy, they are a group of specific size and in general, they are as yet unexploited as objects of genuine scientific investigation.