Exploring the Relationship between Social Support and Life Satisfaction among Rural Elderly in Japan

Kaori Tsuji

Graduate School of Health Sciences, Gunma University, 3-39-22 Showa-machi, Maebashi, Gunma 371-8514, Japan

Hafiz T. A. Khan

School of Health Sciences, Faculty of Health, Education and Life Sciences, Birmingham City

University, Westbourne Road, Edgbaston, Birmingham B15 3TN, UK

The Oxford Institute of Population Ageing, The University of Oxford, 66 Banbury Road, Oxford OX2 6PR, England, UK

Abstract: Previous studies conducted in Japan had revealed an association between social support and life satisfaction among the elderly and the importance of informal support. A plethora of formal social support had been established when the Japanese Government introduced the LTCI (Long-Term Care Instrument) system in 2000. This system enabled elderly people to receive health benefits both mental and physical. The aim of this study was to investigate the relationship between social support and the life satisfaction of elderly people in Japan. The study involved using qualitative analysis on data drawn from recorded and transcribed semi-structured interviews involving five participants living in Town B in Japan. Utilising Interpretative Phenomenological Analysis (IPA) enabled discovery of the past and present lived experiences of partic- ipants and also gave insights into their worlds. Three themes emerged from the research: gender difference, transition of role from carer to being cared for, and reciprocity. The research revealed the following key factors that determined social support: gender, past life, resources, physical condition (especially IADL), social role and perception of outcomes. Although the study elicited the key factors that strongly affected the elderly in Japan and the results conformed to previous studies, the research suggested that the perception of the elderly should be the central focus.

Kaori Tsuji [kaoritsuji@gunma-u.ac.jp](mailto:kaoritsuji@gunma-u.ac.jp)

Hafiz T. A. Khan hafiz[.khan@bcu.ac.uk](mailto:khan@bcu.ac.uk)

Keywords Social support . Life satisfaction . Semi-structured interview . IPA . Elderly of rural area in Japan

Introduction

Throughout the last three decades, Japanese life expectancy at birth has ranked among the highest in the world. The latest figures are 87 years old for women, which is the highest in the world, and 80 years old for men which ranks eighth in the world (WHO

2015). The Japanese government has set a goal for extending healthy life expectancy and promoting elderly people’s quality of life in Health Japan 21 (Ministry of Health, Labour and Welfare - MHLW 2015). Healthy life expectancy is approximately 70 years old in males and 73 years old in females in 2010. There is a gap between life expectancy at birth and healthy life expectancy at birth, which are currently 10 years in men and 12 years in women (ibid). The result of the gap implies that people may suffer from limitations in activity and may need support in later life. Not only the affected older people will be impacted by the situation, but also the government will feel an impact, as it will be obliged to allocate large amounts of funding to the ageing society such as healthcare costs and social welfare expenditure. Merely extending life expectancy is not the government’s aim anymore; they have started to focus on quality of life, which leads to an extension of healthy life expectancy.

There are two obvious issues within the society and the elderly in Japan, which form the gap between healthy life expectancy and life expectancy at birth. Firstly, the community network has become feeble (Cabinet Office 2007). Secondly, the percent- age of the elderly feeling loneliness, living alone or as a single couple (i.e. with only a partner as cohabitant) is increasing (Cabinet Office 2015).

The impact of social support to elderly people has been observed in numerous studies worldwide, and the results highlighted and emphasised the importance of social support among the elderly, which enhances life satisfaction and quality of life, avoids loneliness, and delays the onset of ill health (Kim et al. 1999; Kim et al. 2000; Hoshi and Sakurai

2012; Okamoto and Tanaka 2004). This in turn would positively affect their quality of life

and physical activity, ultimately lessens the gap between life expectancy and healthy life expectancy at birth. The definition of social support is “the interpersonal transactions including expression of positive effect, affirmation of values and beliefs of the person, and/ or the provision of instrumental aid or assistance” (Kahn and Antonucci 1980 in Rodriguez et al. 2014). There are two different types of social support: formal and informal support. The variation of formal social support has been increased for the elderly after the Long-Term Care Insurance (LTCI) system was introduced in 2000. The Japanese Government aimed to provide elderly care based on the concept of holistic community care so that elderly people can use several activity centres and facilities based on their location (MHLW 2015; United Nations Population Fund -UNFPA 2012). This support system facilitates elderly people to join social networks in the local area, and this is expected to help them to maintain their physical and mental conditions. Due to the changing demographic situation, informal support which is provided from family, kin, friends and neighbours, is weakening, making formal support more necessary and inevitable in the Japanese ageing society. Both informal and formal support are important elements to enhance elderly people’s quality of life, and furthermore, life satisfaction.

Life satisfaction is a key indicator to evaluate elderly people’s wellbeing and quality of life, which leads to successful ageing (Oshio 2012; Kim et al. 1999; Suzuki 2005). The definition of life satisfaction is a person’s perception of wellbeing and quality of life, and this reflects their individual judgement and criteria for quality of life (Diener et al. 1985). Additionally, it is important to note that individual perception towards life satisfaction reflects a person’s continuous life situation, i.e., an individual’s past experiences and perceptions will influence their current and future experiences and perceptions (Antonucci et al. 1990; Burton-Jeangros and Zimmermann-Sloutskis

2016).

The correlation of social support and life satisfaction of older adults has been examined in numerous quantitative studies (Rodriguez et al. 2014; Liang et al.

2001; Kim et al. 1999; Aquino et al. 1996; Yamashita et al. 2009; Khan 2014). However, there is little research to elicit the direction and the degree of influencing factors between social support and life satisfaction by applying qualitative research. Hence, this qualitative study was undertaken to examine the association of the elements among social support and life satisfaction of people aged 65 and above in Japan. In other words, the study aims to investigate the following specific objectives:

– To examine the meaning of social support for individuals.

– To explore degree and importance of life satisfaction for individuals.

– To identify the elements that affect individual social support.

– To explore the association between social support and life satisfaction.

Conceptual Model

Figure 1 demonstrates the factors leading to life satisfaction based on a review of the literature. Here, demographic data, health, ADL and IADL are the first order factors and they have a correlation. These elements directly affect the amount and type of social support, which is a second order factor. At the third order, social support directly affects life satisfaction. Previous literature showed that demographic data, such as sex, age, socioeconomic status, living arrangement, marital status, health and IADL asso- ciate with social support (Oshio 2012; Enkvist et al. 2012; Kobayashi et al. 2011; Khan and Flynn 2015; Fisher 1992; Kim et al. 2000; Antonucci et al. 2002; Liang et al. 2001; Okamoto and Tanaka 2004). Aquino et al. 1996 state that social support is a strong factor directly affecting life satisfaction. Social support has two directions, namely provided and received social support. In terms of function, there is both instrumental

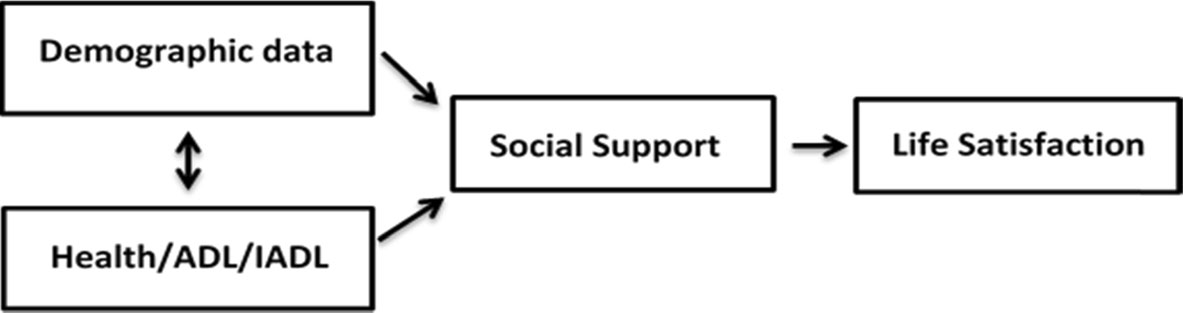


Fig. 1 Conceptual framework

and emotional social support. Currently, since the Japanese government started the LTCI system, the beneficiary can choose and receive a variety of forms of formal social support. Considering the type of support is important because its effect on individual perception might be observed as positive by one individual yet negative by another. Likewise, the objects that provided and received support to/from the participants are considered. Secondly, social support influences life satisfaction as mentioned earlier.

Methods

Ethics Statement

The study was conducted after approval of the Natural Sciences Ethics sub-Committee of Middlesex University. All respondents of the interview were provided with details of the purpose and objectives of the study, and they had the right not to participate in the study, which was conveyed in writing. Their consent was taken by signature on the prepared explanation sheet. The research was recorded by audio and respondents were informed of this before the interview.

Participants

The area that the sample was collected is Town B in Japan, in which the total population is

10,520 (Biei-cho 2015), the population aged over 65 years is 3796, and the percentage of the population aged over 65 years is 35.5 % in 2015. The sample selection is purposive and the sampling structure explains the characters of the participants; male/female, aged over and below 75, and living arrangement (lives alone or lives with family). Five participants were strategically selected to participate in this study. The target population is aged 65 years old and above. The reason of the targets’ age is that 65 years old is defined as elderly (Tokuda and Hinohara 2008) and the general retirement age is 60 years old in Japan. People who had cognitive impairment, such as dementia and Alzheimer’s disease were excluded. The characteristics of the participants are presented in Table. 1.

Instrument

The interview schedule was underpinned by a review of literature investigating the association of social support and life satisfaction. The schedule consists of demographic

Table 1 Characteristics of the respondents

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Participant | Sex | Age | Marital Status | Living Arrangement | Financial Source (excluding pension) |
| A | Female | 68 | Single | with family | father’s survivor’s pension |
| B | Male | 79 | Widower | with family | Savings and son’s pocket money |
| C | Female | 84 | Widow | with family | Savings and salary of children |
| D | Male | 83 | Married | Alone | Savings |
| E | Female | 76 | Single | Alone | - |

data, subjective health, IADL, social support and life satisfaction. Based on Cohen and Syme 1985; Rodriguez et al. 2014; Kim et al. 1999, social support questionnaires were devised. For received social support, participants were asked the number and the depth of the people who provide support to the respondent. LSI-A (Life Satisfaction Index-A) is a scale to measure elderly people’s life satisfaction level and high reliability was observed from many studies (Enkvist et al. 2012; Neugarten et al. 1961; Liang 1984: Kim et al. 1999). Based on the scale, the questionnaire consists of mainly three multidimensional components: 1) degree of happiness from mood tone; 2) zest, which shows the respondents’ current and future perception towards life; and 3) congruence expresses the targets’ satisfaction level towards their life achievement or goal.

A pilot interview was conducted prior to the actual research so that the interviewer could rethink the flow of questions and their wording so that the respondents could give their responses easily and effectively.

Procedure

Data collection took place on 26th–30th October, 2015 and the data was recorded with a voice recorder. All interviews were conducted face-to-face and in Japanese. Initially, icebreaking questions were conducted. Secondly, demographic information was col- lected. Along with the interview structure, the questionnaire was used for enquiries. The participants could reply freely and this process facilitated and fostered rapport between the interviewer and the participants.

Data Analysis

Interpretative Phenomenological Analysis (IPA) (Smith et al. 2009; Smith 2015; Langdridge 2007) was utilised, because the approach will explore the interviewees’ perception, accumulated over their life spans, in other words, this is the best research methodology to analyse and interpret the participants’ lived experiences. Furthermore, as Gubrium and Lynott 1983 suggested, the life satisfaction of elderly people should be understood from continuous life experiences, not from only their past experience. From the perception of social support, the length of communication with their families, neighbours, relatives, friends and the formal sector would be determinants of the individual’s social life and environment, and furthermore, these would be influencing factors to their life satisfaction. Hence, IPA was utilised for the research. After the interview, the audio recordings were transcribed intact onto a computer. After transcrip- tion, the data was read and reread several times for initial coding. The actual IPA analysing process consists of four steps (Smith et al. 2009; Smith 2015; Langdridge 2007).

Exploratory comments: the transcript was read and reread and listened to again and

again, while making comments on the right-side of the transcript. To capture the meaning of the interviewees, the process was repeated more than once. Secondly, themes that emerged after exploratory comments were studied were written on the left-side of the transcript. These contain some comments which emerged from explor- atory comments, and some which are integrated from several comments. And then, the themes were then separated into main categories (family situation, IADL, subjective health, social support, life satisfaction). After categorisation, emerged themes were compared to other cases and some themes were compounded and some themes were

dropped because they fell outside of the scope of this study (where the focus was on social support and life satisfaction). Finally, three superordinate themes emerged.

Results

From the emergent ordinate themes, three subordinate themes were finalised as emergent themes; gender difference, reciprocity, and transitional role. Each theme will be discussed.

Gender Difference

Interestingly, significant differences were observed from this study between males and females and the key words for the themes were society based or family and friends based, respectively. At first, men expressed social support which was more related to formal, including social role and local meeting. In addition to this, their expression of life events which related to life satisfaction in the past and future was their business and social role. Compared to males, females discoursed their social support and life satisfaction as being related to friends and family. Additionally, in terms of life satisfaction in the past, current and future, females’ life events related more to family events and situation.

There were two male respondents for the study and coincidentally, both of them held a position as a chairman. They appear to be involved in providing formal instrumental social support. Participant B, who is 79 years old, explained that he organises meetings and events for the community:

B: There will be a preventing care seminar in this area, I organised and asked people here whether they attend or not. Also, I asked the town hall for someone to be a lecturer. Then I and they made a plan.

These participants are interacting in local settings and they provide formal support. It can be observed that they are joining a social role in a community or the town. Also, the way of expressing their past situation was related to their past life satisfaction, eg Participant B mentioned hardship of business when explaining his past life satisfaction. As can be seen from the perception towards life satis- faction in the past started from business, the male focus of past life events is connected to their business. Such life experiences and relationships seem to be the criteria for men to judge their current situation.

On the other hand, women expressed their social support and life satisfaction connecting more to family and friends. Participant A had a plenty of friends and her relationship is deep and wide, from neighbour to friends since they worked together.

A: After getting a job myself, I didn’t have many complaints about my life and communication with my parents and siblings. Although we seemed poor, I didn’t take it as serious. So I think I was almost 100% satisfied with the earlier life I had.

She provides instrumental social support for her mother with dementia 24 h a day and she exchanges social support reciprocity with her friends. Participant C talked

about life satisfaction in the past as her childhood and married life which are “the happiest and the most painful time”, mentioning her family situation. The gender difference is obvious when explaining their past life and the current situation came from the past. Their living world would be determinants of social support, ie. what kind of relationship they created and what their focus was.

The Transaction of Role from Carer to Being Cared for

Through their life span, they have experienced roles in family and society. As can be seen from the gender differences just discussed, this theme experiences gender differ- ences as well. Additionally, another topic through the theme of role was discovered, namely the number and direction of social support. As the participants grow older, their physical complaints increase. For example, Participants A and B are young old and did not physical complain and their subjective health is high. In contrast, Participants C and D, who are old, not only experienced physical complaints but also their situation is IADL dependent. Participant E was excluded from this comparison because she had physical impairment since she was 20 years old.

In terms of the role of carer and being cared for, interesting results were observed. At first, carers for their family will be examined. Participants A and E cared for their family, providing informal instrumental support while utilising formal instrumental support which is nursing home, short stay and day service centre. Participant A experienced anxiety and stress through caring for her mother before her mother increased her use of formal support. However, after her mother increased her usage of the nursing facility, Participant A experienced relief from stress and explained cheerfully that she enjoys her life with her friends. She continues caring for her mother at home, meaning she provides informal social support for 24 h a day.

On the other hand, Participant D has suffered from problems for two to three years since he takes his wife to a nursing home. He visits her every day for feeding and there is no need for him to care for her for 24 h. Even though the quantity and quality are different between Participants A and D, they both receive formal support for their family. He explained it emotionally:

D: I have something that I have to talk about to the nursing facility staff. As I mentioned earlier, she was located alone since she screamed when she sees someone strange. That situation is just miserable for her. All the time, she is alone, it is so miserable. Every time I go to her and said (cries and silent) I’m sorry. I’m sorry that I cried. I have plenty of complaints to the home but if I say this, they will dislike me so I cannot. But just one, just this, I wanted to ask for them for 2 or 3 years.

He cuts off his communication with his friends with financial issue. To make matters worse, his communication with his family is worse so that this matter became a big headache. He tried to say that he is satisfied with his life even though he has experienced unresolved issues for more than two years. For his received social support, he does not ask for support and does not have anyone to rely on. The major difference is the amount and strength of the received social support. When caring for a family with dementia and illness, everyone faces trouble or problems. In Japan, elderly people with

dementia are certified from the LTCI system and most of them can get formal support. Formal instrumental support could support family members, but not formal emotional support in all cases.

These two respondents took different paths, although they received both informal and formal support. The emergent key themes are “resources for solving the problem” and “the amount of high-quality emotional support”.

Secondly, it is obvious that the situation of IADL dependent requires amount of

instrumental support, the number of received support will be needed. Here, Participant C receives formal and informal support and she provides informal support to family member. She requires IADL support such as bathing, undressing, moving and going to hospital. She goes to a day service centre 3 times a week and the staffs provide her with these requirements. At home, she receives instrumental support from her children, in the form of shopping and cooking and cleaning the room. She hesitated to explain the subjective health as below.

C: Really, totally, I’m not healthy anymore (pause). I can’t wash my back and head by myself. Not only this, almost 80 to 90%, I receive support. I think it is ok for me. I can prepare heating water in bath tab, but can’t take by myself. My daughter won’t help me, saying do it by yourself. So, most of the things are provided here (nursing home). My daughter, she buys clothes for me. I became too old. I cannot live anymore. I have experienced cancer. Even though somehow, I live.

Not only motor functional decline but also the amount of received support lowered her subjective health. What she provides is emotional and instrumental support to her children, however, the amount of provided support seems little compared to received support.

Regarding the direction, balance and amount of social support, IADL, their family and friendship situation determines life satisfaction level.

Reciprocity

Reciprocity, or mutual support exchange, was observed in all participants except for Participant E. This creates a positive perception for each respondent. Participant A initially mentioned that she and her friends have no problems and worries so she does not receive informal emotional support. However, she expressed that any problems in her mind are solved when she talked to her friends, especially those who experience the same situation as her regarding having family members with dementia. She also expressed that she mentioned the situation to the others, so this reciprocity brings positive outcomes, as can be seen from statements such as, “I am cheered up by them, or I have a feeling of relief.” She replied that the elements to give her life satisfaction were health, living with her mother as long as she could, and keeping good relation- ships with friends. She also explained that she has friends who are in the same situation as her, ie single people whose parents have dementia.

Participant B explained about a mutual relationship and he also expressed that this provides for positive communication.

B: That is K who lives in the next borough, I sometimes ask him to drive and sometimes I do. I always go to park golf when I have free time with him. So when we go there, sometimes we use his car and sometimes mine. It’s helpful for me that

I can contact him easily and so if he asks me for help or assistance, I will do that.

Not only K but also he mentioned other local members to communicate and if he has a problem, he would ask for support from them (although his son is his primary option for support). Participant B has built up long-term mutually supportive relationships, and although he laughed that he had no problem for now and he did not ask for support anyone, his network based on the area constitutes anticipated support as well, meaning this reciprocity brings him further support which is anticipated support.

In those four cases, the duration of mutual social support is built up over a long period through their lifetime. Participants A, B and C who showed reciprocity among their friends, explained that one of their key elements to obtain satisfaction with life is continuing interactions with friends and family. Although Participant D provides social support to his wife, his current reciprocity is not observed which effects his emotion, low mood and apathy for life. Social support reciprocity works to enhance their daily life and furthermore it is one of the elements enhancing life satisfaction. There is an exception in the theme: Participant E does not have reciprocal social support in her current situation.

Discussions

The main research question was to investigate the perception towards social support and life satisfaction of the elderly in Japan and to ascertain influential factors of the environment which affected the above. The discussion will be conducted based on the three emergent themes. These are gender difference, role and reciprocity. Taking a further look at these themes, three viewpoints emerged, which facilitated further findings. The first viewpoint is “how they lived in the past”, and is inevitable for all participants. Because this experience is not only one criterion to compare their current life satisfaction but also their past situation creates their current surrounding environ- ment that affects social support. The second viewpoint is “how their physical condition is”. This will be the determinant of received instrumental social support. Those with a certain IADL profile automatically need someone’s support. The third view is “what kind of resources they have currently”. Social support is defined as the resources which are provided by others (Cohen and Syme 1985). The third view implies both implicit and explicit social support, meaning their current social support situation and antici- pated support. Their current resource level can be their strength or weakness in terms of security in their life situation. The process of reaching these three viewpoints was achieved by analysing how the participants’ social support affects their life satisfaction, and these viewpoints enabled the elicitation of the findings of each theme. The discussion of the super-ordinate themes will continue in the following sections.

Finding of Gender Differences

Men tend to express their social life in the context of a work-orientated world, whereas women expressed relationships with their family and friends. Therefore, former work situation in men and relationship with family and friends in women will influence current life satisfaction. A consistent point through various studies was the presence of a gender difference towards both life satisfaction and social support. Iwao (1993, cited in Krause et al. 1999) insisted that Japanese culture made women focus on family and friends and Krause et al. (1999) explained that within Japanese culture men’s primary focus is work. The result of this study supports their report that men’s and women’s perception difference towards life shows different social support and life satisfaction outcomes. It can be said that this perception difference was brought about from their cultural tradition, and the result strongly reflects the location where they were born, in other words, the living environment from earlier life stages determines important social support in their life.

Finding of Role

By regarding the volume of provided and received social support and whether it is formal or informal, the role position was fathomable. Among the elderly, although their life cycle seems on the surface to be similar (as they are all classified as being elderly people), their role in their family and in society can differ, such as a husband who is a carer to his wife or a retired grandfather. The participants’ roles were classified from carer to being almost totally cared for. The amount and direction differs from their role, although every role requires social support. Sugisawa (1993, cited in Kobayashi et al. 2011) pointed out that provision of informal social support enhances subjective well-being. Cohen and Syme (1985) supported this by mentioning that supporting others increases confidence, emotional stability and control, and consequently, they acquire positive well-being. However the amount of care provision to their family with dementia (or other conditions requiring long-term caring) can be a burden, and this might not produce carer subjective well-being but negative emotions as they shoulder the stresses, worries and practicalities to care for the person with dementia (or other conditions). Received emotional social support is essential to continue providing support. Also, informal social support can allow the carer to have his own time apart from caring. Having time with others buffers stress and allows the carer to regain energy to face the carer’s family. Participants’ accounts explained not only that provision of care enhances life satisfaction but also received emotional social support, such as having friends or family that they can talk with about their situation to solve problems and to release and relieve stress.

Liang et al. 2001 also suggested that the received support to the elderly should be minimised otherwise their distress increases. It can be said that when the amount of received support is much greater than provided support, the lower their subjective health. This is one indicator of life satisfaction and hence, this is one of the causes to lower life satisfaction. However, the participants generally accepted their situation to receive large levels of support. Receiving formal and informal support helps elderly people’s lives, however, when the formal support accumulates and elderly people are over-benefitting, their subjective health decreases and this leads not only to a reduction in life satisfaction but also their condition that requires greater provision of care increases. From this point of view, even though they require physical assistance, maintaining a role as a social support provider would be important for higher life satisfaction which leads to a positive quality of life.

Finding of Reciprocity

Another clear finding from the interviewees of the study is that there is social support reciprocity. More specifically, long-term mutual support was seen to give rise to solutions to individual problems before they escalated in seriousness. The participants’ living location cultivated the long term social support reciprocity. As Yamashita et al. (2009) found, people in rural areas had perception of social support reciprocity. This finding applies for people in Town B, especially if they live outside of the town centre. Participants living on the outskirts of the town have built up positive social support reciprocity. The effect of reciprocity is enormous because it brings a sense of security, reduces anxiety and provides a place to enjoy and to feel relieved apart from ordinal family members. Hence, keeping mutual relationships is an important element for life and this conveys high life satisfaction. The participants lived in the same location and their communication continues for an extended period so that their social support reciprocity becomes strong and deep even only in one relationship. This theme also explains the conceptual model that social support affects life satisfaction. However, consideration should be taken that this study showed that social support reciprocity focused on a continuous situation among specific friends and family, not from short term reciprocity.

The study provides some details qualitatively that previous researches investi- gated. By examining the emergent themes, answers to the research question were obtained. Investigating the analysis obtained key factors which contribute to life satisfaction, namely gender, past life, resources, physical condition (especially, IADL) and social role. Based on these key factors, the analysis guides the researcher to explore the participants’ emotions in more depth, eg anxiety, enjoy- ment, acceptance, loneliness, etc. It is noteworthy that they express perception before showing their own life satisfaction and this is the determinant of whether life satisfaction is high or low.

Limitations

The study was conducted in Japan and the number of the participants was five. Under the Japanese pension and LTCI system, elderly people receive a pension and care services, and in addition to this, as was mentioned in an earlier chapter, the cultural tradition influences the results. Also the number of participants was quite small, and, as implied above, it is impossible to generalise the result to others. Future study is recommended in other cultural settings and/or larger sample sizes.

The next limitation is the location where the research was conducted, which is a rural area in which the ageing population reached over 30 % of the total population ten years ago. It can be considered a rural area’s strength that the culture of social support reciprocity is formed. Because within social support reciprocity, people experience relief from their current situation and find hope for the future. Their mutual relationship is still strong and this should be noted when considering their life situation after getting elderly. Also, this suggests further research should be conducted into social support reciprocity among the aged in urban areas because the perception of mutual support might be different from the one in rural areas.

Finally, the sampling method was a purposive sampling, meaning that for some participants the failure many years ago, for others a few months ago. It could be said that the time line is limitation as well.

Compliance with Ethical Standards

Conflict of Interest Kaori declares that she has no conflict of interest. Hafiz declares that he has no conflict of interest.

Ethical Treatment of Experimental Subjects (Animal and Human) All procedures performed in studies involving human participants were in accordance with the ethical standards of Middlesex University and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed Consent Proper approval was taken from Ethics Review Committee to conduct this study.

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Kaori Tsuji has completed her MSc in Applied Public Health at Middlesex University, UK. She is currently an Assistant Professor of Health Sciences at Gunma University, Japan. She has research interests in social gerontology particularly on elderly care issues in Japan.

Hafiz T.A. Khan received PhD in Applied Statistics from Edinburgh Napier University in Scotland, UK. He is currently a Reader in Statistics within School of Health Sciences at Birmingham City University and also a visiting fellow in demography at the Oxford Institute of Population Ageing, the University of Oxford, UK. Dr. Khan trained as a statistical demographer and has particular research interests in global ageing issues particularly in the areas of healthy aging, long-term care and support provisions. Previously, he has conducted research on The Global Ageing Surveys (GLAS) at the University of Oxford and has published articles on various issues of global ageing and health. Dr. Khan has co-authored two books on Research Methods for Business and Social Science, 2007 & 2014, Sage.