ABSTRACT. The ‘three generation residence’ and children’s enormous support for the elderly in Asian countries has been viewed as a cultural asset in current international discourse on elderly care. The study uses suicide rates to challenge this view. The results indicate that suicide data, especially from Taiwan, are consistent with the counter argument that Asian elderly are currently very vulnerable in their socially constructed total dependence on children – actually sons and daughters-in-law. The nature of the culturally and politically produced powerful myth of the three generation family in modern Asian countries is also discussed.

KEY WORDS: Elderly care, Asian model, Suicide risk

The tremendous speed of demographic transition in the newly industrialized states of East Asia makes policy response all the more urgent for problems of elderly care. While there is the emergence in the field’s orthodox discourse of an East Asian ‘family’ elderly maintenance model, certain socio-cultural realities are largely absent from the research, and negative effects on policy, knowledge, and people’s lives might be further amplified by the international nature of problem discourse. In this paper we challenge a quick acceptance of the ‘cultural preference’ argument for the model. By checking international patterns of the suicide rates of the elderly in general and suicide patterns in Taiwan in particular, the questioning of the Asian family care model has been deepened. A preliminary analysis of Chinese society on Taiwan shows that substituting under-theorized and common sense notions of family, opinion, and well-being for social science can run counter to policy aims and actually increase both suffering among the elderly and social inequality. Conversely, research into the family as a relational system, focus on the concepts of habitus, power, and gender classification provides a basis for improving the understanding of culture, structure, and politics behind the theme underlying the welfare of the elderly.

THE EAST ASIAN MODEL

It is important to emphasize the effects of the rapid population aging in the newly industrialized states of East Asia on the problem of how to maintain the elderly. With the movement of East Asian Newly Industrialized Countries (NICs) – first Japan, then Singapore, Hong Kong, Taiwan and Korea – across the old divides into the industrialized world, the situation is dramatically changed from what had obtained in the past. For example, in 1920, life expectancy in

Taiwan was only 27.2, and now is over 73 years (Mirzaee 1979; Hu 1991). The proportion of people 65 and over is projected to grow from 4.8% in 1984 to between 12.7% and 15.6% by 2024 (Chen 1989). The decline of mortality increases the chances for people to live long enough to form three generation families (Tu, Liang and Li 1989), and the duration for such a life stage has already increased to a mean of 21.9 years for women aged 55 to 59 who lived with their parents-in-laws (Hu 1994).

Privatization of elder care in these nations, no longer simply inevitable, has become a choice, a policy. UN, WHO, and academic circles have begun to speak of an East Asian model of care for the elderly. For example, in a current (1990) WHO publication Improving Health of Older People: A World View, Macfadyen’s introduction, Health and Social Policy Issues in Aging, states that “It is likely that Asian countries such as Singapore, the Republic of Korea, and China will parallel Japan’s policies on aging, since they have comparable tradition and family support systems…” (617). In the same book, Dr. N. Ogawa discusses the prevalence of the extended family in Japan and other Asian countries and reports that the majority of bedridden elderly are looked after at home by middle-aged women outside the labor force as the standard. He states that the “Japanese model” may be of relevance to policy makers in the developing world interested in “combining the best of traditional and modern approaches in order to provide health services to the elderly…” (Ogawa 1990: 628). He offers that the greater participation of this group of woman in the labor force may increase economic incentives for developing alternative care, but he also declares that “the psychological and emotional well-being of the elderly sick might deteriorate more seriously in the alternative care than in the standard case” (Ogawa 1990: 643).

The practice of three generation family that underlies this system of elder care is in fact similar across the Asian NIC countries. For example, in Japan, 63.4% of the elderly are currently living with their children, and opinion surveys also indicate that more than 80% of middle aged people still think that widowed or frail parents should live with their children (Maeda 1990: 382–386). In Hong Kong, 80% of people age 55 and over live with their children (Census Report 1986) and about 60% of the elderly depend financially on their children (Choi 1983). Similar features are identified in Taiwan. In a current state report on elderly conditions in Taiwan which is based on an island-wide survey on the elderly, 65.7% of the elderly live with their adult children and 54.8% financially depend on them (Ministry of Interior 1990). The prevalence of three generation family dwelling and extensive children’s support to the elderly are considered to be facts reflecting the cultural preference in elderly care among Asian societies.

AREAS OF CONTENTION

The so called ‘Japan (or Asian) model’ has a powerful appeal. It promises the most humane living environment, the best care possible (because it comes from one’s own blood), care consistent with indigenous values, and all this at the lowest possible cost to society. Actually, the states of these Asian countries have