



INTRODUCTION

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Introduction

IN THIS VOLUME WE EXPLORE aging and caregiving in contemporary East Asian societies with Chinese, Japanese, or Korean cultural roots. Aging, caregiving, and their intersections have long been a key concern in East Asian societies, largely from the perspective of support and care for the elderly. This focus has stemmed from centuries-old Confucian ideals involving filial piety, a major component of which has asked adult children to fulfill obligations to respect, obey, support, and care for their elderly parents. Recent research shows that this traditional ideal has become more difficult to realize in practice today, given the demographic and social transformations sweeping East Asia in the past two decades. At the same time, evidence is emerging of evolution in cultural values such that seniors taking care of themselves and each other and/or continuing to take care of children or grandchildren far into their later years is more socially expected and intensively practiced than in the past. As such, this book brings together examinations of social support for, and productive aging by, the elderly.

Within the next three decades, the elderly proportion of the world's population will rise markedly, and East Asian societies will be among those locales at the forefront of this unprecedented demographic change. While East Asia is not the only place facing a high degree of population aging, the speed of its population aging and its Confucian tradition make it distinctive regarding how related issues and strategies are viewed and manifested.

This book is designed for students, faculty, researchers, and practitioners in the fields of social gerontology, Asian studies, anthropology, sociology, social work, public health, and policy studies. It shows how in order to understand and address issues of aging and caregiving in East Asia, we need to go beyond romanticism about traditional respect for the elderly and familial eldercare in Confucian cultures (on such Orientalism, see Buch 2015: 278) to examine the complex patterns of social change transform-

ing those societies. It also shows how lived experience is far more complex than the stark images of catastrophic futures inexorably linked to population aging and perceived decline in traditional Confucian values. In this vein, it illustrates some of the ways in which governments, communities, families, and individuals are taking the challenge of an aging society as an opportunity for social innovation, collaboration, and productive aging, not just as a demographic crisis (HelpAge International 2015).¹ Finally, it shows how similar demographic and social changes may meet varied interpretations, responses, and consequences in different geopolitical locales, despite all having Confucian roots.

This volume was written in dialogue with Charlotte Ikels's (2004) classic collection on *Filial Piety*, noting changes as well as continuities in discourse and practice over the decade and a half since its publication. East Asian populations are much older today, and much has changed in demographic, social, and public policy terms. In order to promote comparison over time, our volume engages some of the same themes that Ikels's volume did. These include the ways in which demographic change, "modernization," and the state are affecting support and care for the aged, as well as how communities, families, and individuals are changing in terms of discourse and practice apropos filial piety and old-age support and care. Our volume also extends anew or more deeply into certain thematic areas, and adds updated ethnographic material and geographic locations. It adds material on the compression of modernization and speed of population aging. It does more to balance content on care done both for the aged and *by* the aged. It also contains more content on emerging social innovations, interaction of familial and nonfamilial options, the role of community, social stratification, productive aging, caregiving, death and dying, and imagined futures.

Origin and Development of this Volume

This edited volume began with chapters by several of the authors who were involved in ongoing dialogue about aging and caregiving in East Asia. These initial chapters included those by Shea (chap. 2), Kim (chap. 8), Long and Campbell (chap. 9), Lee and Chee (chap. 10), and Han and Shea (chap. 12). A major theme that emerged from our dialogue was how meanings and dynamics of aging and caregiving no longer fit neatly into a traditional Confucian lens of filial respect, obedience, support, and care for elders. In line with that theme, coeditors Jeanne Shea and Hong Zhang sought other authors, striving for thematic interplay across chapters and inclusion of other geocultural areas including Hong Kong, Taiwan, and Singapore, which have also seen rapid aging and social transformation in recent de-

cares. This brought chapters by Tang and Shea (chap. 1), M. Zhang (chap. 3), Shum and Lum (chap. 4), Thang and Mehta (chap. 5), Sun (chap. 6), Moore (chap. 7), and Szawarska (chap. 11). Later, chapter author Moore joined Shea and Zhang as coeditor. Our book contains three chapters on mainland China (chaps. 1–3); one each on Hong Kong (chap. 4), Singapore (chap. 5), and Taiwan (chap. 6); three on Japan (chaps. 7–9); and three on South Korea (chaps. 10–12).

Our aim has been to produce a collection that analyzes rich qualitative data in the past decade on aging and caregiving in East Asian communities, while placing that data into larger demographic, cultural, and sociohistorical context. A second aim has been to draw clear analytical connections and distinctions across chapters in order to promote cross-site comparison within East Asia. Of course, as with any edited volume, the chapters here cannot represent all of East Asia or all aging-related and caregiving-related trends therein. Nonetheless, what we hope to have achieved is an interconnected body of scholarship that addresses emerging themes in aging and caregiving in East Asia, going beyond a simple focus on traditional forms of filial piety.

The contributors to this volume are rooted in a range of academic disciplines, including anthropology, sociology, social work, and social gerontology. The authors come from a wide variety of institutional home bases, including Australia, China, Hong Kong, Israel, Japan, Poland, Singapore, South Korea, Taiwan, and the United States. A serendipitous collaboration, the authors also hail from many different countries of origin, including all of the above with one exception: Japan. In joining this array of disciplinary, institutional, and geocultural perspectives, we hope to deliver material that will enrich future comparative research on aging and caregiving in East Asian societies.

Defining Our Focus: What We Mean by Aging, Caregiving, and Filial Piety

This volume chronicles some of the emerging views and responses regarding the aging of persons and societies, and the caregiving practices in East Asia today. We should define what we mean by aging and caregiving, and then filial piety. In referring to aging, we mean a number of things. We mean population aging and aging societies as discussed earlier. We also mean aging as an experience, a life-course process, a generational or intergenerational process, and a sociocultural notion. We include notions of “good aging” or “aging well,” social expectations for treatment of the aged, social roles of older adults, social images of aging, and local responses to

aging-related policy and programs. The term “caregiving” here means material support, affective caring about, respectful treatment of, interpersonal gestures of caring for, taking care of someone, nursing through sickness, assisting in disability or frailness, helping with instrumental activities of daily living (IADLs) like housework or grocery shopping, and helping with activities of daily living (ADLs) like bathing, dressing, eating, transferring, and toileting. In addition to eldercare, we also mean caregiving done *by* seniors for other elders or for their adult children or grandchildren. Being a caregiver or the recipient of caregiving are not mutually exclusive. Eldercare can come from a variety of social actors, including various family members, old or young, community members, government programs, hired helpers, contract services, nonprofits, or community programs. Such resources are often combined and complementary, rather than mutually exclusive.

One major theme in this volume is how contemporary East Asian societies are engaging with, but also moving beyond, filial piety in terms of the meanings and social patterns surrounding aging and caregiving in daily life. Thus, it is important to begin with a clear definition in cultural and historical context. The notion of filial piety comes from a set of philosophical teachings originating from the scholar Confucius (551–479 BCE) in China in the sixth century BCE. Confucian teachings concern themselves heavily with proper roles and behaviors within the family and on the part of rulers. Over time, these teachings were transferred to Japan, Korea, Hong Kong, Taiwan, Singapore, and other sites.

As Ikels (2004) explained, the term “filial piety” is represented in Chinese by the character 孝, which is written phonetically as *xiao* (pronounced see-ow) in standard Mandarin Chinese. In Japanese and Korean, the term “filial piety” is written using the same character. In its most common definition, filial piety is a traditional Confucian value that calls on adult children to fulfill obligations to respect, obey, support, and care for elderly parents, as seen in the character itself. As Ikels (2004) wrote: The character *xiao* is composed from two other characters: the top half of the character *lao* [old] and the character *zi* [“son” or child] (2–3). “When combined to constitute *xiao*, the element derived from the *lao* rests on top of the character *zi*, that is, the ‘elder’ is on top of the ‘son.’ This ideograph communicates multiple messages of which the officially preferred one is that the old are supported by the young(er) generation” (3).

Historically, the character has been most frequently read as the young or *zi* (子) respecting, obeying, supporting, or taking care of the old or *lao* (老). However, it also contains another meaning of the continuation of the family line, since in Confucian tradition fathers were expected to produce sons (子) in order to carry on the family name as a duty to their parents and

ancestors (Ikels 2004: 2). All of these elements of meaning have shown themselves in both the classic Confucian texts and in government decrees and popular thought documented over the centuries in China, Japan, and Korea (2–3).

The concrete meaning of filiality was recorded in the *Classic of Filial Piety*: “In serving his parents, a filial son reveres them in daily life; he makes them happy when he nourishes them; he takes anxious care of them in sickness; he shows great sorrow over their death; and he sacrifices to them with solemnity” (Confucius quoted in Chai and Chai 1965: 331). Here, in the word “son” we see the patrilineal patriarchal foundation of traditional Chinese, Japanese, and Korean families, since it was sons and their wives who were expected to carry out filial duties to the elders. This was because traditionally daughters left their family of origin and shifted their allegiance to their husband’s family after marriage.

The presence of a Confucian ideal for filial piety, however, of course, does not mean that everyone in ancient times put these ideals into practice, as Confucius and his successor Mencius (372–289 BCE) themselves bemoaned (Legge 1933: 16, 725). According to Mencius, failure to carry on the family line was the worst of all unfilial acts (725) since “it affects not only one’s parents but the entire ancestral line” (Ikels 2004: 3). Close behind, though, in Mencius’s list of unfilial acts, were various ways of failing to support and protect one’s aging parents. These included actions related to laziness, avarice, and/or being “selfishly attached to” one’s own wife and children (Legge 1933: 763–64). The latter indicates traditional ideals privileging relationships between aging parents and adult children over conjugal relationships or young nuclear families.

Beneath this plain surface lies a world of complexity in which various individuals, families, communities, and polities in different times, places, and situations have constructed different spins on filial piety. Ikels (2004) argues the precise take on filial piety has depended on demographic, economic, social, and historical factors, as well as personal circumstances related to wealth, gender, exposure to competing value systems, and other considerations. This means that, although filial piety is a powerful point of common reference, it is also subject to dispute and reinterpretation (2).

Dialogue with Classic Collection on Filial Piety

As mentioned, this volume has been developed in dialogue with Ikels’s (2004) classic collection on *Filial Piety*. Here we join that volume in examining the complexities of aging and eldercare in East Asian societies beyond a shared traditional discourse on filial obligations. Although our edited col-

lection is entitled *Beyond Filial Piety*, we share a central aim with Ikels's volume to go beyond traditional ideals of filial piety to examine contemporary discourse and practice. Along those lines, Ikels's volume showed how both discourse and practice related to filial piety were evolving away from classic prescription, with many traditional manifestations of filial piety no longer desirable or tenable and new interpretations and practices emerging in the wake of demographic aging, modernization, and social change. It also showed how state policy may variously play a role of "supporting or undercutting the practice of filial piety" (12).

Building on this common core, our book goes beyond Ikels's classic in the sense of time, space, and some aspects of thematic focus. Much has changed in East Asian societies over the fifteen years since Ikels's volume was published, while at the same time, some continuities remain. We update the demographic and policy context, while bringing in fresh case material. We have also been able to expand in geographical coverage to include Hong Kong, Taiwan, and Singapore, in addition to China, South Korea and Japan. This allows us to cast a wider net in exploring commonalities and differences across East Asian societies regarding approaches to aging and caregiving. We also bring new themes to the table, as well as fresh perspectives on old themes. Our volume includes chapters focusing on caregiving by elders themselves, whether for themselves, their spouses, or their children or grandchildren. We also have a chapter that goes beyond adult children to examine filiality in grandchildren. Finally, as nonfamilial alternatives have rapidly grown despite still being inadequate, we expand on the theme of increasing eldercare options from government, community, or the market. While much work has taken the perspective of adult children facing related caregiving demands, our volume also highlights perspectives of seniors on meanings of aging and caregiving and related strategies in regard to not only being cared for but also caring for themselves and fellow oldsters and for younger generations.

Contribution with Respect to Other Edited Volumes on Aging in East Asia

A review of recent social research books published in English covering aging in more than one nation or territory of East Asia shows that many are focused on macro demographic, survey-based, policy-focused, or economic aspects of population aging.² Such works involve varying geographical clusters, including East Asia (Higo and Klassen 2015; Langsdorf, Traub-Merz, and Ding 2010; Suzuki 2014), Asia overall (Asia Development Bank [ADB] 2017; Eggleston and Tuljapurkar 2010; Goodman and Harper

2008; Walker and Aspalter 2014), or the World Bank's East Asia & Pacific region (World Bank 2016). Many focus on aging in general (Arifin 2007; Fu and Hughes 2009; Harper 2014), on health or well-being in old age (Hermalin 2002), or on health and financial issues (Powell and Cook 2009), rather than on caregiving in particular. A large number of works, including most of the aforementioned, are based on quantitative research on large data sets (see also Smith and Majmundar 2012). Others using a more qualitative or mixed methods approach are focused on topics such as successful aging (Cheng et al. 2015) or women as resources (Mehta 2005).

The current volume makes a contribution to the fields of anthropology, sociology, social gerontology, social work, policy studies, and Asian studies by providing an interdisciplinary collection of chapters analyzing contemporary aging and caregiving in East Asia. In doing so, it accomplishes some things that other books on aging in Asia do not. It contains chapters on nearly all East Asian societies, defined as those nations or territories in the geographic area of East Asia, or in Southeast Asia but heavily influenced historically by Confucianism.³ The book also provides more focus than aging in general by centering on the connections, dynamics, and tensions between aging and caregiving. While many previous volumes are on either social support for the aged or productive aging, this collection brings both themes to the table, exploring not only support and care of the elderly, but also seniors' agency and contribution to the support and care of themselves and others. Written by seasoned researchers with extensive experience in their countries of focus, each chapter draws connections to other parts of the volume, generating interdisciplinary and cross-regional dialogue. We examine recent interpretations of and responses to the traditional ideal of filial piety, contemporary familial patterns of care of and by elders, emerging forms of nonfamilial care for the aged, social stratification in relation to aging and care, productive aging, caregiving, death and dying, and imagined futures. We also include a glossary of non-English words within each chapter to help area experts to better assess our work and to guide readers who are new to a culture or topic.

Literature Review on Modernization, Social Change, and Filial Piety

Some early scholarly works presented a romantic view of aging in East Asia, arguing for a relatively timeless tradition of filial respect, support, and care for elders. For example, in studying Japan, Palmore (1975) and Palmore and Maeda (1985) argued that the "Oriental" tradition of cultural respect for the elderly, including filial piety, could stave off the ill effects of

modernization on the social status of the aged. In doing so, they argued against the idea that modernization and industrialization would inevitably lead to a cultural convergence toward the same kind of devaluation and social isolation of the aged as had developed in Western nations.

Recent scholarship has shown that social change associated with rapid modernization in East Asian societies has, in fact, presented some serious challenges to traditional forms of filial piety (Cai et al. 2012; Chen and Powell 2012; Ikels 2004; Janelli and Yim 2004; Kaneda and Raymo 2003; Raymo and Kaneda 2003; Shea and Zhang 2016; Traphagan and Knight 2003; Wang 2004; Zhang 2009). Such scholarship has shown how multiple dimensions of modernization have made it more difficult to carry out conventional filial piety than was the case in the past. Such dimensions of modernization have included swift industrialization, increased wage labor outside the home, expanded female labor participation, and increasing importance of wage labor relative to domestic subsistence activities. It is important to note the rapid speed of such changes. Whereas many Western nations launched industrialization in the late 1800s or early 1900s, East Asian societies underwent a compressed industrial modernization in the space of mere decades, primarily during post–World War II reconstruction, although China had a second spike after the 1978 reforms. While it took place later for China than for the others, such modernization has also included rapid urbanization, increased youth migration, marketization, Westernization, and globalization. It has also involved reduced family size, decline in intergenerational coresidence, attenuated intergenerational relations, falling status of the elderly, privileging of the nuclear family, rising individualism, and escalating life aspirations among younger cohorts.⁴ All these trends have made traditional filial ideals and familial support and care for elders much more difficult than in the past in many contexts. Whereas these trends were present prior to 2000 (Ikels 2004), they have picked up speed and depth in the past two decades, causing additional difficulties in maintaining former normative expectations for respect, support, or care of senior family members.

Still, as other elements of recent research show, filial piety remains an important touchstone in East Asian societies for both governments and ordinary folks, while at the same time changing over time in relative emphasis (Ikels 2004; Janelli and Yim 2004; Long and Littleton 2003; Sorensen and Kim 2004; Sun 2017; Traphagan and Knight 2003; Zhang 2017). Over the past half century, East Asian governments have moved away from some traditional elements of filial piety such as an emphasis on the continuation of the family line through descendants and total obedience from the young toward the old. Instead, post–World War II efforts focused on building modern societies that provided mass education to both genders and

privileged governmental authority and population control over traditional lineages and parental power. This meant that meanings of filial piety associated with respect, support, and care for the elderly were foregrounded, while messages about obedience to older family members and continuance of the family line were sidelined (see also Ikels 2004: 12). As Danely (2014) notes, while modernization may lead to cultural change and weakening of traditional forms of filial piety, it does not translate into wholesale “deculturation” or abandonment of filial piety as a value (17).

Some recent studies have indicated an increasing tendency for ordinary folks’ orientation to filial piety to be focused on positive affective bonds and warm interpersonal interactions (e.g., Shi 2009; Yan 2016, 2018). This has developed in tandem with improvements in youth education and parental investment in youths and the rise in pensions and health insurance for the elderly. Given that pensions have gained a more prominent role in old-age support in East Asian locales over time, there has also been declining attention to financial support for, instrumental assistance to, and direct care of aging parents, although such facets still play a role. Given the “4-2-1” problem with declining fertility leading to four grandparents and two parents but just one grandchild in many East Asian families, the situation today often involves parents and grandparents forming an alliance to cultivate the youngest generation to compete in today’s hypercompetitive environment. Yan (2016, 2018) has called this “descending familism” (or neofamilism) as family attention is focused downward onto the youngest living generation, rather than on elders. Filial piety survives in an altered form, with cultivation of youths foremost.

With growing aspirations for gender equity, the contemporary practice of filial piety in East Asian societies is increasingly viewed as more gender neutral and within a context of bilateral rather than merely patrilineal kinship patterns (e.g., Shi 2009; Traphagan and Knight 2003). Modern campaigns for gender equality together with declining fertility have meant that for a large swath of East Asian families today, women and girls are often included in the family line (Fong 2004) rather than viewed as pure outsiders (Wolf 1972). In sum, while difficult to realize, variegated, disputed, and changing, filial piety as a multivocal symbol remains a central point of reference in the lives and governance of East Asia.

Methodological Approach

Methodologically, chapters in this volume focus on ethnographic, qualitative, or mixed methods. The reason for this methodological focus is that so much research on aging and eldercare today is on a macro demographic

or policy level, which often lacks sufficient linkages with lived experiences of daily life, all too often leading to broad assumptions about older people being overwhelmingly dependent (Shea 2018). Similar to Traphagan and Knight (2003) and others before us, we aim to bring together the macro demographics with the micro of qualitative research. Grounding analysis in a review of relevant social science literature, each of the chapters draws on original data stemming from participant observation (chaps. 1–9, 11–12), interviews (chaps. 1–3, 5–12), and/or popular media representations (chaps. 5, 8, 10). Each of the chapters also incorporates secondary data on demographics and policy context. One chapter (chap. 1) includes and another (chap. 9) refers to original community survey data. Compared with the other chapters, chapter 4 is the most applied and policy-oriented chapter.

Theoretical Perspectives

Implicitly or explicitly, the chapters in this volume use a variety of theoretical perspectives. In an anthropological and sociological sense, these perspectives include practice theory, interpretivism, critical theory, globalization theory, and social constructionism. Articulated by Bourdieu (1977), practice theory focuses on the embodied views and practices of social actors as influenced by social structures while at the same time involving personal agency. Practice theory centers on interactions between macro social structures and micro personal practices through the strategies people use to make their way through life. All chapters use practice theory in examining the interactive relationship between the social structure of normative ideas and values and institutional forms surrounding aging and caregiving and the strategies and behavior of individuals in situational context. Developed by Geertz (1973), interpretivism is a theoretical lens that focuses on the “native point of view,” that is, the viewpoints of insiders to a culture. It emphasizes looking at the meanings of things from the perspective of local people and showing how people view and interact with their world in ways that are in dialogue with their culture. This perspective is found in most chapters, especially chapters 2–9 and 11–12. Critical theory incorporates two main strands. One strand headed by Foucault (1984) focuses on “bio power,” or the way in which agents of power shape authorized knowledge and social institutions in ways that affect people’s everyday lives, often in ways they do not realize. This involves control over people’s bodies through modern governmental, bureaucratic, medical, and scientific management of populations. The second strand, sometimes referred to as a political economy approach, involves attention to social inequalities related to resources, status, or power in a population (e.g., Singer and Baer 1995). We

see a critical theory approach in chapters 1, 4, and 10–12. Globalization theory focuses on social change over time and global flows of ideas, ideals, people, things, models for doing things, and ways of living (e.g., Appadurai 1996). To some extent, we see globalization theory at play across the volume in terms of evolving global flows of ideas about and models for what constitutes good aging and appropriate care, but most notably in chapters 6–7 and 11–12. Social constructionism (Berger and Luckmann 1966) states that social groups perceive, interpret, and build their worlds using cultural or subcultural lenses that define for them what exists and what things mean. Here, we often treat tradition, modernity, Eastern, or Western as imagined realities that may or may not map onto actual social change or locales.

The chapters also variously incorporate theoretical approaches best defined for our purposes within the interdisciplinary field of social gerontology (Bengtson and Settersten 2016), including a life-course perspective, age stratification theory, social exchange theory, and feminist approaches. The life-course perspective (e.g., Elder 1974/1999) examines how earlier physical, cultural, and social experiences can affect older people's outlooks, health, social situations, and fortunes in life. This perspective can be deployed at the level of individuals or of generational cohorts, or both. We find this framework used to some extent in all of the chapters but most prominently in chapters 1–3, 9, and 11. Age stratification theory (e.g., Riley 1974) examines how the hierarchical power balance among the generations depends on demographics, policies, culture, and generational histories and how the societal age structure affects people's roles, self-concept, and life satisfaction at different stages of their life. In most chapters, we see the theme of today's older generations having lower social status in relation to younger generations than in the past (chaps. 1–3, 6, 8, 10). Social exchange theory (Dowd 1975) sees personal status of the elderly in society as defined by the balance between people's contributions to society and the costs of supporting them. In this volume, we read of policy concerns about demographic "old-age dependency" ratios, and we witness seniors as not only receiving social support but also as helping themselves and others within and across generations. In many chapters seniors express worries about being perceived as a drain on others and voice a strong commitment to remaining productive contributors to family, community, and/or society as long as possible (chaps. 1–3, 8–9, 11). Finally, in alliance with feminist approaches (e.g., Calasanti 2008; Lamb 2000), some chapters introduce analyses related to gender roles and changes therein (chaps. 2, 5, 7, 9–11). A common theme is the trend in many contemporary East Asian contexts toward increasing gender equity or gender neutrality (e.g., chaps. 2–3; on gender neutrality, see also Zhang 2017).

Demographic and Sociohistorical Context of Aging in East Asian Societies

East Asian societies are now home to a very large and rising number of old people and to some of the oldest and most rapidly aging populations on earth. Demographically, East Asia may offer a glimpse of global demographic futures. As the elderly proportion of the world's population rises sharply over the next three decades, East Asian societies will be among those at the forefront of this unprecedented demographic change. This section examines the demographic and sociohistorical contexts of aging in East Asian societies, which will serve as important background for understanding the content of the chapters to follow.

Population aging is a global issue but with local variation not just demographically, but also in terms of definitions. Worldwide, there are presently two common formal benchmarks for old age: age sixty, often used by the United Nations' (UN's) World Health Organization (WHO) and developing countries like China; and age sixty-five, generally used by Western nations like France, Western-dominated organizations like the Organisation for Economic Co-operation and Development (OECD), and high-income countries outside the West like Japan. Culturally, age sixty was also the traditional benchmark for old age in China and its historical area of influence. As population aging sweeps the world over the next several decades, we expect that, of the rival measures, age sixty-five will eventually become the global standard. Therefore, for the sake of consistency, in this volume's Introduction and Conclusion at least, we use age sixty-five as the starting point to define old age.

In this section we draw on comparative data from the World Population Prospects database available online from the Population Division of the UN Department of Economic and Social Affairs (UN 2017). We begin with raw numbers, then move on to degree of population aging, and culminate with speed of population aging. On each of these measures, East Asia overall, or some part of it, is remarkable in terms of the scale, degree, and speed of aging.

According to UN figures (UN 2017), given its enormous population of 1.4 billion, China has the largest raw number of old people on earth. As of 2015, the most recent year with comparative UN data, with a population of 1.4 billion China had 135.2 million people age sixty-five and above, equal to over 40 percent of the total U.S. population. With much smaller populations, our other East Asian locales trail in raw numbers. With 122 million people overall, Japan was second, with just under 32.3 million seniors that year. Then South Korea had just over 6.5 million out of 51 million, Taiwan just under 2.9 million out of 23.49 million, Hong Kong 1.1 million out of

7.3 million, and Singapore 648,000 out of 5.5 million. Still, with China's size, together East Asian elders represent almost 30 percent of the world's nearly 612 million old folks. Since World War II East Asian societies have undergone a large increase in the raw number of seniors. China and Japan saw the most-dramatic rise, with China skyrocketing from just over 41 million seniors in 1950 to more than 214 million at present and Japan rising from a little over 6 million seniors in 1950 to more than 41 million today.

Degree of Population Aging in East Asian Societies in 2015

Beyond raw numbers, East Asian societies have a high degree of population aging. Measured as the ratio of those aged sixty-five and above in the total population, Japan has the most extreme degree of population aging in the world today. Again, drawing on UN figures (UN 2017), 26 percent of Japan's population was age sixty-five and above in 2015, significantly higher than the global high-income country average of 17.0 percent for that year. In comparison, the most aged Western societies had a lower degree of population aging than Japan.⁵ The other four high-income East Asian societies under comparison, often called the "four tigers" for their economic ascent following Japan, also currently have a relatively high degree of population aging in global perspective, although not yet as high as the most aged Western countries. In 2015 Hong Kong was 15.2 percent elderly, South Korea 13.0 percent, Taiwan 12.3 percent, and Singapore 11.7 percent, all above the world average of 8.3 percent elderly, although a bit lower than the 17.0 percent high-income country average.⁶ The only middle-income country in our East Asia comparison group, China, was 9.7 percent elderly in 2015, which is high for its income level, above the 7.0 percent average for middle-income nations that year.⁷

Trends over Time in Degree of Population Aging in East Asia: Past and Projected

In terms of trends over time, following World War II the elderly proportion of the population has been consistently rising in East Asian locales, starting from a low baseline (see figure 0.1). In 1950 East Asian societies had a low proportion of seniors in their population relative to other parts of the world. Drawing on UN figures (UN 2017), in 1950 they ranged from Japan at the top of the group with 4.9 percent of its population aged sixty-five and above, then China at 4.4 percent, down to Korea at 2.9 percent, Hong Kong at 2.5 percent, Singapore at 2.4 percent, and Taiwan at 2.2 percent (see figure 0.1). By comparison, 5.1 percent of the world's population as of 1950 was elderly, higher than the East Asian locales for that period. At that

time, emerging from previously low levels of modernization and the ravages of war, levels of economic development across these sites were still relatively low, with none yet considered high-income countries/territories. As of 1950, in degree of population aging Japan and China were a little above the middle-income country average of 4.1 percent elderly, but the other four areas under analysis fell below the low-income average of 3.1 percent elderly for that period.⁸

Japan began a rapid ascent in population aging in the 1970s, just before it gained high-income country status in the late 1970s (World Bank 2019). Using UN figures (UN 2017), Japan rose from 6.9 percent elderly in 1970, to over 14 percent in 1995, and over 21 percent by 2010. The other five East Asian locales also rose in degree of population aging over that period, but not at the same level. After Japan, Hong Kong was the most aged of these sites over that period, rising from 4.1 percent elderly in 1970 to 10 percent in 1995 and 13 percent in 2010. By 1995 Japan surpassed the average percent elderly for high-income countries, with the oldest population in the world, as also reported in Ikels's (2004) edited volume. According to current UN data (UN 2017), Japan's populace is predicted to retain

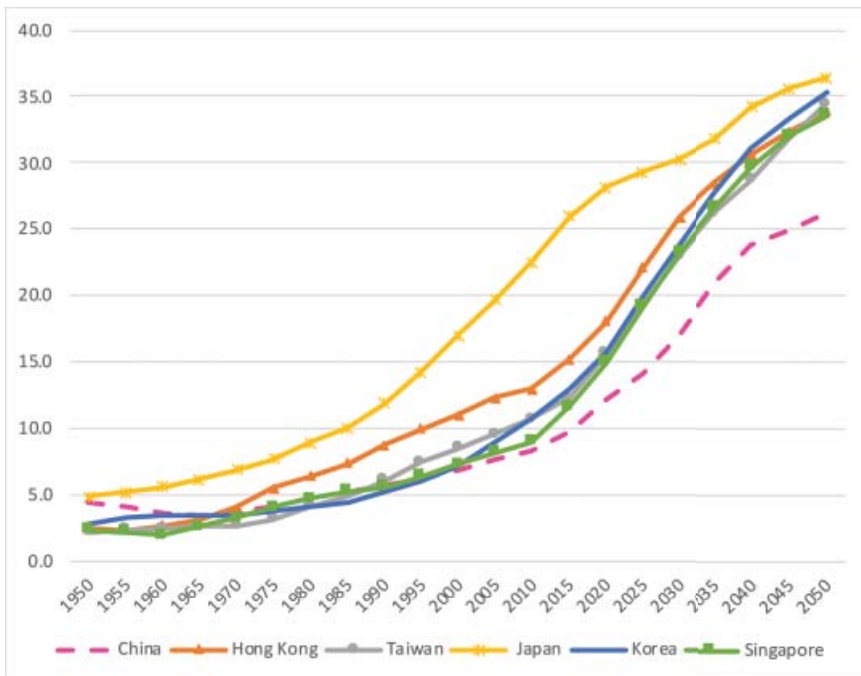


FIGURE 0.1. Percentage of Population Age Sixty-Five and Above, 1950–2050, for Selected East Asian Societies. Source: UN 2017. Created by the authors.

most-aged status through 2050 when projections peg it at 36.4 percent elderly.⁹

Since 2010 the other five East Asian locales began a steep ascent in population aging, with Hong Kong, Korea, Singapore, and Taiwan in the middle, and China at the low end of the group. This followed on the heels of economic development as the four tigers gained high-income status in the 1980s (World Bank 2019), and China moved from being a low-income to a middle-income country in 2008 (Zhang 2009) after three decades of market reforms.¹⁰ UN data (UN 2017) shows how, beginning in 2010, all of the four tigers plus China began a rapid rise in population aging, but with China rising at a slightly slower rate than the others. The rapidity of their ascent is remarkable. UN (2017) data show that from 2010 to 2015 alone Hong Kong went from 13.0 percent to 15.2 percent elderly, Korea from 10.7 percent to 13.0 percent, Taiwan 10.7 percent to 12.3 percent, Singapore 9.0 percent to 11.7 percent, and China 8.4 percent to 9.7 percent.

Even more notable are current predictions for the aging of East Asian societies in the decades leading up to 2050, a time span beyond that dealt with in Ikels (2004).¹¹ According to the UN (2017), after 2010 the four tigers are expected to begin to age more rapidly than Japan such that by 2050 they will approach its level, with Korea at 35.3 percent elderly, Taiwan 34.5 percent, Hong Kong 33.9 percent, and Singapore 33.6 percent. China, the one middle-income country in the set, is expected to rise a little less rapidly than the four tigers, but still fast enough to reach 26.3 percent elderly by 2050. All six locales are projected to be above the predicted 2050 average for their income class, slated at 26.8 percent elderly for high-income and 15.9 percent for middle-income countries.¹² Although the four tigers did not top the high-income category for degree of population aging in 2015, by 2050, they are anticipated to do so.¹³ Although the assumptions of these projections may not pan out, experts consider this scenario extremely likely. Such a high degree of population aging was not anticipated in Ikels (2004), at which time a projected 27 percent for Japan by 2025 was considered colossal (8).

Speed of Population Aging in East Asia over Time

Another important dimension is the speed of population aging, and these East Asian societies are remarkable in their rapidity therein. The UN (2017) defines an “aging society” as having more than 7 percent of the population age sixty-five and above, an “aged society” as more than 14 percent in that age range, and a “super-aging society” as more than 21 percent age sixty-five and above (see also Coulmas 2007). The time lapse from 7 percent to

14 percent, or from 14 percent to 21 percent, is used to measure the speed of population aging (Kinsella 2009). In both journeys, East Asia is experiencing extreme time compression in its population aging, a compression that has been intensifying over the decade and a half since 2004.

Aging to Aged Society

East Asian populations have been aging at a more rapid pace than most Western societies and are expected to maintain an even quicker ascent in the near future (2020–50). In terms of going from an aging to an aged society, while most Western countries took as much as 115 years to rise from 7 percent to 14 percent elderly (Kinsella 2009), East Asian societies took a far shorter time, with Japan and China taking about twenty-six years, Singapore and South Korea nineteen years, and Hong Kong eighteen years (figure 0.2). While having different historical timing by place for reaching aging or aged society status, these societies show similarly rapid paces for going from one echelon to the next.

Again using UN data (UN 2017), in terms of becoming an aging society or 7 percent elderly, Japan became an aging society in the early 1970s, Hong Kong in the early 1980s, Taiwan the early 1990s, and Korea and

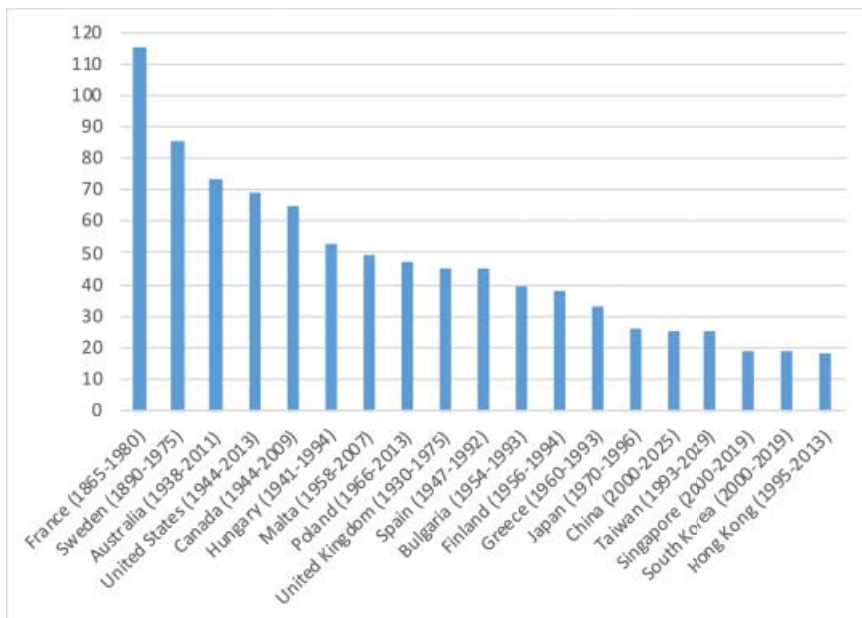


FIGURE 0.2. Speed of Population Aging in Selected Societies to Go from Aging to Aged Society. Sources: Estimates calculated from Kinsella 2009; UN 2017. Created by the authors.

Singapore the late 1990s. China reached 7 percent in the early 2000s (see figure 0.2), with its late entrance related to its lower level of economic development and large rural population. China was one of the first developing countries to become an aging society, and, as a result, it is often referred to as a society that “has gotten old before getting rich.” As to entering the ranks of aged societies or 14 percent elderly, Japan became aged in the early 1990s, and was the only aged East Asian society at the time the Ikels (2004) volume was published. Hong Kong became aged next in the early 2010s, and then Taiwan, Korea, and Singapore in the late 2010s. China is not there yet, but is projected to get there in the mid-2020s, again being one of the first developing countries to reach that level. This means that in moving from an aging to an aged society, Japan and the four tigers took, and China is expected to take, only about two to two and a half decades, ranging from eighteen years for Hong Kong to twenty-six years for Japan and China, with the others in between (UN 2017). This is far less time than Western nations took (Kinsella 2009; UN 2017).

Aged to Super-Aging Society

With respect to going from an aged (14 percent elderly) to a super-aging (21 percent elderly) society, East Asia’s pace is even more rapid. In 2004 no society worldwide had yet reached the super-aging level. UN (2017) data show that it was in 2008 that Japan became the world’s first super-aging society, going from 14 percent to 21 percent elderly in roughly twelve years. By contrast, it took Germany, the first major Western country crossing the 21 percent threshold, about forty-two years to make this journey (see figure 0.3). This was well ahead of Western countries, among which only a few like Germany, Italy, Greece, Finland, and Portugal had reached super-aging level as of 2019.¹⁴ For the rest of the East Asian countries we are examining, the four tigers are expected to become super-aging societies in the mid to late 2020s, with Hong Kong in 2024, Korea 2027, and Singapore and Taiwan 2028. China is projected to reach 21 percent elderly, or super-aging status, in about 2036.¹⁵

The speed of moving from an aged to a super-aging society in East Asia is impressive. Whereas for most Western nations it took, or is expected to take, twenty to fifty-five years to go from 14 percent to 21 percent of the population aged sixty-five and above, in the East Asian locales it has taken, or is slated to take, eight to seventeen years. Of these locales, Hong Kong is at the slower end, expected to take seventeen years. Projected to take just eight years to cross this threshold, South Korea is the fastest aging society on earth today. In between those two ends of the spectrum, there is Japan which took twelve years, China projected to take ten years, and Singapore and Taiwan both slated for nine years.

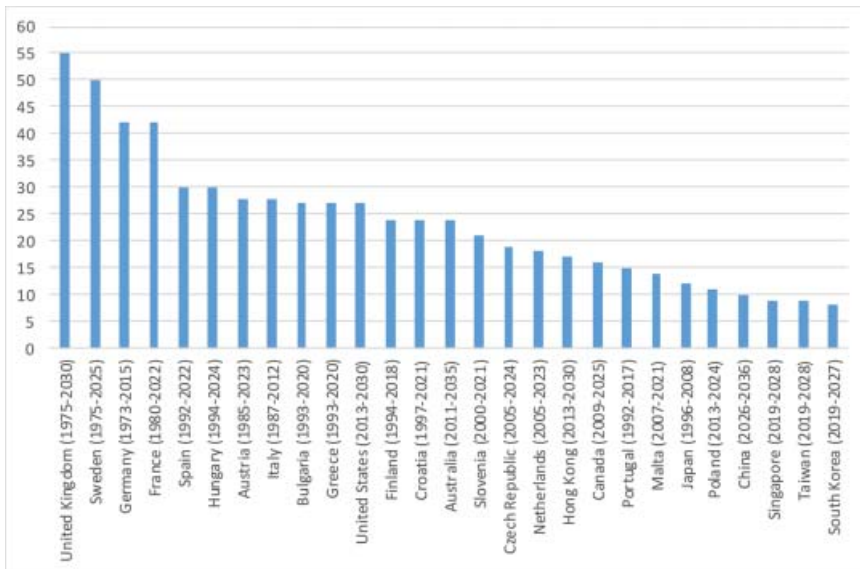


FIGURE 0.3. Speed of Population Aging in Selected Societies to Go from Aged to Super-Aging Society. Sources: Estimates calculated from UN 2017; Kinsella 2009. Created by the authors.

Reasons for Rapid Population Aging in East Asian Societies

Demographically, population aging generally involves some combination of declining fertility and rising life expectancy, both of which factors East Asian societies exhibit. In some cases, immigration and emigration also play a role, but other than a blip around the 1997 turnover of Hong Kong back to China, age-related population in-flows and out-flows have not played a significant role thus far in the population aging of the societies under consideration.

Declining and sustained low fertility has played a large role in population aging in East Asian societies. Overall the total fertility rate, defined as the average number of children per woman of childbearing age, has fallen sharply in East Asian societies since World War II (see figure 0.4). Referencing UN (2017) data, in the 1950–55 period, the total fertility rate was high in all six societies under review, at 6.72 in Taiwan, 6.61 in China, 6.02 in Singapore, 5.65 in Korea, 4.44 in Hong Kong, and 2.96 in Japan (see figure 0.4).¹⁶

By the 1990–95 period, as noted in Ikels (2004), all six societies had fallen below 2.0 children per woman, or replacement level.¹⁷ Japan and Singapore dipped below replacement level earliest of the six, in the 1975–80 period. Hong Kong followed in 1980–85 and South Korea and Taiwan in

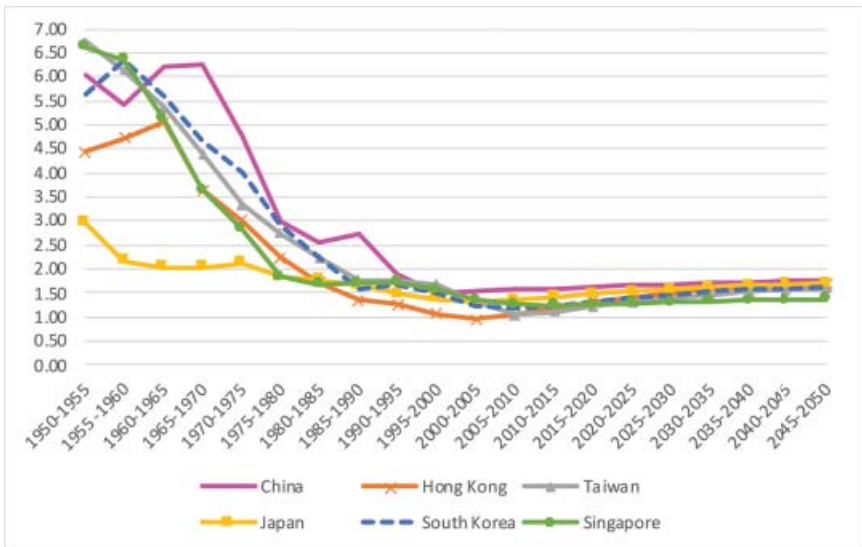


FIGURE 0.4. Total Fertility Level, 1950–2050. Source: UN 2017. Created by the authors.

1985–90. By 1990–95 China had joined them. From 1990 onward, with slight ups-and-downs here and there, overall fertility levels in these societies continued to fall. In 2001 South Korea hit a total fertility rate thought at the time to be the lowest low fertility level until it dipped to 1.08 in 2005 (Eun 2007: 52). By the 2010–15 period, total fertility rates had fallen to 1.11 for Taiwan, 1.20 for Hong Kong, 1.23 for South Korea and Singapore, 1.41 for Japan, and 1.60 for China (UN 2017). These low fertility levels have resulted in a reduced proportion of young people in these settings and contributed to the rapid pace of population aging therein. In all six settings, the proportion of young people aged fourteen and younger is now lower than the elderly proportion of the population (UN 2017).

Across all six locales, a number of factors contributed to the sharp and sustained fertility decline. These include economic development, increasing female education, rising gender equity in labor participation, and improved contraceptive access. More women have been prioritizing earning wages and self-actualization over marriage or raising large families, fearing that raising many children will make their own lives more difficult. In China the fertility decline is also linked with the state-instituted Single Child Family Policy (Ikels 2004), which from the 1980s to 2015 permitted one child per couple in urban areas and two in rural areas if the first child was disabled or a girl.¹⁸ In each of these places in response to the portents of extreme population aging and concerns about future pensions and care,

each site has made some recent efforts to encourage childbearing to boost fertility rates, but with little success thus far. For Japan, population decline has already begun, and is expected to also significantly affect South Korea and Taiwan over the coming decades (UN 2017), raising concerns about future workforce numbers and tax revenue (chaps. 7–11).

Rising life expectancy is the second main contributor to the high degree of population aging we see in East Asia today and into the future. UN (2017) figures show that in 1950 life expectancies at birth in these societies ranged from a little over forty-three and forty-seven years in China and Korea, respectively, to fifty-eight to sixty-two years in the other four (see figure 0.5). Life expectancy in these societies rose quite steadily from that time through the present. In the early to mid-2000s life expectancy at birth for both sexes reached seventy-three to eighty-two years, ranging from Japan with almost eighty-two years at the high end, to Hong Kong with almost eighty-one and a half years, Singapore seventy-nine years, Korea and Taiwan about seventy-seven years, to China with seventy-three years at the low end (UN 2017).¹⁹ At that time, life expectancy in only three East Asian sites topped the U.S. rate of seventy-seven years. By 2018 life expectancy at

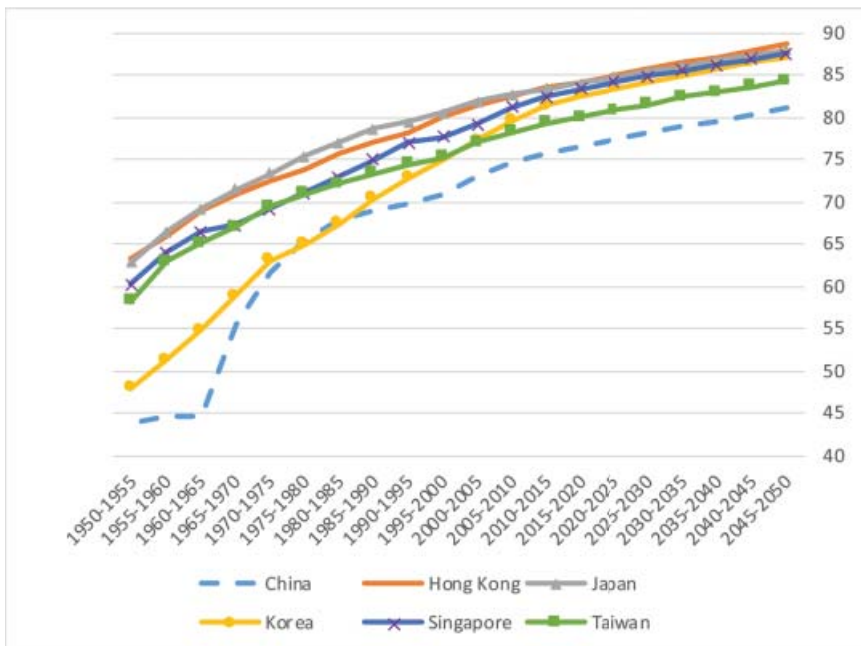


FIGURE 0.5. Life Expectancy at Birth, Both Sexes, Selected East Asian Societies, 1950–2050. Sources: National Statistics Republic of China (Taiwan) 2018; UN 2017; U.S. Census Bureau 2017. Created by the authors.

birth in five of the six sites were higher than life expectancy in the United States, with the exception being China, which was already not far behind. Hong Kong, Japan, and Singapore were at the top with 84.16, 83.98, and 83.30 years, respectively. Next were South Korea and Taiwan at 82.44 and 80.4 years. While lowest for these groups, at 76.48 years, China's life expectancy is outstanding for a middle-income country and only three years behind the United States (UN 2019a).

These life expectancies were already higher than ever before recorded for these sites, and they are projected to rise to even higher levels in the coming decades. By 2050, at the high and low ends for our six sites, life expectancy in Hong Kong is predicted to reach about eighty-nine years, and in China almost eighty-two years. In the middle, we have Taiwan around eighty-five years and Japan, Korea, and Singapore around eighty-eight years. By that time, U.S. life expectancy, at 84.74 years, is expected to be below all of these areas but China.

In addition to life expectancy at birth, life expectancy at age sixty-five has also been increasing steadily (UN 2017). As of the 2015–20 period, after reaching the age of sixty-five people are expected on average to live an additional twenty-two years in Japan and Hong Kong, twenty-one in South Korea and Singapore, twenty years in Taiwan, and sixteen years in China (UN 2019a). Many elderly in East Asia today live well beyond the national life expectancy at birth, into their nineties and beyond. Each of these nations has a growing number of centenarians, with Japan having the largest number at more than 70,000 as of 2019. Japan is also currently home to the oldest living person, a 116-year-old woman (“Ahead of Respect for the Aged Day” 2019). On the one hand, this is the embodiment of good fortune to be able to achieve such longevity, but, on the other hand, it also means that some need to manage long periods of chronic illness, sometimes requiring decades of intensive eldercare.

Reasons for rising life expectancies in these East Asian societies are multiple. They include economic development, improved living conditions, better nutrition, and preventive measures throughout the life course and in later life, and advances in medical technology, medicine, and treatment. Together, climbing life expectancies and declining fertility have generated the population aging that is happening now.

In Chinese these two demographic trends in combination are called the “population-aging plus fertility-decline” transformation (*laoling shaozi hua*). This term encapsulates the situation of aging societies today, involving unprecedented and increasing numbers of elderly people living longer and in potential need of care for longer than ever before, at the same time that there are fewer children being born to help support and take care of the elderly.

Crosscutting Themes

Overall, this volume examines the changing social expectations that exist with regard to familial support in later life and with respect to caregiving of and by the elderly in contemporary East Asian societies. It explores the emerging cultural meanings of and social responses to population aging, with a focus on sociocultural phenomena that include, but also go beyond, attention to the presence or absence of traditional forms of filial piety. Collectively, the contributors explore the question of how the relationship between aging and caregiving is being transformed in terms of contemporary cultural meanings, social practices, and everyday experiences. Our chapters show how these broad demographic and social changes are playing out on the ground in local context, with both similarities and differences across sites. The authors show how elders, families, communities, and societies are responding to the new and changing circumstances. In doing so, they explore not only how social change has brought about some unwelcome challenges with respect to eldercare, but also how it has also opened up some new opportunities both for providing support and care for elders and for living a productive and/or meaningful later life.

This volume engages a variety of crosscutting themes that will be of significance to those with interests in aging, life course, caregiving, culture, society, kinship, family, intergenerational issues, aging societies, and/or social change.²⁰ Described below, these themes fall into several major categories in relation to the nexus of aging and caregiving. As alluded to earlier in the chapter, these themes include traditional ideals versus contemporary realities and competing values, the role of the state and public policy, contemporary patterns of familial and nonfamilial care, social stratification issues, senior agency and productive aging, intersections of caregiving and death, and imagined futures. While not every chapter picks up every one of these themes, each chapter engages several. Running through the volume there is also a tension between the notion of population aging as a problem or a crisis versus a blessing or an opportunity for innovation.

Traditional Ideals versus Contemporary Realities and Values

Like Ikels's (2004) volume before us, our edited collection focuses heavily on the theme of discourse versus practice; and the tensions between traditional ideals and present realities, as well as among coexisting competing values. In many contexts, East Asian cultures are known for respecting and taking care of their elders. This is a common generalization both inside and outside East Asia. In China, people making a comparison between China and the West often say, "Chinese people do not throw their old people into

a nursing home unlike in the West.” Likewise, people in Western contexts often romanticize Asia as a place where the wisdom and experience of the elders are held in high esteem and old folks are taken care of at home until death by their families “unlike in the West.” These generalizations often neglect the distance between traditional ideals and modern realities and serve to stereotype both Eastern and Western societies, an oversight that this edited collection seeks to join other scholars in addressing.

As in Ikels’s volume, our focus is on what ordinary people in East Asian contexts say and do, rather than on seeking orthodoxy in classic texts or governmental pronouncements. In doing so, we also attend to emerging ways of talking about and “doing” aging and caregiving and to gaps between discourse and reality. We also explore the creative ways in which people are reinterpreting the meanings of aging and caregiving and developing new social arrangements involving elders and care by and/or for them. Our chapters show how ordinary people in East Asia today are making sense of the evolving relationship between aging and caregiving in their everyday lives, and how they are assessing what constitutes proper reciprocity and care in life-course and generational perspective. Each chapter engages in some way with the theme of the mismatch between traditional cultural ideals and present realities or competing values, together with social responses to those gaps.

In our edited collection, we show how such mismatches and tensions have been heightened since the 1980s and 1990s, during which time most of the research for the Ikels volume was conducted. Our volume also demonstrates the expanded ways in which folks are reinterpreting filial piety and what counts as filial piety therein. The chapters show what ordinary people in East Asian contexts are saying and doing with respect to aging and caregiving, and how they are negotiating filial expectations against a backdrop of accelerating demographic and social change. Contributors examine changing social realities and social expectations as to intergenerational versus intragenerational closeness and the reciprocity equation across generations in the latter half of the life course. We explore the attenuation of intergenerational ties and filial obligations of adult children and their relation to changing societal age structure, social values, political/economic circumstances, residential patterns, geographic distance, and/or social context, and the ways in which families and communities are adapting to these changes. We also examine competing values such as senior self-reliance or independence, or seniors continuing to make contributions to family or society into later life. Overall, we examine East Asian people’s continuing moral, cultural, and practical adaptability apropos aging and caregiving and who should provide care to whom and how, in the face of deepening population aging and compression of modernization.

Role of the State and Public Policy

The role of the state and public policy is another important crosscutting theme that was examined in Ikels's (2004) volume; like filial piety, this theme is found in all of the chapters in our present volume. Like in many other aging societies, East Asian governments have been part of both the problem and the solution in relation to population aging and care (12). Government policies encouraging economic development, industrialization, modernization, female education, women's participation in paid employment, migration, and family planning have contributed to fertility decline. Likewise, policies facilitating economic development, medical advancements, and public health measures have contributed to greater longevity. The combined effects of these state policies have inadvertently contributed to the "problem" of population aging.²¹ Concerned about potential for further population aging and growing needs for pensions and long-term care to negatively affect economic development and national strength, governments have also inserted themselves as an intended part of the solution by generating policies that address issues of support and care for the aged and productive aging.

Ikels (2004) noted how East Asian states have not just supported filial piety, but rather in some ways have also undercut it as a value or practice (12). She also pointed out how the dimensions of filial piety supported by contemporary East Asian states constitute a "much reduced" version of it (12). Namely, instead of the traditional emphasis on obedience to aging parents and "production of descendants" as key "signifiers of filial piety," governments today focus on support for and care of aging parents by adult children. The authors thus further pointed out how while some state policies supported certain aspects of filial piety, other state policies undermined some dimensions of it. The present edited collection further examines these themes, taking an updated look at a wider range of East Asian states and their most recent related public policies.

Policies related to governmental support of the elderly in East Asia have undergone considerable change since 2004 and vary widely, as described by Tham et al. (2018) and Yeh, Cheng, and Shi (2018). The forerunner for generous policy is Japan. In the vanguard of population aging, Japan established universal pension coverage and universal health care through mandatory insurance in 1961, and it established universal long-term care insurance in 2000. Korea, which largely modeled its system after Japan, comes next in terms of earliness and generosity. Korea established a national pension scheme in 1988, national health insurance in 1989, and long-term care insurance in 2008. In this regard, Taiwan is next with national health insurance established in 1995, a national pension program in 2008, and publicly

funded tax-based long-term care insurance in 2000. Interestingly, while policies such as these are supportive of the elderly, some argue that they may perversely reduce filial piety through state displacement of familial support.

In terms of aging-related policy in Singapore and Hong Kong, although both of these locales are known for excellent health care, they are also more prone to leaving old-age support to individuals and families. Instead of defined-benefits, both have mandatory defined-contribution pension systems, with Singapore's starting in 1955 and Hong Kong's beginning in 2000. As of 2015 Singapore established universal health insurance coverage with MediShield Life. Although Hong Kong does not have universal health insurance coverage, it has a public health-care system with very low fees to promote affordability. As of 2018 Hong Kong was starting a voluntary health insurance scheme. Neither Singapore nor Hong Kong has universal long-term care insurance, but Singapore has a national ElderShield program for severe disability and Hong Kong has a mandatory provident fund based on defined-contribution. Both places share concern that too much government support may reduce familial contributions.

China's aging-related policies lag behind the other locales and show considerable regional unevenness. As the only middle-income, rather than high-income, area of the bunch, China is aiming for universal pension and universal health insurance coverage by sometime in 2020, and it is well on its way to that goal. However, both pension amounts and health insurance coverage levels vary widely between rural and urban and between poor and wealthy areas of China, since both these programs are decentralized with respect to level of benefits. Benefits in poor rural areas are very low. China currently does not have universal long-term care insurance, although since 2016 China has begun to pilot long-term care insurance in selected cities. While China is known for its Law for the Protection of the Rights and Interests of the Elderly of 2013, updated from 1996, which emphasizes family first for old-age support and care, it is more moral admonition than effectual policy.

Aging-related public policy across East Asian polities varies in other respects as well, along with sharing some commonalities. Degree of market involvement for pension provision, health-care services, long-term care services, and insurance products varies, with Japan and Korea at the lower end. Coverage of hospice services as inpatient or home-based services varies from site to site, with Japan at the forefront and Korea just having started inpatient hospice coverage. Each of the six locales has some form of policy advocating healthy, successful, or productive aging, although details vary. In each place, governmental provisions for the elderly have been improving, but they are still insufficient to meet current and especially future needs. Our volume examines how policy impacts aging and care and filial piety in each of the locales examined.

Contemporary Patterns of Familial Care

All of the chapters in this volume deal with the issues of sociodemographic change and contemporary patterns of familial care. They trace shifts in the locus of familial responsibility and changes in the balance of who is expected to take care of whom, how, and where. Chapters include discussion on issues of monetary support (chaps. 1–4, 6, 8–11), housing (chaps. 1–6, 8, 10–11), instrumental assistance (chaps. 1–12), direct familial care (chaps. 2–12), domestic helper provision (chaps. 2, 4–6, 10), and emotional support (chaps. 2, 5–7, 9–10, 12). In general, we see a shift toward more situational flexibility in kinship roles (chap. 10) and more plasticity in spatial arrangements of kin (chaps. 3, 6, 11). Whoever is most able to step forward to provide care does so, and caregivers or recipients move to wherever care is needed or available.

While increased flexibility was noted in Ikels (2004), such flexibility has expanded in scope in terms of who values or practices it and in relation to what. Coresidence of elders with adult children has become less and less common over time. Among adult children, there is increased individual flexibility as to whether son(s) or daughter(s) or some combination therein intervenes if elder support or care is needed. The traditional patrilineal pattern of care by sons and their wives remains in some areas, but is combined with growing bilateral kin care tendencies. We also observe how, with expanding longevity, many adult child caregivers for aging parents are now themselves old, rather than middle-aged as life expectancy continues to rise. In addition, several chapters examine elder caregiving by familial caregivers other than adult children, including senior self-care or spousal care (chaps. 2, 9) or caring by grandchildren (chap. 5).

As mentioned, many chapters note the shift to a more gender-neutral approach to support and care for aging parents related to modernization campaigns to promote gender equity and dilute patrilineal traditions (chaps. 2, 5, 7, 9–11).²² Mentioned as rising in some East Asian settings in Ikels (2004; Janelli and Yim 2004: 143; Miller 2004), the idea that daughters may be filial and provide eldercare has since deepened. In some areas it has even become common to insist that daughters provide as good or even better eldercare than sons or daughters-in-laws, despite, or perhaps because of (see also Miller 2004: 52) how traditionally such care was not expected of them (chaps. 2, 9–10).

Three chapters engage population movement and its relation to inter-generational care (chaps. 3, 5, 11), as opposed to the traditional ideal of fixed coresidence. Over the past several decades, there has been a flood of domestic rural-to-urban migration within East Asian countries, focused on youths seeking opportunities in the cities. In most such cases, parents

migrate from the countryside, leaving grandparents behind to take care of grandchildren; in a growing number of situations, however, older parents are following their children to the city to help with housework and child-care there (chap. 3). In a smaller but rising number of cases, young adults from East Asian societies are also moving internationally, generally leaving their parents behind (chap. 6), although sometimes inviting their parents to visit their new home abroad.

Contemporary Patterns of Nonfamilial Care

Another theme in this volume is that nonfamilial forms of eldercare are growing and shifting, including in-home, community-based, and institutional care provided as supplements and/or alternatives to familial care (see also Hinton and Chen 2016; Shea and Zhang 2016). Growing in availability first in Japan, then in the four tigers, then in China, such options have expanded rapidly across East Asian sites over the past decades. Chapters examine new social balances being forged between traditional dependence on family versus reliance on nonfamilial options for support or care (chaps. 2, 4, 6–7, 10–12). As the locus of responsibility widens beyond the family, nonfamilial options are emerging from a variety of sources, including government, community, nonprofit, and market sources (chaps. 1, 4, 6, 11–12).

Market Options

Similar to government forces, market forces are both producing the problems posed by and generating various solutions for aging societies. The lower fertility and higher longevity that define aging societies are in part created by the kind of rapid economic development sought by market economies. The focus on work outside the home and labor mobility, both of which make caregiving a challenge, is also part of the marketization of economies. At the same time, however, producers and consumers are using market forces to make and consume new products, services, and technologies for ailing seniors and their caregivers. Some chapters raise the concept of the “outsourcing” of care or filial piety from the family to the market (chaps. 3, 6–7).

Public, Nonprofit, or Community Options

It is difficult to isolate private market-based solutions from public nonprofit ones, since they are often intermingled. Similarly, drawing a line between government and civil society is also tough, as is making a clear separation between familial and nonfamilial or between government and market. Nonetheless, these distinctions do get made. Observations on communi-

ty-based elder support or care are present in most of the chapters, where community means various things, ranging from a neighborhood, a village, volunteers, age peers, a nunnery, or a coop.

Combinations

Of course, familial and nonfamilial care are not necessarily mutually exclusive, and nonfamilial support is often needed so that familial care can be successful (Sokolovsky 2009, 2020). Some chapters provide observations on how different kinds of nonfamilial and/or familial sources of support or assistance are combined (chaps. 1–2, 4, 6–7, 9–12), as well as how different combinations of family members and government, community, and/or market strategies are assembled. In a positive light, this means many potential choices, possibility for tailoring to individual preferences, and diversification of risk. Likewise, many chapters note how there are fewer set norms of engagement and more of a situational negotiation of whatever works best in aging and caregiving today (chaps. 2–3, 6–7, 9–11), together with a shifting from one assemblage of strategies to the next in caregiving as circumstances change over time. In a negative light, however, many “options” are not available to all, coordination across actors can be challenging, and some wonder if so many players are needed just so that they can pass the buck from one to the next.

Social Stratification Issues

Social stratification within and across generations and issues of equity are another important theme in some chapters. Some share how filial ideals may be more difficult for those in lower social echelons to achieve (chaps. 2, 4), although one chapter cites literature that showed income as unrelated to level of filial piety, probably due to how it was operationalized (chap. 10). In terms of stratification across generations, many chapters mention issues of expanding intergenerational inequity in which resources and care are funneled toward younger generations (chaps. 2–3, 7–8, 10). Several chapters show how seniors may fare very differently, depending on socio-economic status in their ability to access forms of support and/or familial or nonfamilial care (chaps. 1–2, 4, 8, 10, 12). Such class stratification in access to support and services is found in all of the societies under investigation but varies by region in its extent and impact.

Senior Voices, Agency, and Productive Aging

One central aim of our volume is to illustrate senior voices, agency, and forms of productive aging. Many of our chapters feature the viewpoints of

elderly persons (chaps. 2–3, 6–7, 9, 11). Most of our chapters show how elders are not just dependents, but are also active contributors to society, families, and communities (chaps. 1–3, 6–9, 11), taking care of themselves, elderly spouses (chaps. 2, 9), and/or other elderly people (chap. 9). Other chapters examine intensification of continued care by elders for younger generations (chaps. 1, 5), a phenomenon made possible by increased prosperity, improved disease prevention and treatment, increased longevity, and more state support for seniors through pensions and other benefits.

Intersection of Aging, Caregiving, Life Courses, Dying, and Death

Caregiving is patterned not just cross-sectionally, but also longitudinally over the time frame of intersecting life courses, illness trajectories, and caregiving journeys. One chapter in this volume examines in-depth how the ways in which family caregivers view and manage caregiving tasks change over time as the care recipient's illness progresses (chap. 9). This and other chapters strive to bring together two themes often separated in social gerontology as well as in Asian studies: caregiving in later life, and death and dying (chaps. 2, 8–9, 12). These chapters illustrate continuity experienced by many caregivers and elders in East Asian settings between long-term eldercare, end-of-life care, and care for or neglect of the dead. In China and Japan concerns over seniors dying alone have attracted media attention and spurred changes in policies and programs (chaps. 2, 8). Several chapters also explore older adults' perspectives on continuities between caregiving in life and death or between caregiving and mourning (chaps. 2, 9, 12), as well as between definitions of a good life and a good death (chaps. 2, 12). These chapters reveal tensions between impetuses to expand longevity versus compress morbidity (chaps. 2, 9, 12). Two chapters include widows' ideas about caregiving that extend to the living from the dying or the dead (chaps. 2, 9).

Organization of Volume

Between the introductory and concluding chapters, the book is divided into three sections by cultural area. Each of these sections examines intersections of aging and caregiving. Part I examines the Chinese contexts of China, Hong Kong, Singapore, and Taiwan; part II examines Japanese contexts; and part III brings the analysis to Korean settings.

In part I, *Aging and Caregiving in Chinese Contexts*, chapter 1 by Youcai Tang and Jeanne Shea reviews old-age support in rural China and examines the potential of a recent model village experiment providing collec-

tively financed community-based support for village seniors to enhance filial relations. Chapter 2 by Jeanne Shea explores the meanings of spousal eldercare for dementia caregivers in the context of both life and death in Shanghai. In chapter 3 Min Zhang investigates the experiences of migrant grandparents moving domestically from lower-tier to top-tier cities in China to help their adult children, who migrated for work, with housework and childcare. Chapter 4 by Michelle Shum and Terry Lum traces the reasons for the high institutionalization rate of elders in Hong Kong and lays out a new community-based approach to aging in place that aims to provide better support for family caregivers. In chapter 5, Leng Leng Thang and Kalyani Mehta examine interviews with grandchildren in response to a short state-sponsored film promoting filial piety in Singapore, showing a gap between the desire and the ability to act in a filial manner. In chapter 6, Ken Chih-Yan Sun explores interview data on how Taiwanese immigrants to the United States work to construct transnational networks of emotional and practical care for their aging parents back home in Taiwan. He explores how these immigrants and their left-behind parents feel about these arrangements and the parents' experience of aging apart.

In part II, Aging and Caregiving in Japanese Contexts, chapter 7 by Katrina Moore opens with a discussion of how Japanese elders negotiate personhood within kin-based and non-kin-based care relationships. She focuses on independence and self-reliance as key new values, which are in frequent conflict with older values of dependence and interdependence. In chapter 8, Heekyoung Kim explores the social context behind the recent case of "missing centenarians" in Japan whose deaths went unreported due to familial neglect or financial embezzlement of pension checks, and how community volunteers may be able to help. In chapter 9, Susan Long and Ruth Campbell analyze longitudinal ethnographic data on the familial caregiving careers of spousal caregivers and adult children and daughters-in-law taking care of elderly family members in Japan through years of sickness and into dying and death.

In part III, Aging and Caregiving in Korean Contexts, Hyun Ji Lee and Kyong Hee Chee open with chapter 10 on the meaning of filial piety and good-enough care in contemporary Korean families, examining how the government's long-term care policy is shifting the locus of responsibility from families onto society. In chapter 11, Dorota Szawarska analyzes longitudinal data on the complex trade-offs of a South Korean program offering to repatriate seniors forcibly conscripted to Sakhalin by the Japanese during World War II but without including those seniors' adult children or intensive caregiving provisions in the offer. In chapter 12, Sooyoun Han and Jeanne Shea describe new biopolitical challenges that are arising for the family caregivers of Korean elders related to end-of-life care and deci-

sion-making in an era of increasingly complex biomedical practices and hospice as a new and not well-understood option.

Finally, the concluding chapter draws together our findings, thinks further about population projections and imagined futures, and considers implications for future policy and research. Although our focus is on East Asian societies, we invite the reader to compare with other cultural communities. Today humanity is facing the question of how populations can enjoy unprecedented longevity in a way that is compatible with the flourishing of society overall, or, as a recent World Bank (2016) publication put it, how we can both “live long and prosper” (1). This volume offers some East Asian responses to that question at the nexus of aging and care.

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Glossary

<i>xiao</i>	孝	Filial piety.
<i>lao</i>	老	Old.
<i>laoling shaozi hua</i>	老龄少子化	The transformation entailed in a confluence of population aging and fertility decline.
<i>zi</i>	子	Son or child.

Notes

1. “Silver tsunami” is a crisis-oriented term for population aging used in some media and policy discourse to conjure an overwhelming surge of old or “silver-haired” people, which calls up the image of a tidal wave threatening to drown society.
2. Special journal issues on aging in Asia are beyond the scope of this review.
3. Exceptions include Macau, Mongolia, North Korea, and Vietnam.
4. Many of these trends also exist in other parts of the world (Danely and Lynch 2015), but their expressions vary, and here we focus on manifestations in East Asian contexts.
5. The 2015 figures for the elderly proportion of the most aged European populations included Italy with 22.4 percent elderly, Germany with 21.1 percent, Portugal with 20.7 percent, Finland with 20.3 percent, Bulgaria with 20.1 percent, Greece with 19.9 percent, Sweden with 19.6 percent, and France and Croatia with 18.9 percent each, all below Japan.
6. Some other more moderately aged Western societies come closer to the four tigers in 2015, such as the United Kingdom at 18.1 percent elderly, Canada at 16.1 percent, Australia at 15 percent, and the United States at 14.6 percent elderly.
7. The degree of population aging in East Asian societies today is much higher than that reported in the Ikels (2004) volume. Based on 1999 U.S. Census Bureau figures, that volume reported for that time the proportion of elderly in the popula-

- tion to be 16 percent for Japan, 8.2 percent for Taiwan, 6.6 percent for China, and 6.4 percent for Korea (Ikels 2004: 8).
8. In 1950 high-income countries averaged 7.9 percent elderly.
 9. Projections have risen since Ikels volume was published. At that time, 1999 U.S. Census Bureau figures projected Japan's elderly to reach 27 percent of the population by 2025 (Ikels 2004: 8). Current UN (2017) estimates are 29.3 percent by 2025.
 10. Initially, Hong Kong had begun in the 1970s to track the slope of Japan's ascent, rising by 1995 to 2.5 percentage points higher than the other tigers. However, Hong Kong decelerated to the pace of the other tigers around the 1997 return of Hong Kong from the British to China, due to an outflow of older wealthy residents and an inflow of younger Chinese workers.
 11. Current UN (2017) projections for the elderly proportion of the population expected for 2025 outstrip the 1999 U.S. Census Bureau projections given for 2025 in the areas covered by Ikels (2004: 8). This includes Japan projected now for 29.3 percent elderly by 2025 versus a 27 percent projection back then for 2025, Korea 19.9 percent versus 16 percent, Taiwan 19.3 percent versus 16 percent, and China 14.2 percent versus 13 percent.
 12. Worldwide, 15.8 percent of the world's population is expected to be age sixty-five and above by 2050; for comparison, low-income countries are projected to reach 5.3 percent elderly at that time (UN 2017).
 13. Furthermore, UN (2017) projections show that beyond 2050 two of the tigers are projected to overtake Japan in degree of population aging, Korea from 2060 onward and Singapore from 2065 onward.
 14. For degree of population aging and projections therein, World Bank (2017) data are slightly different from the UN (2017) data presented here with regard to exact percentages and dates. For example, the World Bank states that Italy reached 23 percent age sixty-five and above, Germany reached 21 percent, and France and Sweden reached 20 percent in 2017. Discrepancies arise from methodological differences. To maintain consistency, this chapter sticks with UN data. While details vary, rough rankings, timing, and trends over time in the two data sets are consonant.
 15. For other points of reference, Canada, the United States, and Australia are projected to hit super-aging status by 2025, 2030, and 2035, respectively (UN 2017).
 16. In 1950 five of our six East Asian locales were tracking the low- and middle-income country average for total fertility rate of 6.39 and 5.64, while Japan was near the high-income country rate of 2.98.
 17. Replacement level is the number of children needed to replace a married couple, i.e., two children.
 18. There is a debate about the degree to which the Single Child Family Policy, versus socioeconomic development and maternal education and employment, are responsible for China's 1980–2015 fertility decline (especially as Korea's fertility levels plummeted without such policy). In 2015 the Single Child Family Policy was lifted due to concern about population aging and a Comprehensive Two-Child Policy is now in place.
 19. Due to incomplete data, the Taiwan line from 2020 on in this graph has been extrapolated based on pattern of other lines.
 20. These notations of the appearance of various crosscutting themes in chapters are not meant to be exhaustive. Readers will undoubtedly find additional tie-ins not found in this overview.

21. Some feminist scholars have argued that East Asian national economic development has rested on the backs of unpaid care provided by family members, especially women, raising concerns that governmental calls for filial piety are also a modern neoliberal devolution of state responsibility.
22. Implicitly, we see that care by grandparents for grandchildren has also become more gender-balanced with grandmothers and grandfathers providing intimate and pragmatic care (M. Zhang in chapter 3). In spousal eldercare more men are rising to the challenge (Shea in chapter 2, Long and Campbell in chapter 9), although still less often than women. In addition, men continue to be seen as less capable than women in caregiving.

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