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A Cross-Cultural Study on the Divergence of Elderly Care Models and Related Social Issues between China and Japan

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Abstract: ***Against the backdrop of intensifying global population aging, China and Japan, typical representatives of the East Asian cultural circle, are confronted with similar yet distinctive elderly care challenges. Adopting a cross-cultural comparative research method, this paper conducts a comparison from three dimensions of China and Japan, namely family ethics, the pace of social transformation and perceptions of life and death, to dig into the underlying reasons for the path differentiation of the two types of elderly care systems. The study finds that differences in the inheritance forms of filial piety culture, the developmental asynchrony between "aging before affluence" and "affluence before aging", and discrepancies in people's perceptions of life and death are the fundamental reasons for the different elderly care paths of the two countries. Therefore, this paper constructs a mixed development path for elderly care that balances family support responsibilities and professional socialized services, offering theoretical references and practical insights for China to alleviate aging pressures and perfect its multi-level elderly security system.***

Keywords: population aging, Cross-cultural comparison, Mixed elderly care model, Family-based elderly care**.**

1. Introduction

Since the 21st century, population aging has evolved into a global social issue that profoundly reshapes national social structures, economic development and people's wellbeing. According to the China Aging Development Report (2025), China's population aged 60 and above has reached 310 million [1], accounting for 22.0% of the total population; the population aged 65 and above stands at 220 million, making up 15.6% of the national population, which places China in a moderately aging society. Projections indicate that China will enter a super-aging society by 2030. Japan, by contrast, ranks as the world's most aged country, with citizens aged 65 and above exceeding 29% of its total population, serving as a paradigm of a super-aged society [2]. As members of the East Asian cultural circle, China and Japan share comparable social contexts and face common challenges including surging demand for elderly care, declining capacity of traditional care models, and the urgent need to upgrade social security systems. Nevertheless, discrepancies in cultural heritage and the modernization process have steered the two countries toward vastly different paths in constructing elderly care systems.

Against this backdrop, a systematic cross-cultural comparison of China's and Japan's elderly care models, an analysis of their cultural root causes, and an examination of the respective practical dilemmas of each model can not only reveal how cultural values shape social policies, but also provide actionable experience for China to tackle population aging and optimize its elderly security system. This research thus bears significant theoretical and practical value.

2. Evolution of Elderly Care Models in China and Japan

2.1 Evolution of China's Elderly Care Model

Stage 1: Initial Embryonic Stage (1949–1999)

During this period, family-based elderly care dominated absolutely, relying on intergenerational support to provide financial provision and daily care for the elderly. Under the planned economy, the government only offered basic relief to childless and impoverished seniors, with institutional elderly care in its infancy featuring limited coverage and simplistic functions. Following the reform and opening-up, industrialization and urbanization accelerated the miniaturization of family structures, gradually weakening the capacity of family care. Community-based elderly care emerged sporadically in the 1990s yet failed to gain widespread popularity. By the end of the 20th century, China's elderly care model began to transition from informal family care to formal socialized care.

Stage 2: Gradual Institutionalization Stage (2000–2011)

China entered an aging society in 2000, marking the launch of institutionalized development of elderly service systems guided by national policy documents. During this phase, the framework of "home-based care as the foundation, community- based care as the support, and institutional care as the supplement" was formally established. Home-based care remained the core, community service networks were continuously improved, and institutional care advanced toward marketization and professionalization. The concept of embedded elderly care took initial shape, while an economic support system centered on social insurance was gradually built [3]. New models such as housing reverse mortgage pensions and consumption-based pensions were piloted, diversifying elderly care services.

Stage 3: Innovative Development Stage (2012–2018)

2013 was dubbed the "Year of the Elderly Care Service Industry". Driven by a series of supportive policies, the sector witnessed an explosion of innovative models. Integrated medical-elderly care, smart elderly care, tourism-based elderly care and ecological retirement emerged rapidly, integrating elderly services with healthcare, technology and

tourism industries. China's elderly care system was further consolidated, with service coverage expanding from basic living assistance to multi-level demands including health management, cultural recreation and rehabilitation nursing [4].

Stage 4: In-depth Improvement Stage (2019–Present)

Fueled by the 14th Five-Year Plan and intelligent digital technologies, China's elderly care model has entered a high-quality development era [5]. Smart elderly care has been fully rolled out, with telemedicine, intelligent monitoring devices and big data platforms widely applied. Embedded care has formed an integrated service chain linking homes, communities and institutions; mutual-aid elderly care has been coordinated across regions; ecological and tourism-based retirement have become new forms of high-quality elderly support. At present, a distinctive Chinese elderly care pathway has been clarified: families secure basic living support, communities strengthen service delivery, institutions provide professional care, and industries empower sustainable development. The overall system has become smarter, more refined and inclusive.

In general, China's socialized elderly care remains in the primary stage, plagued by uneven service quality, a severe shortage of professional practitioners, unbalanced regional resource allocation, and a stark urban-rural divide. Urban areas boast abundant socialized care resources, while rural regions still overwhelmingly depend on family care with extremely limited elderly security. Family-based care retains its core position, and socialized services merely serve as supplementary remedies rather than forming an independent, comprehensive support system.

2.2 Evolution of Japan's Elderly Care Model

Stage 1: Family Care Dominance (Before 1970)

Influenced by traditional clan systems and concepts of filial piety, the elderly were primarily supported by children and relatives through financial subsidies and daily care. The state only provided minimal relief for low-income senior citizens, without a mature socialized elderly care system.

Stage 2: Emergence of Socialized Elderly Care (1970–1999)

In 1970, Japan's population aged 65 and above surpassed 7%, officially pushing the country into an aging society. Accelerated urbanization and the rise of nuclear families eroded family care capacity, prompting the government to upgrade pension and medical insurance systems. In 1989, the Japanese government launched the Gold Plan to perfect social elderly care, followed by the revised New Gold Plan amid economic growth [6]. To ease fiscal pressure, Japan gradually introduced private participation in elderly services, laying the groundwork for subsequent institutional reforms.

Stage 3: Institutionalization of Long-Term Care Insurance (2000–2010)

Japan formally implemented the Long-Term Care Insurance System in 2000, which underwent revisions in 2006 [7]. This landmark policy shifted primary elderly care responsibilities from individual families to the state and society, establishing a diversified financing mechanism combining insurance premiums, public fiscal subsidies and personal contributions. Home-based care, institutional care and preventive care developed in tandem, standardizing and professionalizing universal elderly care services.

Stage 4: Refinement of Community Integrated Care (2010–Present)

After 2010, Japan's elderly care industry matured and expanded globally. Its pension system operates across three tiers: public old-age pension insurance, welfare annuity insurance and mutual aid annuities, as well as non-public pension insurance. Confronted with a super-aged population, shortages of care workers and mounting fiscal burdens, Japan constructed a regional comprehensive care system that integrates medical treatment, long-term care, daily life support and preventive healthcare [8]. Digital technology and private sector participation were scaled up to create a seamless care network covering home, community and institutional services.

Japan's "home-based care" differs fundamentally from China's traditional family care: it relies on professional social workers to deliver customized in-home services, with family members exempted from primary caregiving duties. Community care centers offer day care, recreational activities and rehabilitation training, while institutions provide round-the-clock specialized care for severely disabled and dementia patients.

Compared with China, ethical constraints mandating family care have weakened drastically in Japan. Legal and moral obligations for adult children to support elderly parents no longer exist, and elderly care is defined as a core public service. This fully socialized model greatly alleviates family care burdens and effectively accommodates Japan's super-aged demographic landscape.

3. Cross-Cultural Analysis of Divergences in China's and Japan's Elderly Care Models

A review of the evolutionary trajectories of elderly care in China and Japan reveals that both nations have transitioned from traditional family care to socialized elderly support. However, gaps in core cultural traditions, rhythms of modern social transformation, national welfare governance philosophies and marketization levels have created distinct developmental paths for their care systems. Based on cross-cultural research frameworks, this chapter dissects the deep-rooted causes of such disparities across three dimensions: family ethical culture, pace of social transformation, and perceptions of life and death, clarifying the internal correlations between culture, social institutions and elderly care policies.

3.1 Divergences in Family Ethical Culture

Culture constitutes the underlying logic shaping elderly care policy design and model iteration. Although both China and Japan draw filial piety from Confucianism, localized evolution has yielded divergent norms of support and family responsibility, defining the functional role of families within

elderly care systems and forming the core cultural driver of model divergence.

As a central tenet of Confucian thought in China, filial piety has permeated Chinese civilization for thousands of years. Ensuring a secure old age for parents and fulfilling filial duties represent universally recognized moral norms, folk customs and core family responsibilities. The patriarchal clan system has persisted through history, positioning families as the primary carrier of elderly care, with strong ethical obligations mandating adult children to provide financial support, daily assistance and emotional comfort for aging parents. Despite modernization, urbanization and shrinking family sizes weakening traditional care capacity, the cultural foundation of filial piety remains intact. Most citizens still prioritize aging at home with support from their offspring. This cultural trait endows China's elderly care system with an inherent family-centric orientation: national policies consistently reinforce the foundational role of family care, while socialized services act only as supplementary support, forming a family-led, socially assisted care framework rooted in culture.

While Japan imported Confucian filial piety from China, the ideology underwent profound localization to adapt to indigenous social structures, customs and national psychology, failing to reshape Japan's inherent value systems fundamentally. Traditional Japanese elderly care centered on clan continuity, where only eldest sons inherited family property and bore exclusive caregiving obligations, rather than equal duties shared by all children, resulting in far less universalized filial ethics than in China. Following World War II, Japan abolished traditional clan institutions and primogeniture, dismantling the legal foundation of intergenerational family support and rapidly eroding the moral binding force of filial piety. Rapid modernization ushered in nuclear families and single-person households as social norms, fostering a widespread consensus that elderly care is a public social responsibility rather than a private family matter. This cultural and ethical shift freed Japan from reliance on family care and laid an ideological foundation for its comprehensive socialized public elderly care system.

3.2 Disparities in the Pace of Social Transformation

Mismatched timelines of industrialization, urbanization and population aging constitute a critical socio-cultural factor driving divergent trajectories of elderly care development in China and Japan.

China's aging process unfolded gradually. From 1949 to 1999, national development prioritized economic construction, with elderly care largely confined to traditional family models and underdeveloped institutional and community services. After entering an aging society in 2000, China launched phased institutional construction of elderly care services [9]. Its reform agenda advanced incrementally to accommodate stark urban-rural disparities and uneven regional development across the country. Instead of implementing a unified, mandatory nationwide elderly care system, China gradually explored a diversified mixed model integrating home, community, institutional and industrial care to fit its complex social structure.

Japan experienced faster social transformation and aging-driven policy reforms. In 1970, Japan's entry into an aging society coincided with rapid urbanization and nuclear family formation, which swiftly undermined family care capacity and triggered concentrated social crises surrounding elderly support. To respond rapidly to aging pressures, Japan launched intensive, accelerated institutional reforms. Unlike China's incremental improvements, Japan leveraged its modernized social structure to restructure its care system in a leapfrog manner, rolling out the unified national Long-Term Care Insurance System in 2000 and refining regional comprehensive care systems by 2010 to build a standardized, fully covered care network.

3.3 Contrasting Perceptions of Life and Death

Perceptions of life and death form the deep spiritual core of national culture, directly shaping public value judgments on aging, caregiving and end-of-life arrangements, and differentiating attitudes toward elderly support. Distinct frameworks of life-and-death values in China and Japan have generated conflicting elderly care philosophies, which — together with family ethics and social structures—drive structural divergence in their respective care models.

China's Confucian outlook on life and death frames mortality as a natural stage of life, advocating diligence in life and acceptance of fate in death. Traditional culture fosters a psychological tendency to avoid discussions of aging and death, which are widely regarded as life's misfortunes and rarely addressed rationally and openly. Furthermore, Chinese people's sense of life value is deeply intertwined with clan continuity and descendants, with a long and peaceful life spent among family viewed as the ideal old age.

This worldview shapes highly family and hometown-oriented elderly care attitudes in China. The public regards filial support and family companionship as the cornerstone of later-life happiness, framing institutional care with negative connotations. Traditional views on life and death also create a strong attachment to end-of-life scenes surrounded by relatives, prioritizing emotional bonds and clan rituals over professional socialized care. Low public acceptance of institutional care fundamentally reinforces the centrality of family-based elderly care in China, limiting care choices to familial and clan-based frameworks.

Influenced by Buddhist notions of impermanence and Western individualism, Japan has cultivated a calm, independent perspective on aging and death. Japanese citizens widely accept independent, socialized elderly care, viewing it as a shared responsibility of individuals and society rather than an exclusive obligation of children. Most seniors avoid relying on their offspring and voluntarily opt for socialized care services, demonstrating high acceptance of institutional long-term care. In addition, Japan has established comprehensive life education programs across society, enabling citizens to face aging and death with equanimity while prioritizing quality of life and personal dignity in old age—creating a favorable social consensus for standardized, professional socialized care systems to operate effectively.

4. Typical Social Challenges Facing China's and Japan's Elderly Care Systems

4.1 Primary Social Issues in China's Elderly Care System

First, excessive pressure on family care imposes heavy burdens on the middle-aged and young generations. The ubiquitous "4-2-1" family structure means young couples must simultaneously support four elderly parents and raise one child [10], compounded by pressures from career competition, housing loans and childcare. Dual strains of financial cost and limited energy have left countless empty-nest seniors without daily care or emotional companionship, rendering the traditional family care model unsustainable.

Second, unbalanced development of socialized elderly care creates stark supply-demand mismatches. Geographically, cities concentrate abundant care resources including high-end medical-elderly integrated facilities, while rural areas suffer from extreme shortages, relying almost entirely on self-care and family support with minimal elderly security. In terms of service quality, grassroots care institutions mostly provide basic accommodation and meals, lacking specialized medical nursing, mental counseling and cultural entertainment tailored to diverse needs. In coverage, socialized care primarily targets advanced-age and disabled seniors, failing to meet the general elderly population's demand for support services.

Third, severe shortages of professional care workers hinder industrial development. China's elderly care sector has a short development history and lacks a systematic talent cultivation system. Caregivers face low salaries, limited social recognition and high turnover, creating massive gaps in certified professional nursing staff. Meanwhile, the industry suffers from inadequate standardization and normalization, resulting in inconsistent service quality that cannot satisfy the diversified, high-quality care demands of contemporary seniors.

4.2 Major Social Issues in Japan's Elderly Care System

First, heavy fiscal burdens threaten the long-term sustainability of the Long-Term Care Insurance System. Japan's system relies heavily on government fiscal investment. Deepening super-aging has expanded elderly populations and surged demand for long-term care services, pushing annual elderly care fiscal expenditures to record highs and straining national public finance. Concurrent severe low fertility has shrunk the working-age population, reducing the pool of insurance contributors and widening the imbalance between premium revenues and service expenditures, posing existential risks to the system's sustainability.

Second, acute shortages of care workers restrict service supply. Japan's shrinking labor force and aging population have expanded labor gaps in the elderly care sector. Young Japanese show minimal willingness to pursue caregiving careers, forcing the industry to rely on foreign care workers to fill vacancies. However, constrained immigration quotas and lengthy training cycles prevent a complete resolution of labor shortages. Staff shortages lead to scaled-back services and lengthy waiting lists at many care facilities, failing to meet seniors' immediate care demands.

Third, rampant social isolation among single elderly residents creates a crisis of insufficient spiritual care. The fully socialized care model weakens familial emotional bonds, leaving vast numbers of single and childless seniors socially disconnected, deprived of kinship and regular social interaction. "Lonely deaths" have become a prominent social crisis in Japan. Furthermore, standardized, procedural long-term care prioritizes physical daily assistance while neglecting seniors' emotional, psychological and spiritual needs, resulting in pervasive loneliness and diminished wellbeing in old age.

5. Conclusion

Cross-cultural comparisons of China's and Japan's elderly care models demonstrate that no universal care framework can apply to all nations; elderly care systems must align with a country's cultural traditions, social structures and economic development levels. Japan's fully socialized care model fits its Westernized value systems, mature social security infrastructure and advanced economic development, yet it cannot be fully replicated in China.

Rooted in Confucian filial piety and China's reality of "aging before affluence", China should draw valuable experience from Japan's care system while avoiding its pitfalls, and construct a mixed elderly care framework grounded in family responsibilities, supported by comprehensive social services and guaranteed by institutional safeguards. This model integrates traditional elderly care culture with modern socialized services, inheriting China's outstanding cultural traditions while adapting to contemporary social demands. It offers an effective solution to China's aging governance challenges and provides solid support for refining the national elderly security system and actively addressing population aging.

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