Awareness of the New Long-term Care Insurance System and Social Services for Elderly Care in Non-medical Junior College Student

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原　　著

Awareness of the New Long-term Care Insurance System and Social Services for Elderly Care in Non-medical Junior College Students

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Abstract The present study was conducted in order to investigate the awareness of the new long-term care insurance and social services for the elderly care among young people. Non-medical junior college students answered a self-administered questionnaire about the new long-term insurance and other related matters. The present study revealed that only a small percentage of students knew about "the new public long-term care insurance system" (13% for males and 11% for females), "care-manager" (11% and 8%), or "care-plan" (9% and 5%) in 1999, just one year before this insurance system took effect. In contrast, more than one third of the students knew about "home-help service" (41% and 47%), "long-term care institution for the elderly" (33% and 35%), and "elderly care nursing home" (33% and 36%). However, these rates were much lower than the rates among nursing students in 1998. An educational program for non-medical students should be recommended to help them to understand our rapidly aging society and to take an interest in public policies and social services for the elderly in Japan.

Key words : long-term care insurance, social service, elderly, education, young people

Introduction

Improvement of public health and advances in medicine after World War II have given Japan the highest life expectancies in the world, i.e., 77.2 years for men and 83.8 years for women in 1997[3]. The dramatic increase in the number of older people in this country is well documented[3], and it means an increase in the number of the elderly in need of care (i.e., frail elderly). It is estimated that the number of the frail elderly will increase to 390 million in 2010 and 520 million in 2025[3]. Since the frail elderly cannot perform their daily activities without help from family or professionals, family members are often both physically and mentally burdened with caring for them[3][8]. Therefore, it may be an important social problem to reduce the burden of caregivers that care for the elderly in

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need of care.

The new long-term care insurance system took effect in April 2000. However, younger populations seem to have little interest in this insurance system because only the elderly and the middle-aged are users of this new long-term care insurance system. A previous survey regarding knowledge of the new long-term insurance system among female students in 1998 showed that about 50% of nursing students knew the long-term care insurance itself, whereas about 90% of nursing students became acquainted with terminology such as "day-service" and "elderly care nursing home". In general, nursing students had more expert knowledge than students majoring in domestic science[2]. But, we have no data among male students. In Japan, we can predict that young population have to pay more charge for this insurance system because of the greater increase in the elderly's share of the population. Therefore, it is important for young people to know much about public policies and social services for elderly care. The present study was carried out to survey the knowledge of public policies and social services for the elderly care in male and female non-medical junior college students, separately, in the two consecutive years before the onset of the long-term care insurance system.

METHOD

Subjects

In 1998, 157 students (77 males and 80 females) and in 1999, 203 students (70 males and 133 females) participated in this study. No student was contained in both surveys. Students at the age of 21 and over were excluded in this study. The mean (±SD) age was 18.15 (±0.41) years old in 1998 and 18.71 (±0.55) years old in 1999. All of them went to a non-medical junior college in Fukuoka Prefecture and 96% were freshmen in both academic years.

Measurements

The non-medical junior college students were asked to complete the following self-administered questionnaires in relation to their knowledge of the new long-term care insurance system, elderly care social services and other related terms in the same manner as our previous study[2].

Analyses

The answers were compared either between males and females or between 1998 and 1999. Statistical analyses were performed using the Statistical Analysis System package (SAS Institute, Cary, USA)[5]. The Mantel-Haenszel test was used to compare the two groups.

Results

As shown in Table 1, more students were

Table 1 Knowledge of the new public long-term care insurance system

	1998		1999	
	Male (n=77)	Female (n=80)	Male (n=70)	Female (n=133)
Never heard of it	44 (57%)	38 (48%)	19 (27%)	64 (48%)
Know it only by name	30 (39%)	40 (50%)	42 (60%)	53 (40%)
Have knowledge of it	2 (3%)	1 (1%)	9 (13%)	15 (11%)
Male vs. Female	N.S.		p=0.02	
1998 vs. 1999	p=0.002			

Values are expressed as number (%). N.S.: not significant.

aware of "the new public long-term care insurance system" in 1999 than in 1998. More males knew it than females in 1999. Table 2 shows the knowledge about "care-manager" and "care-plan." More students knew about "care-manager" in 1999 than in 1998. As shown in Table 3, more students knew of "short-stay service" (i.e., temporary nursing home assistance) in 1999 than in 1998. More females were aware of "day-service" (i.e., temporary nursing home assistance within a day), "home-help service" (i.e., regular helper home

Table 2 Knowledge of care-manager and care-plan

		1998		1999	
		Male (n=77)	Female (n=80)	Male (n=70)	Female (n=133)
Care-manager	Never heard of it	54 (70%)	53 (66%)	34 (49%)	83 (62%)
	Know it only by name	20 (26%)	25 (31%)	28 (40%)	39 (29%)
	Have knowledge of it	2 (3%)	2 (3%)	8 (11%)	10 (8%)
	Male vs. Female	N.S.		N.S.	
	1998 vs. 1999	$p<0.05$			
Care-plan	Never heard of it	52 (68%)	47 (59%)	32 (46%)	74 (56%)
	Know it only by name	21 (27%)	32 (40%)	30 (43%)	50 (38%)
	Have knowledge of it	3 (4%)	1 (1%)	6 (9%)	7 (5%)
	Male vs. Female	N.S.		N.S.	
	1998 vs. 1999	N.S.			

Values are expressed as number (%). N.S.: not significant.

Table 3 Knowledge of social services for the elderly and their caregivers

		1998		1999	
		Male (n=77)	Female (n=80)	Male (n=70)	Female (n=133)
Day-service	Never heard of it	47 (61%)	28 (35%)	31 (44%)	46 (35%)
	Know it only by name	23 (30%)	31 (39%)	23 (33%)	55 (41%)
	Have knowledge of it	6 (8%)	21 (26%)	14 (20%)	31 (23%)
	Male vs. Female	$p=0.002$		N.S.	
	1998 vs. 1999	N.S.			
Home-help service	Never heard of it	15 (20%)	5 (6%)	7 (10%)	13 (10%)
	Know it only by name	45 (58%)	38 (48%)	33 (47%)	53 (40%)
	Have knowledge of it	16 (21%)	37 (46%)	29 (41%)	63 (47%)
	Male vs. Female	$p=0.002$		N.S.	
	1998 vs. 1999	N.S.			
Short-stay service	Never heard of it	52 (68%)	46 (58%)	38 (54%)	45 (34%)
	Know it only by name	23 (30%)	18 (23%)	20 (29%)	44 (33%)
	Have knowledge of it	1 (1%)	16 (20%)	10 (14%)	39 (29%)
	Male vs. Female	$p=0.002$		$p=0.03$	
	1998 vs. 1999	$p=0.001$			
Nurse station for regular nurse home visit	Never heard of it	41 (53%)	29 (36%)	26 (37%)	49 (37%)
	Know it only by name	30 (39%)	35 (44%)	33 (47%)	58 (44%)
	Have knowledge of it	5 (7%)	16 (20%)	9 (13%)	23 (17%)
	Male vs. Female	$p=0.03$		N.S.	
	1998 vs. 1999	N.S.			

Values are expressed as number (%). N.S.: not significant.

visits service), and "nurse station for regular nurse home visits" than males were in 1998, but the difference between sexes disappeared in 1999. On the other hand, more females were familiar with "short-stay service" than males were in both 1998 and 1999. Table 4 shows the institutions for the elderly. More students knew about "long-term care institution for the elderly" in 1999 than in 1998. More females were acquainted with "elderly care nursing home" than males in 1998, but the difference between sexes disappeared in 1999.

Discussion

The present study revealed that only small numbers of students knew of "the new public long-term care insurance system" (13% for males and 11% for females), "care-manager" (11% and 8%), and "care-plan" (9% and 5%) in 1999 although the percentages increased than those in 1998. The rates seem to be too small notwithstanding one year before the introduction of the new public long-term care insurance system. In contrast, one third of students or more knew about "home-help service" (41% and 47%), "long-term care institution for the elderly" (33% and 35%), and "elderly care nursing home" (33% and 36%). These rates were far lower than among nursing students in 1998: "the new public long-term care insurance system" (46%), "care-manager" (51%), "care-plan" (76%), "home-help service" (96%), "long-term care institution for the elderly" (97%), and "elderly care nursing home" (96%) (Table 5)[2]. These findings were consistent with our previous study, which demonstrated that more nursing students knew of "informed consent" than non-medical junior college students did (89% vs. 11%)[7]. The special education for nursing students may explain the difference between nursing students and non-medical students[7].

More female students knew about social services (i.e., day-service, home-help service, short-stay service, and nurse station for regular nurse home visits) and the institutions for the elderly (i.e., elderly care nursing home). This

Table 4 Knowledge of the institutions for the elderly

		1998		1999	
		Male (n=77)	Female (n=80)	Male (n=70)	Female (n=133)
Long-term care institution for the elderly	Never heard of it	8 (10%)	11 (14%)	4 (6%)	16 (12%)
	Know it only by name	55 (71%)	56 (70%)	43 (61%)	69 (52%)
	Have knowledge of it	13 (17%)	13 (16%)	23 (33%)	47 (35%)
	Male vs. Female	N.S.		N.S.	
	1998 vs. 1999	p=0.002			
Long-term care unit in a geriatric hospital	Never heard of it	65 (84%)	71 (89%)	48 (69%)	106 (80%)
	Know it only by name	8 (10%)	8 (10%)	17 (24%)	24 (18%)
	Have knowledge of it	3 (4%)	1 (1%)	4 (6%)	2 (2%)
	Male vs. Female	N.S.		N.S.	
	1998 vs. 1999	N.S.			
Elderly care nursing home	Never heard of it	17 (22%)	13 (16%)	7 (10%)	22 (17%)
	Know it only by name	44 (57%)	37 (46%)	37 (53%)	61 (46%)
	Have knowledge of it	14 (18%)	30 (38%)	23 (33%)	48 (36%)
	Male vs. Female	p=0.03		N.S.	
	1998 vs. 1999	N.S.			

Values are expressed as number (%). N.S.: not significant.

Table 5 Knowledge of terminology in relation to the long-term care insurance among nursing students in 1998

	Have knowledge of it (n=340)
The new public long-term care insurance system	157 (46)
Care-manager	173 (51)
Care-plan	257 (76)
Day-service	322 (95)
Home-help service	326 (96)
Short-stay service	300 (88)
Nurse station for regular nurse home visit	323 (95)
Long-term care institution for the elderly	329 (97)
Long-term care unit in a geriatric hospital	103 (54)
Elderly care nursing home	327 (96)

Values are expressed as number (%).
Source: Matsuu K, et al. (2000)[2]

finding may be partly explained by the fact that most caregivers have traditionally been females in Japan[8] (i.e., daughter-in-law, daughter and wife) (Table 3 and 4). No differences between male and female students in relation to terminology unique to long-term care insurance (i.e., care-manager, care-plan, long-term care institution for the elderly, and long-term care unit in a geriatric hospital) may be ascribed to the fact that almost all the students were not acquainted with the new public long-term care insurance system itself.

In order to reduce the burden on caregivers, the new long-term care insurance system took effect in April 2000. However, more than half of caregivers were depressed even after the introduction of this insurance system[6]. In addition, heavily burdened caregivers spent more time looking after their elderly despite the fact that they used more social services than lightly burdened caregivers[6]. These findings suggest that the quantity and quality of social services for the elderly in need of care and their caregivers may not suffice. Elderly care is not only the problem of the elderly but also that of their children. The younger generation should realize they have to shoulder the care for their parents in the near future.

Most Japanese elderly lived with their children until the end of the World War II. However, recent times, the proportion of nuclear family households increased while that of three-generation family households decreased[4]. Japanese youth must realize that Japan is rapidly aging[1]. It took only 24 years to shift from 7% to 14% in terms of the proportion of aged in Japan whereas it took 45 years in the United Kingdom or 115 years in France[1]. In Japan, in the year 2000, four persons of working age had to bear one aged person, and should have to do two older persons in the year 2025[1]. It is therefore critical for young Japanese to become more aware of our rapidly aging society and to have an active interest in public policies and social services for the elderly. A special educational program not only for medical and nursing students but also non-medical students is needed to encourage greater awareness of this rapidly aging society as well as to understand public policies and social services for the elderly in Japan.

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(和文抄録)

公的介護保険制度と介護保険関連サービスについての非医学系短大生の認識

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若年層の公的介護保険制度と介護保険関連サービスの認識度を明らかにする目的で，福岡県内の非医学系短大生を対象に1998年と1999年に調査を行った．対象となった学生は1998年の157名（男子77名，女子80名，平均年齢18.15歳），1999年の203名（男子70名，女子133名，平均年齢18.71歳）であった．自記式質問票を用いて，公的介護保険制度と介護保険関連サービスの認識度について回答を得た．1999年（ちょうど介護保険導入の1年前）は1998年に比べその割合は増加しているものの，公的介護保険（男子13%，女子11%），ケアマネージャー（11%，8%），ケアプラン（9%，5%）について知っていると回答した学生はわずかしかいなかった．一方，3分の1以上の学生が，ホームヘルプ（男子41%，女子47%），老人保健施設（33%，35%），特別養護老人ホーム（33%，36%）を知っていると回答した．しかし，その割合は1998年に行った看護学生の調査より，ずっと少なかった．わが国の急速な高齢化社会を理解し，若者が高齢者に対する政策や社会的サービスに関心を持つことができるような教育プログラムが非医学系の学生に対しても必要である．