

managed to win out in the entrance exam game.” “The kind of knowledge that you stuffed into yourself to pass entrance exams is totally useless to society.” “Too much studying for exams creates personality problems.” These are the oft-repeated criticisms of entrance exams and, by extension, of the credentialist society in general.

3.4 The appropriateness of credentialist discrimination

Having said that, it would be a little too facile to reject out of hand this kind of criticism of the credentialist society. Matters are not quite that simple.

First of all, we need to think about the kind of era people were living in when they started voicing criticism of credentialist discrimination. It was the early 1960s when people started to draw attention to the gap between credentials and ability. If we take a look at the academic credentials of the productive population (those aged 15 to 64) in 1965, we find that 64% had only been educated to primary level or lower, while 30% had completed junior high school and just 6.5% had completed senior high school (Monbushō 1969: 254).

Moreover, out of these people with low-level academic credentials, a substantial proportion had been prevented from proceeding to higher levels by economic, rather than academic, problems. A 1964 survey studied the fathers of 2,512 children at public elementary and junior high schools in Tokyo, Osaka, Hiroshima and Okinawa, and found that out of 770 fathers whose education had gone no further than elementary school under the old education system or junior high under the new system, 59.5% stated “I had the ability, but was unable to do so because of economic or family circumstances” when asked for the reason why they did not proceed to a higher level of education. When the same question was put to those who had got as far as graduation from the old middle schools or new senior high schools, 62% stated that economic or family circumstances were the barrier (Shinbōri 1967: 37).

The period when this generation was heavily represented in the workplace coincided with the period when the younger generation was starting to go on to higher levels of education in growing numbers. It was the generation in the workplace that had really experienced inequality at the level before the acquisition of educational credentials, many of them having been deprived by poverty or family circumstances of the chance to study for those credentials. In short, people who had experienced inequality at the stage *before* the acquisition of education credentials were feeling a grudge about discrimination *after* their acquisition. In many cases those two problems – pre-acquisition inequality, and post-acquisition discrimination – were mixed together in

people's consciousness.

However, in the 1970s and 1980s there was a rapid expansion of economic opportunities, and the pattern of educational credentials in Japanese society also underwent great change. The number of people debarred by poverty from pursuing higher levels of education rapidly declined.

Even so, critical views of the inequality problem from the 1970s onward maintained the tendency shown in the 1960s to focus only on discrimination after the acquisition of educational credentials. From the second half of the 1970s, the perspective criticizing ability discrimination in education, centering on the unfairness of the examination system that caused competition for acquisition of credentials, was the one that tended to strengthen. As a result people's social awareness of Japan as a credentialist society made it difficult for them to see problems of inequality in education prior to acquisition of credentials.

3.5 The ambivalence of the credentialist society: credentialism and the mass education society

Expressed as this understanding of the relationship between society and education, the critique of credentialism became widely accepted among Japanese people. But however widely and loudly credentialism was criticized, those criticisms did not simply lead to the demolition of the system. That was because the same people who felt a grudge against the credentialist society often harbored hopes that their children would get a better deal out of it than they did themselves. There was never more than a very thin line between the grudge and the hopes of betterment, which amounted to an admiration for credentials, and this ambivalence was a definitive aspect of many people's thinking on the credentialist society.

The social perception that was credentialism implied the notion that education was a useful tool for acquiring social and economic status. It forced that notion into every nook and cranny of Japanese society, and made effective use of it. It had a powerful ability to turn people on to education – powerful enough to make them think they could be 'reborn' if they went to a better school and acquired higher-level credentials. But the credentialist perception did more than just lead status-seekers into education. It also encouraged people who had no access at all to credentials to believe that getting better credentials, even *slightly* better credentials, would be very important for the next generation.

Getting educational qualifications would lead to a life of 'stability.' Getting

credentials that were even just one rank higher came to be viewed as a very significant way to fulfill the modest ambitions of ordinary folk.

Thus, as mentioned in the previous section, the credentialist perception came to form the conceptual foundation on which the mass education society was built. What I mean by a mass education society is one that takes its motive power from the impulse to destroy the ‘academic aristocracy’ (Takeuchi 1999), while at the same time mingling rebellion against that academic aristocracy with a certain fascination for it on the part of the ambivalent masses. First of all, there was a powerful movement to sweep away all aspects of the academic aristocracy, a system viewed as a feudal relic. But then there was a second powerful movement in the opposite direction, one of fascination with the academic aristocracy that made people want the chance to join the aristocracy themselves, by acquiring credentials. We may see the mass education society as the bastard offspring of these two conflicting impulses.

The result was to trigger a quantitative expansion of education. Every year more people joined in the competition over entrance exams. It was hoped that the expansion of education would expunge discrimination after the acquisition of credentials. Thus was born the mass education society, based on the social perception of the credentialist society but actually leaving in place inequality of educational opportunity.

4. Escaping from the Credentialist Society; the ‘Unintended Consequences’ of Educational Reforms

The ‘concealed logic’ driving the educational reforms of the 1990s was a perception that the credentialist society was the root of all evil. A sense that credentialism led to excessive exam competition, which in turn led to various other educational problems, was the starting line for those reforms. The great theme of the reform trend that started in the 1990s was to do battle with the credentialist society and save the nation from the scourge of what had come to be seen as a major social pathology– ‘diploma disease’ in Ronald Dore’s famous expression (Dore 1976). Let us therefore take a look at the ideals and perceptions underlying the reforms. This will lay bare the characteristics of these reforms that were hatched in the context of a mass education society.

4.1 Why the search for ‘breathing space in education’?

Significant changes were made to the manual guiding instruction in Japanese schools

(*Gakushū Shidō Yōryō*) in the year 2002. The reforms thereby enacted included the final abolition of Saturday classes to leave a five-day school week, and a new objective to foster ‘living power’ (*ikiru chikara*). These reforms originated in the first report of the 15th session of the Central Council for Education (*Chūō Kyō’iku Shingikai*, or *Chūkyōshin* for short), released in 1996. That first report, entitled ‘On the State of Japan’s Education, with a View to the 21st Century,’ included the following statement:

“First of all, the children of today live their lives in the midst of material plenty and convenience; but on the other hand, quite a lot of their time is taken up in school life and in studying at cram schools and at home, so that they may not be getting enough sleep and in general have busy lifestyles with no ‘breathing space.’ Perhaps because of that, quite a few children use their free Saturday mornings just to take it easy. We also gather that they spend quite a bit of time hooked up to the television and other mass media, so that their virtual experience or indirect experience increases while their actual experience of life and nature is noticeably lacking, and they also spend very little time indeed on household chores.”

The word translated here as ‘breathing space’ is *yutori*. This difficult word is sometimes translated as ‘relaxation’ or ‘leisure’ and *yutori kyō’iku*, education designed to foster *yutori*, is translated as ‘relaxed education,’ ‘laid-back education,’ ‘pressure-free education,’ etc. *Yutori* means that feeling that you have the time and freedom to do something different and creative, and *yutori kyō’iku* was supposed to give pupils that feeling, and encourage a lively interest in the world around them that would encourage them to develop their own interests and study methods rather than sitting in straight lines and memorizing the same page of the textbook as everyone else in the class. Behind the calls for more breathing space in education lay a perception that entrance exam competition had reached a pathological level, as expressed in this passage from the Council’s report:

“In order to secure ‘breathing space’ for the children, and to foster ‘living power,’ it is necessary to provide an environment in which children are able to live that way. To do that... there are various challenges to be met, but we felt that a particularly serious problem was the need to ease the overheated competition over entrance examinations. There is a view that thinks excessive exam competition is gradually easing as the decline in the birthrate continues, but we believe that on the contrary, the situation is getting even worse at present: increasing attendance at cram schools and the ever younger ages at which exam competition commences are symbols that many

children and their parents are getting caught up in exam competition to get into universities and senior high schools, and the trend is even spreading to some elementary school pupils. Excessive exam competition is a major factor overburdening children's lives and depriving them of breathing space. As things stand, children have their nerves worn down by excessive entrance exam competition, lack sufficient opportunities to have the kind of life experiences, social experiences and natural experiences that are desirable in youth, and find it difficult to lead a spiritually fulfilling life. A situation where even elementary school children are studying at cram schools until late at night cannot possibly be good for personality formation.”

This concept, of exam-oriented education depriving children of their breathing space, was the central element dominating the thinking behind Japan's education reforms. And although it is not specifically stated as such, if we look back at the course of deliberations at the Council's 15th session, and at the 14th session that preceded it, it is clear enough that the root of the evil of excessive exam competition was seen to be the credentialist society. The prescription for the ills of such a society was sought in educational reforms designed principally to increase pupils' breathing space (*yutori*) and thereby strengthen their 'living power' (*ikiru chikara*). These associations may clearly be seen, for example, in the following passage from the Council's second report of June 1997, where it is expressed in the form of a call for a change in *gakuryoku-kan* – the way academic ability is defined:

“The exclusive emphasis on volume of knowledge memorized in selecting successful examinees tends to twist children's style of learning in the direction of stuffing themselves with knowledge to pass exams, and represents a major obstacle to imparting 'breathing space' to children's lives, including their school lives. Moreover, this kind of selection system is in serious conflict with the view that 'living power' is an all-encompassing power, including not only academic ability but also a rich personality etc., and with the great shift in perception of academic ability itself, from a simple acquisition of volumes of knowledge to a concept including the ability to study for oneself and think for oneself” (Central Council for Education, 'On the State of Japan's Education, with a View to the 21st Century,' second report, June 1997).

To sum up, then, the council's call for *yutori kyō'iku* was a prescription for education to stop concentrating on simple acquisition of knowledge, and aim rather to foster the ability to study for oneself and think for oneself. This would be the way to strengthen 'living power.'

The two council reports, of 1996 and 1997, had a powerful impact on education policy. A series of initiatives was set in motion, designed to ease exam competition and enhance ‘breathing space.’ That said, we should note that the spirit embodied in the Council’s reform had already made its appearance some years before. The trend toward abolishing Saturday-morning classes had already started – from 1992 publicly-run school had one Saturday morning off per month, rising to two Saturdays off from 1995, and the content of the public school curriculum had been carefully adjusted to work with the reduced teaching hours. In 1989 the Course of Study Guidelines (*Gakushū Shidō Yōryō*) had been revised to introduce education based on a ‘new view of academic ability’ (*atarashii gakuryoku-kan*) that focused on the children’s appetite for study. Now, the Council’s reports prompted another, more ambitious set of revisions to the classroom guidelines. From April 2002, Saturday classes were abolished completely, the content of the curriculum was drastically reduced, and time for ‘general studies’ was added to the timetable at the expense of time for more traditional subjects.

4.2 Changes from 1989 to 2001

What sort of influence did these seemingly idealistic educational reforms have on the problem of inequality in education? Let us take a look at the results of some empirical analysis based on data from surveys relating to this problem.

Unfortunately, no data exists that can directly and clearly demonstrate changes in the influence on academic ability of birth status factors such as parental academic credentials or occupation. The best we can do here in our attempt to establish the influence of the 1990s educational reforms is to analyze survey data relating to elementary school pupils, including scholastic achievement tests in arithmetic/mathematics and Japanese, which pertains indirectly to these issues.

At this point, let me give a brief outline of the survey I will be discussing. It was carried out in some urban areas of western Japan in November 2001 by a research team including myself (Kariya and Shimizu 2004). We revisited elementary schools covered in a survey on ‘Academic Ability and General Life Circumstances’ carried out in 1989 by a group from Osaka University, in order to compare the situation before and after the educational reforms of the 1990s.²

² 16 elementary schools in Kansai area were chosen both in 1989 and 2001 surveys, and 2227 in 1989 and 921 5th grade students were the respondents. For more details about the surveys, please see Kariya and Shimizu 2004.

Among the items included in both surveys were questions put to children on their basic lifestyle practices, which may be assumed to reflect strong influence from home environment, and on early childhood experiences, such as whether they had had stories read to them by their parents. These items were seen as possible keys to investigating changes in the stratification of academic ability. Those changes in turn would give us an insight into the influence of the educational reforms.

The survey included six questions on basic lifestyle practices: “Do you get up by yourself in the morning?”, “Do you eat breakfast?”, “Do you brush your teeth in the morning?”, “Do you greet your family on leaving the house and on returning?”, “Do you get ready for school the day before?”, and “Do you go to sleep at a regular time?” In the following analysis, I have used the answers to those six questions to divide the fifth-grade elementary school students surveyed into three groups: the high group, answering yes to five or six of the questions; the middle group, answering yes to four of the questions; and the low group, answering yes to three or fewer of the questions.

Using these variables, I conducted a multiple regression analysis with test scores for arithmetic and Japanese language as the dependent variables. Other explanatory variables employed were sex (a boy dummy with 1 for a boy and 0 for a girl), district (1 for a *dōwa* district,³ 0 for others), daily time spent on study at home (in minutes), attendance at cram schools (1 if attending, 0 if not). We used a dummy for the top one of the three basic lifestyle groups (1 if in top group, 0 if not), a middle group dummy (1 if in middle group, 0 if not), and another dummy for experience of being read to when small (1 if read to, 0 if not).

<Tables 1 and 2 about here>

Table 1: Factors constraining test scores in mathematics by elementary school fifth-graders (multiple regression analysis)

Table 2: Factors constraining test scores in Japanese language by elementary school fifth-graders (multiple regression analysis)

Let us first look at the results relating to arithmetic scores. As we can see from table 1, a change did occur between 1989 and 2001 in the factors influencing test scores.

³ Areas with high populations of *Burakumin*, the descendents of Edo-era outcastes still subject to discrimination today. These areas were named *dōwa* (‘peaceful assimilation’) districts under government policies to improve Burakumin standards of living by providing subsidized housing, educational scholarships etc. in designated areas.

There was a general increase in the influence on test outcomes of the selected factors as a whole, shown in the rise in adjusted R-square, which more than doubled from .072 in 1989 to 0.183 in 2001. Looking now at specific factors, we can see that the basic lifestyle practices, the items that particularly interest us here, showed a substantial increase in correlation with test scores. Compared with the low group, the high group had a rather slender advantage of 2.9 points in 1989, but by 2001 the gap had widened to 7.3 points. The middle group also increased its advantage vis-à-vis the low group, from 1.47 in 1989 to 3.57 in 2001. In the case of the middle group, moreover, the influence on test scores was not statistically significant in 1989, but it had become statistically significant by 2001. Even if we treat the other variables as statistically controlled, the basic lifestyle factors still show an increase in influence. The one item that seems possibly to show the opposite trend is that of 'experience of being read to,' which showed a slight decline in influence from 1989 to 2001.

Looking at the other factors surveyed, the male dummy showed increased influence in 2001, and had gone from positive to negative, meaning that boys' scores had fallen below girls' scores since 1989. The *dōwa* area dummy also showed a considerable increase in influence in the 2001 survey.

Now let us take a look at the results relating to Japanese language scores. Here, too, we can confirm that basic lifestyle practices show an increase in influence. Even controlling statistically for other factors, the top group widened its advantage over the bottom group from 2.10 in 1989 to 6.59 in 2001. Results for the middle group were not statistically significant in either year. And as with the arithmetic test, the influence of being read to in early childhood declined somewhat in significance. The influence of attending cram school increased in 2001, as did that of living in a *dōwa* area.

Overall, our results confirm that if we look at academic ability in terms of paper test scores in arithmetic and Japanese language, the degree to which children have mastered basic lifestyle practices showed a marked increase in significance during the 1990s.

If we take the mastery of basic living skills as an index of cultural environment in the home, then these results indicate that the influence of that home environment on academic performance increased during the 1990s. If we take it that parental socioeconomic status differentials are a background factor influencing home cultural environment, then we can read the results of this analysis as indicative of widening status differentials in academic ability during the 1990s. The concealed inequalities in 1980s education persisted through the 1990s, getting wider but still remaining concealed.

5. Conclusion

In this chapter we have traced the changes in people's consciousness of education in postwar Japan, showing how dislike of 'meritocratic discrimination' gradually strengthened and became the consciousness defining the egalitarian ideology of Japanese education. We clearly saw how this view of education, which particularly dislikes competition, ironically had the effect of drawing many more people into educational competition, encouraging the spread of meritocracy to the masses. I further showed how the nature of the problem of the 'credentialist society' that was thereby established prompted moves to reform education to ease competition and increase 'breathing space' and respect for the individual. Finally, I used empirical data to show how the educational reforms that started in the 1990s, in another ironic twist, contributed to widening inequalities in education.

What can we draw from these findings regarding the problem of inequality in Japanese education? In this concluding section I will consider what might be called the definitively Japanese features of the problem.

The first feature that we can mention is the strength of feeling in postwar Japan against 'meritocratic discrimination,' and the influence that feeling had on the conceptualization of equality in postwar Japan. In the languages of Euro-American countries it is not as clear as in Japan that treatment differentiated on the basis of merit can be viewed as 'discrimination.' Compared with those countries, the debate on educational (in)equality in Japan has tended to place weight not so much on whether or not substantial inequalities of outcome are generated as on the possible emotional effect on children's psyches of discriminatory treatment in the educational process. This kind of feeling was at work in the demand for conformist education based on a national curriculum, and in the development of a highly centralized system using a common standard to pursue uniform practices in the placement and treatment of teachers. In that sense, we can say that the educational ideology that promoted and supported equality in Japanese education – an ideology much discussed by western researchers –emerged as an instinctive avoidance of 'meritocratic discrimination.'

A second significant feature is that ironically enough, the creation of this view of education, with its highly uniform standards of evaluation, while it did have some degree of success in causing more equal outcomes of educational attainment, also made it harder to spot inequalities in educational achievement hidden behind it – those inequalities stemming from the status group into which one was born. There can be no

doubt that that the equality of treatment rigorously enforced by the Japanese education system did lead to a real reduction of inequality in actual academic or educational attainment. In that sense it is fair enough to view the statistical fact, much praised by western researchers, that Japanese children show relatively little variation in distribution of academic ability, as the fruit of that kind of egalitarian education. But that is not to say that inequalities in academic or educational attainment disappeared altogether. They continued to exist, but they ceased to be observed or criticized. In this way, too, Japanese-style egalitarian ideology in education contributed to concealing the problem of inequality.

Thirdly, and even more ironically, the preparation of a uniform, standardized educational environment promoted the spread of academic meritocracy to the masses. As a result, the pathology known as the ‘credentialist society’ came to be recognized as the predominant problem with Japanese education. The rapid increase in the provision of opportunities to acquire educational credentials was paralleled by an intensification of competition for *more desirable* credentials. This in turn created fertile ground for the emergence of other educational problems, such as bullying, delinquency, non-attendance, etc. That gut dislike for ranking based on competition, and for differences in treatment based on such ranking led to very intense competition and highly sophisticated ranking. That, for me, is the paradox at the heart of Japanese education.

Fourthly, this paradox did not stop at causing an intensification of competition. The various reforms adopted to deal with problems born of the credentialist society actually ended up *widening* inequalities in education. The educational ideology that hated meritocratic discrimination, which had until then contributed to concealing inequality in education, now closed its eyes to possible widening of educational inequality and lent a helping hand to idealistic, child-centered educational reforms.

This kind of mutual interplay between emotion and reality cannot be observed in western countries and may perhaps be described as a feature peculiar to postwar Japan. Then again, it may be a feature common to East Asian countries, since ‘exam hell’ is a well-known problem in South Korea and Taiwan as well. That would be a very interesting theme to pursue in comparative sociology. Meanwhile, as I write, the widening inequality in Japanese education is becoming steadily more apparent, and the government of Japan has started to question the whole idea of ‘breathing space’ in education and to move toward a new set of reforms, informed this time by neo-liberalism. Japanese educationalists, myself included, have pointed to the risk that these reforms could further widen educational inequalities. The fact that such reforms

are being pursued despite such evident risks is a sign of the times. We live in an age of globalization, in which the welfare state is being reconsidered and the complexity of issues of educational equality and inequality is becoming more apparent than ever.

References

Asō, Makoto, 1991. *Nihon no Gakureki Eriito* (Japan's Educational Elite). Tokyo: Tamagawa University Press.

Cummings, William K., 1980. *Education and Equality in Japan*. Princeton, N.J.: Princeton University Press.

Dore, Ronald, 1976. *The Diploma Disease: Education, Qualification and Development*. Berkeley: University of California Press.

Galtung, Johan, 1971. "Social Structure, Education Structure and Life Long Education: The Case of Japan," in OECD eds. *Reviews of National Policies for Education: Japan*, OECD.

Ishida, Hiroshi, 1993. *Social Mobility in Contemporary Japan: Educational Credentials, Class and the Labour Market in a Cross-national Perspective*. Stanford: Stanford University Press.

Kariya, Takehiko, 1995. *Taishū Kyō'iku Shakai no Yukue: Gakurekishugi to Byōdō Shinwa no Sengo-shi* (The Direction of the Mass Education Society: A Postwar History of Credentialism and the Myth of Equality). Tokyo: Chūō Kōron-sha.

----- and Shimizu Kōkichi, 2004. *Gakuryoku no Shakaigaku: Chōsa ga Shimesu Gakuryoku no Henka to Gakushū no Kadai* (A Sociology of Academic Ability: Changes in Academic Ability and Issues in Learning, as Revealed by Surveys). Tokyo: Iwanami Shoten.

Kyō'iku Seido Kentō I'inkai (Committee to Re-examine the Education System), 1974. *Nihon no Kyō'iku Kaikaku o Motomete* (Calling for Educational Reform in Japan). Tokyo: Keisō Shobō.

Monbushō (Ministry of Education), 1969. *Wagakuni no Kyō'iku no Ayumi to Kongo no Kadai* (A History of Japanese Education and its Tasks). Tokyo, Okurasho Insatsukyoku.

Monbushō (Ministry of Education) Chūō Kyō'iku Shingikai 1996 On the State of Japan's Education, with a View to the 21st Century,' First report, (http://www.mext.go.jp/b_menu/shingi/12/chuuou/toushin/960701.htm)

Monbushō (Ministry of Education) Chūō Kyō'iku Shingikai 1997 On the State of Japan's Education, with a View to the 21st Century,' Second report, (http://www.mext.go.jp/b_menu/shingi/12/chuuou/toushin/970606.htm)

Nihon Kyōshoku'in Kumiai (Japan Teachers Union), 1952-1964. *Nihon no Kyō'iku* (Education in Japan), vols. 1 to 13. Tokyo: Kokudoshā.

Shinbōri, Michiya ed., 1967. *Gakureki Ishiki ni kan-suru Chōsa Kenkyū* (Survey Research on Consciousness of Academic Credentials). Hiroshima: Hiroshima University.

Stevenson, Harold W. and Stigler, James W., 1992. *The Learning Gap: Why Our Schools are Failing and What We Can Learn from Japanese and Chinese Education*. New York and Tokyo: Summit Books.

Takeuchi, Yo, 1999. *Gakureki Kizoku no Eikō to Zassetsu* (The Glories and Mishaps of the Japanese Academic Aristocracy). Tokyo: Chūō Kōron Shinsha.

Table 1: Factors constraining test scores in mathematics analysis)
by elementary school fifth-graders (multiple regression)

	1989			2001		
	Unstandardized coefficients	Standardized coefficients		Unstandardized coefficients	Standardized coefficients	
Constant	72.243		***	68.907		
Boys	0.573	0.016		-8.975	-0.245	***
District	-2.234	-0.050		-9.379	-0.194	***
Time spent studying at Home	0.091	0.200	***	0.058	0.127	***
Cram school attendance	3.885	0.099	***	4.500	0.111	***
Basic lifestyle practices(top)	2.913	0.081	*	7.304	0.190	**
Basic lifestyle practices(middle)	1.466	0.039		3.566	0.093	***
Read to when small	2.131	0.058	*	1.113	0.028	*
	Adjusted R-square=0.072			Adjusted R-square=0.183		

*p<0.5, **p<0.1, ***p<0.01

Table 2: Factors constraining test scores in Japanese language
by elementary school fifth-graders (multiple regression analysis)

	1989			2001		
	Unstandardized coefficients	Standardized coefficients		Unstandardized coefficients	Standardized coefficients	
Constant	72.690		***	64.137		***
Boys	-2.686	-0.090	**	-3.025	-0.072	*
District	-2.940	-0.078	**	-8.380	-0.151	***
Time spent studying at Home	0.093	0.243	***	0.080	0.153	***
Cram school attendance	1.244	0.039		3.813	0.083	*
Basic lifestyle practices(top)	2.104	0.070		6.590	0.151	***
Basic lifestyle practices(middle)	0.906	0.029		1.465	0.033	
Read to when small	2.518	0.083	**	0.885	0.020	
	Adjusted R-square=0.106			Adjusted R-square=0.090		

*p<0.5, **p<0.1, ***p<0.01

10,100 words

Chapter 5 Health and Inequality¹

Hiroshi Ishida

INTRODUCTION

Health is the most basic issue affecting human survival. Article 25 of the Constitution of Japan guarantees that “all people shall have the right to maintain the minimum standards of wholesome and cultured living,” but in present-day Japan, with its falling birthrate and aging society, is that guarantee really being fulfilled for all the citizens of the nation? The aging of society means that the average lifespan of Japanese citizens is lengthening and people are tending to survive longer. Do all people have the same chance to live longer while maintaining quality of life? Are there no social disparities concealed behind the issues of longevity and health? These questions form the basis of this chapter.

Interest in health is running high in contemporary Japan. Many books and magazines are being published on health issues, and one can easily buy a wide range of health foods and dietary supplements in supermarkets and convenience stores these days. According to the 2002 National Nutrition Survey (Kenkō/Eiyō Jōhō Kenkyūkai 2004), some 60% of Japanese men and 70% of Japanese women regularly weigh themselves. When asked why, many stated simply “I am concerned about my weight,” but many others stated “I want to be healthy.” In the case of those aged over 60, no less than 70% gave “I want to be healthy” as the reason for regularly checking their weight. A survey conducted in 2005 by the *Nihon Keizai Shinbun* newspaper in the three major metropolises of Tokyo, Osaka and Nagoya found that some 40% of respondents were using some kind of health food or dietary supplement. For women the figure was 51%, well ahead of the 33% figure for men. Some 60% said that they spent less than ¥5,000 a month on these products, but the reported outlay was higher for older people of both sexes, and for those aged 50-60 some 30% reported spending over ¥10,000 a month².

There is also a high level of interest in preventive health measures such as medical check-ups. According to the Basic Survey of Living Conditions of People on Health and Welfare (*Kokumin Seikatsu Kiso Chōsa*) published in 2005 by the Ministry of Health, Labor and Welfare (MHLW), in 2004 some 60% of all Japanese people had undergone some kind of medical check-up in the previous one year. This time men were more likely than women to give a positive response, registering 66% against 55% for women, while people in employment registered 68% against 49% for those who were not.

These relatively high figures reflect an underlying uneasiness about personal health. In another MHLW survey, the 2002 Survey on Trends in Healthcare and Welfare (*Hoken Fukushi Dōkō Chōsa*; MHLW 2004), 37% of respondents described their health as 'good' or 'fairly good,' while 44% chose 'ordinary' and 18% chose 'not very good' or 'not good.' Those figures may not suggest a national health crisis, but answers to another question on the same survey gave a rather different picture. Asked if they had any anxieties about their health, more than two-thirds of respondents (68%) stated that they were 'very worried' or 'rather worried' about their health. That suggests that there are quite a lot of people who consider themselves to be in a not-too-bad state of health but who nonetheless are worried about their health. We may conclude that Japanese people tend to have a high level of awareness of health issues, and also a high level of anxiety about health.

Let us then ask ourselves whether there are any socioeconomic differences to be observed in people's state of health. Numerous studies in Europe and the United States have reported that people's health conditions are associated with their socio-economic positions. Britain perhaps has the strongest record of all. In 1977 the British government set up the Working Group on Inequalities in Health, and carried out a large-scale survey on the subject. The results may be found in the Black Report of 1980, named after the chairman of the Working Group on Inequalities in Health, Sir Douglas Black. The report had a powerful impact, not only in Britain but around the world (Working Group on Inequalities in Health 1980, Townsend and Davidson 1982). The report drew a vivid picture of huge differences between occupational status groups in health indices such as mortality rate, disease rate etc. For example, the infant mortality rate for children of unskilled workers in the first month after birth was double

the rate for children of professional and managerial workers, while the mortality rate for unskilled workers aged 15 to 64 was 2.5 times higher than the corresponding rate for professional and managerial workers. The report also found that families of unskilled workers made far less use of the health services than those of other occupational groups.

Social differentials in health are not by any means restricted to occupational status. Numerous studies in Europe and North America have found that income, educational level, and assets are clearly related to mortality rates, disease rates, depression, smoking and drinking behavior and subjective perceptions of health condition. Moreover, social differentials in health are found not only at the level of individuals and families, but also at the macro level between residential communities and geographical regions. These studies (usefully surveyed in Robert and House 2000 among others) suggest the need for analysis that takes full account of both micro- and macro-level factors. For instance, some recent research has indicated that regional health disparities are related not only to individual income levels of the region but also to the degree of equality with which income is distributed within the region (Kennedy and Kawachi 1998, Kawachi and Kennedy 2002).

In contrast to this accumulation of knowledge about social stratification and health in Europe and the United States, there are very few studies looking at the relationship between socio-economic positions and health in Japan. The lack of studies on the inequality of health may simply reflect the fact that there is no socio-economic differentials in health in Japan. Indeed, Japan is known as a country of longevity. The average life expectancy at birth has remained highest in the world, recording 78.4 years for men and 85.3 years for women in 2002. The average healthy life expectancy is also highest in the world at 72.3 years for men and 77.7 years for women in Japan.³ The infant mortality rate fell to four per thousand births in 2002, one of the lowest in the world (World Health Organization 2004).

Japan's longest average lifespan is often attributed to healthy diet and the national health system. Japan has a universal health insurance system which began in 1961. The system is believed to have created an excellent health and medical service that was indicated as one of the best in the world by the World Health Organization (World Health Organization 2002). In principle, all Japanese citizens are supposed to be enrolled in one of health insurance programs that ensure access to medical care.⁴

The universal health insurance system is supposed to guarantee health care services to every citizen in the country, regardless of class, education, and income. Because of the universal coverage of health care, it is not surprising to find that Japanese people assume equal access to health services and no apparent difference in health conditions by socio-economic ingredients.

The absence of studies on social inequality of health is closely related to the lack of empirical data to address the issue of inequality in health. There are a number of studies on health by medical doctors and public health specialists. However, these studies concentrate mainly on biological and environmental factors in explaining health outcomes and do not pay direct attention to socio-economic factors. On the other hand, studies on social stratification in Japan have accumulated surveys and analyses of the Japanese stratification system. However, the surveys such as Social Stratification and Mobility National Surveys (SSM) which produced collections of studies on Japanese stratification did not include questions on health (see for example, Ishida 1993; Kosaka 1995; Sato 2000; Hara and Seiyama 2005). Therefore, national surveys which contained information on both health and socio-economic factors were mainly restricted to government surveys conducted primarily by the Ministry of Health, Labor, and Welfare.

Shibuya, Hashimoto and Yano (2002) is one of few exceptions which utilized these government surveys. Using the basic survey of the living conditions of people on health and welfare conducted by the former Ministry of Health and Welfare, they found that people who lived in prefectures with higher medium income are more likely to report good self-reported health than people who lived in prefectures with lower medium income level. In addition, individual level characteristics affected self-perceived health. Women, people with lower income, and older persons were more likely to report ill-health than men, people with higher income and younger persons. Kojima (2003) used the same survey conducted by the former Ministry of Health and Welfare and examined the relationship between income and subjective health among the elderly. He concluded: "there is no clear tendency for those in ill-health to be concentrated among the poor elderly and those in good-health to be concentrated among the wealthy elderly" (p. 89).

Yamazaki (1989) examined the mortality records of the administrative districts

in large metropolitan areas and found that the districts with high proportion of manual labor workers and self-employed tend to show high mortality rate and the districts with high proportion of professional, managerial, clerical workers and farmers tend to show low mortality rate. Nakata (1999, 2001) reports based on his survey of elderly in the northern city that occupational prestige and individual income affect subjective health and depressive feelings. Saito and his colleagues (Suthers, Saito and Crimmens 2003; Lee, Saito, and Chuang 2005) find that functional difficulty is associated with income and that emotional well-being is associated with income and education among Japanese elderly population.

Ishida (2004) presents the results of one of first national surveys on health and social inequality, and the main findings are as follow. First, when he examined the onsets of chronic diseases, there was very little difference by social class or income or education. People who were not employed (including those who were retired and those who were unemployed) were more likely to have chronic diseases diagnosed by medical doctors, but among those who were working there was virtually no difference by the kinds of occupation people were engaged in. When we use the self-reported health (that is, whether the respondents feel that their health is good or bad), the similar results were found. Aside from the difference between those who work and those who do not, there was very little difference by class/occupation, or income, or education. This result can be explained by the following interpretation. Those people who are chronically-ill are usually too sick to be engaged in paid work, so only healthy people were engaged in work regardless of their occupation. This is called “the healthy worker effect.”

There were two problems with this set of analyses. First, Ishida used the present occupation in order to explain the present health conditions. Ideally, we would like to examine how the social positions held in the past affect later health conditions. Therefore, we need to have information on past job histories. Second, the analysis included respondents who were aged 20 to 89 years. However, the younger people are generally healthy, and it is among the older population whose health conditions vary. So we need to focus on the older population.

In order to address these two problems, this study will use a national survey of the elderly health. It will analyze the older people of aged 65 and over and use their

previous social position to predict the present health conditions. The study will assess the effect of class, education, and income on various aspects of health conditions.

Given previous research in other countries, we propose to evaluate the following four hypotheses about the effect of socio-economic factors on health-related outcomes.

(1) Among the socio-economic factors, our primary attention is given to social class, the positions within the labor market. We hypothesize that non-manual workers, especially professional-managerial workers, have better health conditions than manual workers because their working conditions are relatively more favorable than those of manual working class. Manual work is physically more demanding than non-manual work. The exposure to unfavorable and physically demanding working conditions is likely to increase the risk of chronic medical conditions, physical pain, and activity restriction, and eventually lower general health conditions and perceptions.

(2) We hypothesize that educational attainment increases the likelihood of maintaining good health. Medical knowledge and information on health care are likely to increase by educational attainment, so people with higher levels of education are expected to be more health conscious and capable of coping with changes in health conditions thereby maintaining better health, than people with lower levels of education.

(3) Income level is hypothesized to affect health-related outcomes. People with higher income are able to buy special services and have better access to medical technology, and they should be able to maintain superior health conditions than those with lower income. These wealthy individuals are also likely to avoid negative consequences of ill-health such as physical pain and activity restrictions than those with limited financial resources.

(4) The effects of socio-economic factors on health-related outcomes are mediated by health-related daily activities (smoking and drinking behaviors as well as daily exercise) and access to medical information. Socio-economic differentials in health-related outcomes are likely to be produced in part by the socio-economic differences in smoking and drinking behaviors and daily exercises, as well as access to medical information.

DATA AND VARIABLES

The data set used in this paper comes from the Health and Living Survey among the elderly conducted in Japan in November and December, 1999.⁵ A sample of 6700 individuals aged 65 years old and over were selected from 340 sampling districts in Japan. The respondents were interviewed by interviewees face-to-face. In small number of cases where the respondents were not able to respond to the questions, the representatives (usually the relatives taking care of the respondents) were interviewed. The response rate of 74.6% yielded the usable sample of 4997 cases.⁶

The survey asked a number of questions related to the respondents' health conditions. Six health-related outcomes are used in this paper. The first variable, chronic medical conditions, was constructed based on the question about chronic illness. The respondents were asked to report any chronic diseases diagnosed by a doctor and were given a list of 16 common illnesses as well as a chance to report a disease not on the list. The list included such diseases as heart disease, high blood pressure, diabetes, asthma, and cancer. The responses were dichotomized so that the variable represents the presence of any chronic medical conditions. The second variable measures the visits to doctor's office. The respondents were asked to report the number of times they visited doctor's office (including dentist's office) in the past year. Those with at least one visit and those who never used the doctors were distinguished. The third variable measures the presence of physical discomfort. The respondents were asked whether they had any physical discomfort in the past month. Those who reported the responses of "applicable," and "sometimes applicable," are grouped together. The fourth variable relates to the respondents' physical ability. A number of questions were asked whether the respondents had to restrict household and daily activities due to their physical conditions and illness in the past month. The respondents who reported that they have difficulty in go shopping for daily items are given the score of 1 and 0 otherwise.

The fifth variable is a measure of depression. A series of questions related to CES-D (Center for Epidemiologic Studies Depression Scale) developed by the US National Mental Health were introduced in the questionnaire. The respondents who scored higher than 18 were designated as having a symptom of depression.⁷ Finally, the sixth variable, self-reported health, is constructed. There are two variables, one