

Views on longevity and social connections of Korean Centenarians

韓国百寿者の社会とのつながり及び長寿認識

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【要旨】 韓国百寿者の社会とのつながり及び長寿認識

本研究では、百寿者がもつ社会とのつながり及び長寿に関する認識、並びにその背景要因に注目した。資料としては、韓国慶尚北道の百寿者を対象に実施した質問紙調査及びインタビュー調査の結果を用いた。調査対象者の社会人口的な特徴として、自宅同居率が高く、家族ケアが主であることが確認できた。職歴としては農業従事者がもつとも多く、100歳を超えても農作業の手伝いをしている例がみられた。百寿者に対する周囲の評価として最も多かったのは勤勉性であった。百寿者の世代の特徴のうち、学校教育を受けた経験に乏しく、識字率が極めて低いことが彼・彼女らの社会的関係や長寿認識に大きく影響していた。身体機能の低下や非識字によって百寿者と外部社会とのつながりが希薄になっていたが、地域コミュニティや福祉サービスの利用率及び期待度も低く表れ、百寿者の日常生活圏は家の中、家族員との関係のみに止まっていた。家族介護に対する負担(感)を増幅させ、百寿者及びその家族が社会的支援から孤立しやすい状況であると指摘できよう。さらに、このような韓国百寿者を取り巻く環境が百寿者に単調な日常を強いるとともに子世代への気兼ねを増大させており、結果的に、長寿の否定に至らせる背景要因として作用していた。

【KEY WORD】 social connections Activity scope 'rorokaigo' isolation in society views on longevity

1. INTRODUCTION

In terms of progress in understanding an aged society, a negative view still seems to be firmly held. Problems of an imbalance between generations over the old age security, quantitative and qualitative overhead for the care of the elderly, and the social isolation of caregivers and the elderly, etc., remain largely unsolved, and the challenges of finding solutions are still formidable. "Muen Shakai" ("society losing bonds"⁴⁾, i.e. isolation in society increasing), has also noted that "Lonely death" is a problem of the aged society, and has indicated that the negative image of an aged society is actually increasing.

One of the concerns is how people should spend their old age. WHO emphasizes that in order to

achieve an active aging society, along with the independence of the elderly and coordination of intergenerational and socio-cultural environment, how they have been living is also important⁵⁾. Regardless of age, everyone continues to have a place as a member of the society. The realization of an active aging society is a big social issue, but it is also an individual issue. In other words, instead of just living longer, in order to spend an old age that maintains health and the quality of life, then at the level of the individual it is necessary to make and carry out a life plan with a view towards a prolonged old age, and then continue to practice that life plan for their own health and quality of life. This has become more important. In advancing the "Living to 100 years of Age" project as a major

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4) NHK, 2011.

5) WHO, 2007, pp.22-24.

national issue in 2011, the Korean government emphasized personal post-retirement preparation along with the coordination of intergenerational programs and enhancement of the social basis of the aging society⁶⁾.

The tendency to focus on the ad hoc cooperation of public and private agencies to solve the problems of an aging society has also been observed, particularly as concerns centenarians. It is also visible from the research trends and the increase of social concern for centenarians. The possibility of a wide-ranging increasing longevity, as well as socially famous people reaching a hundred years old that influence society can, as a practical matter, be considered as background factors regarding the QOL of old age⁷⁾.

Considering centenarians as the role models of healthy longevity would also be one reason why the interest increases in the QOL and longevity factors of centenarians. The objectives of this paper are to clarify the following: first, whether they had any contact with society, or were involved in some kind of social activity; second, their thoughts concerning longevity and their future hopes. Through the study of centenarians, who are role models of healthy longevity, we would like to seek for the way to coordinate public and private approaches to care for the super-elderly. It is our hope to help promote multilateral understanding about the socio-cultural characteristics of the aging and aged society by analyzing the characteristics of centenarians within Korea.

2. METHODS

The interviews and questionnaire survey of centenarians were conducted in Gyeongsangbuk-do (i.e., North Gyeongsang Province), Korea. The Gyeongsangbuk-do region is an area of high mountainous terrain comprising 19,025 square km (19.1% of the country). According to the resident registration data (March 31, 2010), the population of the Gyeongsangbuk-do region was 2,694,822

people in total, with the elderly population over the age of 65 at 419,036 people (aging rate 15.5%). The super senior population, those over the age of 85, was 24,320 people, accounting for 5.8% of the whole elderly population. According to the official records, there were 226 people 100 years of age or older (28 males, 198 females), however, we were only able to confirm 177 people who had reached the centenary mark.

In addition to the actual interview of 10 subjects, a questionnaire survey was conducted with 72 centenarians from among the 177 centenarians within Gyeongsangbuk-do. Through the interviews and surveys conducted, we were able to grasp their general characteristics, health-related characteristics, social-relationship characteristics, and longevity-related characteristics. The survey was conducted with the cooperation of the visiting nurse of the health center of the city / county area of 23 the Gyeongsangbuk-do. If communication with the elderly person was difficult, we had the family respond instead. The survey period was from December 1, 2012 to January 25, 2013.

The interviews were conducted in four regions that have been selected as longevity village sites of Gyeongsangbuk-do (2010, Lee). It was possible to get interviews with 10 people (2 males, 8 females) who agreed to our in-depth interview survey. They lived in Andong-city (3 people out of 12), Yecheon-county (1 of 13 people), Youngju-city (5 of 14 people), and 2 of 4 people in Bongwha-county.

The interviews were carried out by three of the researchers/assistants, accompanied by the public health nurse of health office. In addition to the items in the questionnaire, we tried to understand the life history of centenarians. The interviews were focused on family relations, health behavior and daily life, eating habits, and healthy-longevity. With the consent of either their families or the centenarians themselves, the interview was recorded. The duration of the interview was about 50 minutes. The survey period ran from December

6) National Research Council for Economics, Humanities and Social sciences, 2011.

7) Many of the previous research studies indicated that we should focus the purpose of research on centenarians to consider the status of QOL and to pursue the QOL of old age (Ozaki A et al. (2003); Suzuki M et al. (2003); Han G et al. (2004)).

1, 2012 to January 8, 2013. For publication of results and implementation of the survey, it should be noted that we received the approval of the research ethics committee of Yamaguchi Prefectural University, and obtained permission to conduct the described research prior to the participation of the survey participants.

3. OVERVIEW OF THE SURVEY

In order to know the whole picture of centenarians living in Gyeongsangbuk-do, first, let's look at the results of the questionnaire that were obtained from the responses of 72 people (Table1). The average age was 102.5 years old. The oldest subject was a woman aged 108. The ratio of those less than 103 years of age was greater than 70%. By gender, there were 11 men (15.3%) and 61 women (84.7%). Women accounted for 86.1 percent of centenarians in the census results in 2010, but the gender ratio of this study found more men as compared to the situation reported for the whole country⁸⁾.

The educational level indicated that 47.2% (34 people) were illiterate and that 88.9% (64 people) were people without school experience, which was 10 percentage points higher than the national level found in 2010 (78.8%)⁹⁾. There were only 8 people (4 male and 4 female) with schooling beyond an elementary school education.

Most centenarians in Gyeongsangbuk-do lived at home (81.6%) rather than in care facilities (19.4%). In terms of living arrangements, 48 people (66.7%) lived 'with family members', three people (4.2%) lived 'with only their spouse'. There were seven people (9.7%) living alone and fourteen people (19.4%) who were living in a care facility. The main caregivers were family members (52.8%), and in many cases, it was the eldest son and his wife. In 13.9% of the cases, the main caregiver was the spouse.

There were 30 people (41.7%) of the centenarians who suffered from some chronic disease or illness. In terms of the status of their eyesight, 33.3% of

Table1. Age and gender of centenarians unit: person, (%)

Age	Total	Male	Female
Total	72 (100)	11 (100.0) [15.3]	61 (100.0) [84.7]
100 years	9 (12.5)	2 (18.2)	7 (11.5)
101	12 (16.7)	2 (18.2)	10 (16.4)
102	19 (26.4)	2 (18.2)	17 (27.9)
103	12 (16.7)	1 (9.1)	11 (18.0)
104	9 (12.5)	1 (9.1)	8 (13.1)
105	7 (9.7)	0 (0.0)	7 (11.5)
106+	4 (5.6)	3 (27.3)	1 (1.6)
M±SD	102.5±1.8	102.8±2.4	102.5±1.7

Table2. Health status & Caregivers unit: person, (%)

	Total	Male	Female
Residence			
At home	58 (81.6)	10 (91.9)	48 (78.7)
At care facility	14 (19.4)	1 (9.1)	13 (21.3)
Chronic disease			
Yes	30 (41.7)	5 (45.5)	25 (41.0)
No	42 (58.3)	6 (54.5)	36 (59.0)
Eyesight status			
Normal	24 (33.3)	2(18.2)	22 (36.1)
Nearly blind	2 (2.8)	0 (0.0)	2 (3.3)
Hearing status			
Normal	9 (12.5)	1 (9.1)	8 (13.1)
Nearly deaf	12 (16.7)	2 (18.2)	10 (16.4)
Chewing ability			
Normal	4 (5.6)	2 (18.2)	2 (3.3)
Difficulty chewing	35 (48.5)	4 (36.4)	31 (50.8)
Main caregivers			
Self	6 (8.3)	1 (9.1)	5 (8.2)
Spouse	10 (13.9)	3 (27.3)	7 (11.5)
Family members	38 (52.8)	5 (45.5)	33 (54.1)
Others	18 (25.0)	2 (18.2)	16 (26.2)

the respondents said they could see normally. As for hearing status, only 12.5% responded saying that they could hear normally. Thus, hearing status was recognized as having a relatively bigger inconvenience factor for the centenarians when compared to problems with eyesight. Chewing ability was considered normal by only 5.6% of the respondents. Thus, most of the elderly were experiencing difficulty in chewing. Dentures were being used by 33.3%. 91.7% of the elderly surveyed

8) There were 256 men (13.9%) and 1580 women (86.1%) in November 1, 2010 (Statistics Korea, 2011, p.3).

9) KIM Hyeweon, 2012, p.55.

have a regular meal. The average total score of MNA8) stood at 18.6 points, thereby belonging to the scope of the group with risk of malnutrition. As a result of evaluating their nutritional status, a risk of malnutrition was found in 52.8 % . Normal nutritional status accounted for 18.1% of the subjects.

Regarding ADL, non-disabled centenarians accounted for 19.4 % , with men running at 36.4 % and women at 16.4% . Regarding IADL, non-disabled centenarians averaged 2.8 % , with zero men and women at 3.3% .

As for the centenarians' daily-life activity zone (Table3) , 81.9% of them were limited to the house only. Looking at the breakdown, the category 'inside of the home' (45.8%) was the largest activity zone. The next largest zone was 'the inside of a room' at 25.0% . Cases where the zone expanded into the neighbor' s home also accounted for 18.1% .

	Total	Male	Female
Around bed	8 (11.1)	2 (18.1)	6 (9.8)
Inside room	18 (25.0)	4 (36.4)	14 (23.0)
In house	33 (45.8)	4 (36.4)	29 (47.5)
Neighbors	13 (18.1)	1 (9.1)	12 (19.7)

It was indicated by 25 % that their main everyday pastime was watching TV, while time spent on housekeeping accounted for 20.8 % of the participants, spending time with friends or neighbors was 16.7% , taking a walk was listed in 13.9% of the responses, backyard gardening was 11.1% , religious or volunteer work activity accounted for 8.3 % , hobby activities are done by 6.9 % , and reading newspapers or books accounts for 4.2% . Concerning the high proportion of people (38.9 %) who spend every day without doing anything, it is necessary to re-evaluate their situation in terms of the QOL of old age.

As for going out frequently, the largest response was "little" (77.8 %) , followed by "almost every day" (11.12%) , "1-2 times a week" (8.3%) , "three times a week or more" (2.8%) . With regard to the frequency of contact with people outside the family, 26.4 % of the respondents said "not at all" , "a special day such as birthday or New Year" (25.0%) , "almost every day" (15.3%) , and "at least once a week" (6.9 %) . In view of the hearing difficulties of most centenarians and that communication by telephone is difficult without good hearing, it can be assumed that the point of contact between society and centenarians is very limited.

	Total	Male	Female
Watching TV	18 (25.0)	3 (27.3)	15 (24.6)
Housekeeping	15 (20.8)	1 (9.1)	14 (77.0)
Time with friends & neighbors	12 (16.7)	0 (0.0)	12 (19.7)
Taking a walk	10 (13.9)	2 (18.2)	8 (13.1)
Gardening	8 (11.1)	0 (0.0)	8 (13.1)
Reading newspapers & books	3 (4.2)	2 (18.2)	1 (1.6)
Interesting hobby	5 (6.9)	0 (0.0)	5 (8.2)
Religion & volunteer	6 (8.3)	0 (0.0)	6 (9.8)
Etc.	3 (4.2)	0 (0.0)	3 (4.9)
Nothing	28 (38.9)	5 (45.5)	23 (37.7)

¹⁾ Duplicated answers

4. IN-DEPTH CASES

An in-depth case survey of ten centenarians (2 male, 8 female) was conducted by interview. Survey responses were based on self-reports or reports by caregivers. We analyzed the 9 cases where the subjects were still living in a house from among the 10 cases (one subject lived in a care facility). Based on the content of what centenarians told us in their interviews, we will now focus on the sociodemographic characteristics, health status, what kind of social connectedness they have in their daily life, and how they are thinking about longevity.

Centenarians eat lightly but regularly, having nearly the same sized meals every day. Although they have almost no teeth and most of them have a problem with their ability to chew, they eat just about everything. They commonly have been doing work such as weaving, sewing, and knitting straw bags from their youth. They actively move around diligently searching for something to do every day such as, gardening even if there is a little decline in their body now. Also, some of them try to do every daily-life affairs by themselves.

4-1 Opinions of the centenarians and their families concerning their longevity and family care

Looking at the age of the sons and their wives living with centenarians, most of them were elderly. The so-called phenomenon known as 'rorokaigo' was observed wherein the elderly child generation takes care of even more elderly parents. In fact, two centenarians told to us how they give thanks to their children for caring for them, and they feel very sorry that they take on the hardships for their elderly parent. They also added they didn't want to live any longer.

When I was 50 years old, I allowed my son and his wife to run the household...I was able live to over 100 years old, thanks to my eldest son and his wife. There are many elderly parents that must be moving from place to place between the houses of their children...but my son and his wife are willing

to take care of me...I don't think the longevity is good because the things to worry about will be increased. (A man)

Because I have a long life, my daughter-in-law is having a hard time. Also I can't do what I want to do any more...It is too long to live to be one hundred years old. (A woman)

We heard the opinion that longevity might put a burden on the adult children's generation who are living with centenarians.

We cannot live so long...We do not live too long. But it's okay because there are we in the mother-in-law. (A daughter-in-law)

When the elderly visit a short time, they may not be disliked. But no one is pleased living with a centenarian, even though she is their own mother...It would be good if I could use the facilities where the elderly parent is close to home...70s, 80s is the age when even taking care of themselves is also difficult. Nevertheless, we must take care of the parent living beyond one hundred years old. This is the reality of our country. (A son)

Burden of children becomes larger...I cannot live longer...My son has a hard time if I do not die early... (A son)

Originally, I did not intend to live for such a long time, for my children's sake. (A daughter-in-law)

I do not want to live, being no longer able to live as I think. (A woman)

We support mother-in-law easily because she is healthy. (A daughter-in-law)

The opinions of family members and centenarians are overwhelmingly negative about them living longer in a dependent situation. The value of the aged society, whereby healthy longevity is desirable rather than just living longer, has appeared

Table 5. Characteristic of centenarians

Sex	Age	Age of family living together	Physical function ²⁾ Activity Scope	Social connectedness Usual pastime	Characteristic	
1	F	101	Eldest son (68) & his wife (62)	Hearing (△); Eyesight (○); Chewing (△); Personal care (○); Neighbors	Gyeongno-dang ¹⁾ Support for daughter Helping agriculture	Drink well Diligent Considerate
2	F	103	Second son (78) & his wife (77)	Hearing (×); Eyesight (○); Chewing (×); Personal care (△); Neighbors	Granddaughter Helping agriculture	Diligent
3	F	105	Eldest son (76) & his wife (76)	Hearing (×); Eyesight (×); Chewing (△); Personal care (×); Inside room	Nothing	Diligent
4	M	100	Youngest son (Unknown; deaf)	Hearing (△); Eyesight (△); Chewing (△); Personal care (△); In house	Using Home-help service Cooking rice Watching TV	Optimistic Sociable
5	F	100	Youngest son (57) & his wife (Unknown)	Hearing (△); Eyesight (△); Chewing (△); Personal care (○); In house	Housekeeping	Positive nature Diligent
6	M	101	Eldest son (77) & his wife (74)	Hearing (○); Eyesight (○); Chewing (△); Personal care (○); Neighbors	Doing agriculture	Diligent Humorous Optimistic Active
7	F	101	Eldest son (75)	Hearing (×); Eyesight (×); Chewing (×); Personal care (×); Inside room	Using Bathing service Nothing	Diligent
8	F	102	Family of Daughter (Unknown)	Hearing (×); Eyesight (○); Chewing (×); Personal care (×); In house	Religion Activity	Diligent
9	F	102	Eldest son (80) & his wife (74)	Hearing (×); Eyesight (△); Chewing (△); Personal care (○); Neighbors	Religion Activity	Diligent Active Positive nature

¹⁾ Kind of a senior center in South Korea.²⁾ The level of Physical function (Hearing status · Eyesight status · Chewing ability ; Personal care) was divided into 'Nearly normal' (○), 'Somewhat of a problem' (△), and 'Quite a problem' (×). Activity Scope was divided into 'Around bed', 'Inside room', 'In house', 'Neighbors'.

specifically as the voice of those in the care field. According to the research on the burden of family care for the centenarians¹⁰⁾, the burden is less than that of long-term care for the young elderly. The reason is that the caregivers are accustomed to giving care, and the people around the caregivers admire them for supporting their parent who is one hundred years of age or older. Although centenarians tend to enjoy healthy life without pain from disease and live actively, the opinions shared above over the healthy status of centenarians and 'rorokaigo' well represents the problem of the aged society.

In Japan, we heard a lot of opinions from centenarians that they do not want to live longer, even if they are healthy if they are dependent on others¹¹⁾. Therefore, the main reason for Japanese centenarians for not wanting to live longer is a loss of autonomy and control over their lives. Compared to Japan, in Korea the family is still expected to be the primary caregiver. I would like to point out that the burden of family care has led to the denial of longevity; that the generation of elderly adult children caring for centenarian parents is likely to lead to further isolation in "Muen Shakai" (isolation in society increasing)¹²⁾.

4-2 Connecting with society and having social roles

In only four cases out of the nine, the centenarians had roles to play in their daily life. One woman is in the role of caregiver of a handicapped daughter who is blind, and the three other people are doing agricultural work. The woman who is taking care of her daughter goes to Gyeongno-dang (i.e., a senior citizens center) every day with her 82-year-old daughter and an 83-year-old neighbor. It is 20 minutes away from the house on foot. She spends from about 9 o'clock in the morning until 10 o'clock at night at Gyeongno-dang with them. She eats breakfast alone, which her daughter-in-law brings to her room. She eats at home only in the morning, and

eats lunch and dinner, in many cases, at Gyeongno-dang. Lunch and dinner are eaten at Gyeongno-dang usually, but sometimes she also eats at the home of her daughter who lives near her house. The mother, who is one hundred-years-old is worried about her blind 82-year-old daughter and supports the day-to-day life of the daughter, such as going out or preparation of the meal. It can be seen from the following story that she is aware of her role as a caregiver, and why she continues to live.

I want to die, even this year. To die even by drinking medicine or drugs...want to die, even today, I don't want to live longer (sight-impaired) ...even my daughter, who is blind, has lived too long. But I don't die easily... (A woman)

In a different viewpoint, her opinion indicates that having no role leads to loneliness and a reduced willingness to live.

It is boring...because there is nothing to do...too boring. Have I lived so long because of what I eat? It has become a long life though it is such a life. There are many dead already, guys, of those born around the same time as me; there is only one person left, me. Even though the back is bent so, why am I still alive? (A woman)

I do have a sore lower back, but still work out in the rice fields because it is boring without things to do...I'm glad for your coming today. I feel lonely and bored when I am alone. I cannot do anything even if I am lonely. But I feel I want to live more, when I have a chance to talk a lot like today. Come, and come tomorrow also. (A man)

What is most serious is that there is no one my mother can talk with. My aunt who lived nearby brought the news of the town and relatives and told my mother a lot, previously. But, the aunt also went

10) Yasumichi Arai (新井康通) et al., 2002.

11) Hyeweon Kim, 2013.

12) After all, "Muen Shakai" can be said to refer to the entire society, which needs help to be less isolated, not just the people around those who support centenarians or the elderly (山本和興, 平松優, 2013).

into the care home. So there is no one, who can speak on a daily basis with my mother, except for me. These days she keeps on opening the door and talks to people passing nearby. However, there are not many people who have time enough to talk to others. (A son)

My mother was a very hard-working woman. She was working all the time. She worked with fabric even at one hundred years old. She must have wanted to work still. (A son and his wife)

Why, I wonder, don't I even get sick? I've lived long enough to get tired...It's boring... too boring. There is nothing that I want to do. At one hundred years old, I have lived too long. (A woman)

It is said that poverty, disease, loneliness, and role loss are the major problems likely to appear in old age. To summarize the contents of the interviews with the centenarians, it can be seen that the problems of old age have a significant impact on their thoughts on longevity. Role loss leads to boredom, loneliness, eliminates the sense of usefulness and leads to negative perceptions of longevity, after all. It is noted that the subject of "I" is less in the narrative of centenarians, and even if the word "I" is used, in most cases, it is within the context of capturing the future and the current state of their own lives negatively. It is also noted that the reference to social services are not very often within their narrative. It means that the expectations for social services of centenarians and their families are low. In other words, centenarians and their families are easily isolated. Having continuous encouragement from a social support system is required to achieve a healthy longevity and an active aging society.

Another important point is that they don't have any place for activity. As an evaluation of centenarians, their family members and neighbors point out the hard work of the centenarians in their life and with their daily activity. And most of centenarians want to maintain their work and social activities continuously. But many of them do not

even have a place to go.

It was commonly seen that centenarians cannot and do not go out in winter. It is clear that centenarians are placed in an environment where activities to maintain their relationship with society is likely to be cut off. The social services that centenarians are using are home-helper service and bathing services but these services were only used by three of the nine subjects. Japanese centenarians learn new hobbies at the Daycare centers or engage in volunteer activities. The social network of Korean centenarians is limited to neighbors and family members.

Focusing further on the characteristics of centenarians in terms of contact with society, they have a big problem. Having a handicap in the area of health status, especially with eyesight and hearing ability are features that centenarians have in common. In this survey, most of the centenarians were illiterate. That they cannot read means it is difficult for them to get new information about society by themselves. While it may be a problem limited only to the current older generation, this is a serious obstacle in helping to maintain or make contacts with the general society.

5. CONCLUSION

This study surveyed the daily life and consciousness of centenarians living in Gyeongsangbuk-do, using face-to-face interviews and questionnaires. We analyzed, whether they had any contact with society, or were involved in some kind of social activity, as well as their thoughts concerning longevity and their future hopes.

It was noted that all of the centenarians interviewed were hard working, worked long periods of time and evinced good self-control throughout their whole life. Some of the centenarians had continued working up to 100 years of age or were still working in the field. Many of the centenarians are living with family, and their family members gave daily care to the centenarians. Therefore, the burden of care was concentrated on the generation of the adult children of the centenarians. Both parent and child had a perception that longevity could lead

to a heavy burden on the generation of aging adult children.

In addition, family care also had unintended adverse effects whereby contact between centenarians and external society was inhibited as the range of activities remained in the house. Because most of the centenarians could not read, it was impossible for them to approach external information on their own. In fact, most of the interviewees had been feeling bored and had a sense of loneliness that comes from the lack of information and conversation with people outside the family.

Opinions about longevity were very negative in many cases. We found the reasons were that they don't have any social role, contact with the outside community is too small, and their children have to bear the burden of caring for them. As a result of continuing to work diligently over a long period of their life and managing their own health care, they could reach to the age of one hundred years or older. But the lack of social support has reduced the desire of the centenarians to live any longer, and they said, "I am tired of living and I want to die."

While our study was small having but nine interview cases and 72 questionnaires that were completed, we feel that our findings can be generalized to the whole population of centenarians and suggest that intervention of social services might improve modifiable risk factors of old age life.

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