Chapter 12

COMMUNITY PARTICIPATION IN JAPAN: JAPANESE COLLECTIVISM AND STEREOTYPICAL GENDER-ROLE

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ABSTRACT

It is widely believed that Japanese culture is collective, and that its people are more likely to be expected to pursue harmony with others, compared with many Western individualistic societies, where people are more likely to be expected to be independent and focus on their own abilities. In past years, Japanese people have participated in community activities, including community associations, women's associations, PTA and health-welfare activities. Since Japanese culture is also oriented toward stereotypical gender-roles, women are more likely to participate community activities than men, who more likely to engage in economic activity. In recent years, community bonds are weakening, and Japanese participation in community activities is decreasing. One reason may be that women's participation in economic activity is increasing. Couples' gender-role distinctions are also changing. In this section, recent trends in community participation in the Japanese community are reviewed, and new data in which psychosocial factors related to participation in community workshop for married couples during childrearing is shown. We focus on Japanese collectivism and gender-roles, and discuss future prospects for community activities, which are related to childrearing, elder care, education, and the promotion of health.

Keywords: Japanese Collectivism, stereotypical gender-role, social capital

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CHANGES IN JAPANESE SOCIETY AFTER WORLD WAR II

As Japanese economic growth progressed after World War II, its population initially increased, but as the birthrate declined and the proportion of elderly people grew, the population began to decrease. Japan's industrial structure changed from primary industries such as farming, forestry, and fishery to secondary manufacturing and service industries, and this leading to depopulation of rural areas and a higher concentration of the population into urban areas. As a consequence of changes in family structure and work environment, the strength of mutual support systems is decreasing in the Japanese community (Ministry of Health, Labor and Welfare, 2006a).

On the other hand, the growing elderly population and the concentration of the working population into urban areas have led to increases in family units of elderly people. Nuclear families, women's participation in society and changes in gender-roles require increased support for childrearing. Today, a great need for care for elderly people and childrearing exists in the Japanese community.

Family, Community, and Workplace

According to a survey by Ministry of Health, Labor and Welfare (2006a), more than 50% of Japanese people reported that "it is ideal to rely on support from family," while nearly 60% estimated that support from family would weaken in the future. In Japan, families have traditionally been supported by the community. Members of the community helped each other in childrearing and in caring for the elderly.

Thus, it is well-known that Japanese society, like many other East Asian societies, is collective, and people are more likely to be expected to pursue harmony with others. According to the well-known ecological study by Hofstede (2001), Japan is grouped as a collective society among 53 countries and areas. On the other hand, many Western societies, including the US, were grouped as individualistic societies, where people are more likely to be expected to be independent and focus on their own abilities. In fact, Japanese individuals have been shown to have stronger collective values than French individuals (Hirokawa, Dohi, Vannieuwenhuyse, & Miyata, 2001).

In the Hofstede's research (2001), a society's economic index (1970 GNP/ capita) was positively correlated with individualism in a society (r = 0.84). Economic growth is presumed to facilitate individuals' independence and abilities. This is applicable to Japan in that economic growth has changed family structure, and neighborhood relationships have weakened. According to the previous survey by the Ministry of Health, Labor and Welfare, (2006a), friendly neighborhood ties deteriorated not only urban areas where in-migration and migration were widespread, but also in rural areas. The primary reason for moving from one area to another is job transfer. People need jobs to economically support their families. Individuals' time spent with family and participating in community activities actually depend on the way they work. While neighborhood relationships are weakening, peoples' relationships in the workplace are becoming important in their lives as well as their families'.
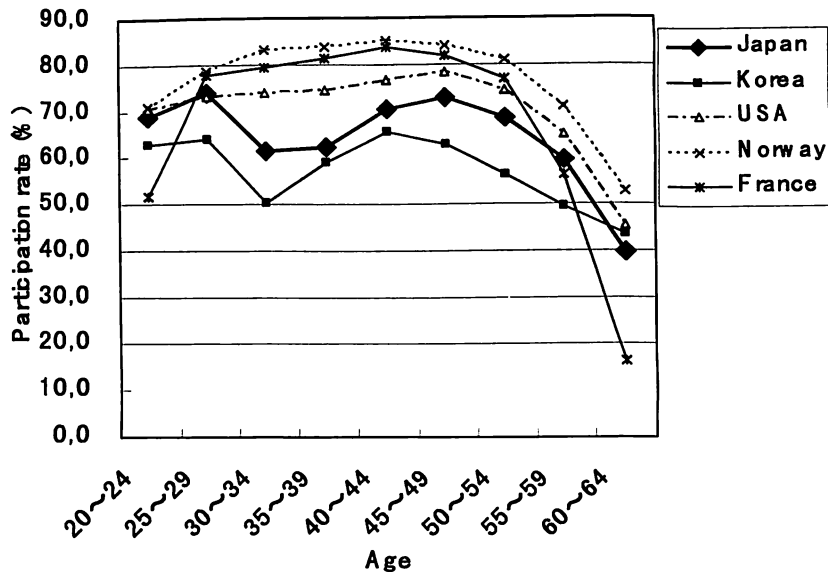
* Data are obtained from Ministry of Internal Affairs and Communications (2006).

Figure 1. Women's workforce participation rates.

Women's Workforce Participation and Gender-roles

As the society's workforce needs increased, women's workforce participation rates increased as well. However, women's rate of workforce participation in Japan is still low compared with other leading industrial countries. An M-shape of age-specific workforce participation has been indicated for Japanese women (Figure 1). After marrying, or the birth of the first child, many Japanese women leave their jobs. At around 35 years of age, when they gain a little freedom from childrearing, a great percentage of these women return to work. Many Japanese people believe that women should take care of their children until they are 3 years old (Meguro & Yazawa, 2000). Women participating in childrearing showed an especially strong belief in this issue (Sanda-shi, 2000). In Japanese society, the traditional gender-role attitude-- "Men go to work and women stay at home" --has been strong (Otake, 1977). Japan is the most masculine society among 53 countries and areas (Hofstede, 2001). That is, the Japanese culture is highly oriented toward stereotypical gender differentiations. Recently, gender-role attitudes are changing, and many men are participating in homemaking and childrearing in some ways.

Japanese men spend a majority of their hours in a week at their jobs. Because the proportion of part-time workers has been increasing recently, working hours seem to be decreasing. However, one in five people works more than 60 hours per week (Ministry of Health, Labor and Welfare, 2006a). "Karoshi" (death due to overwork) is a well-known expression of Japanese men's working situation. A high suicide rate has been a serious social problem for Japanese working men. Japanese men spend relatively little time participating in homemaking and childrearing (only 48 minutes per day) (Ministry of Internal Affairs and Communications, 2001). Only 0.57 % of men take childrearing leave instead of their wives

(Ministry of Health, Labor and Welfare, 2007). Therefore, Japanese women, if employed, must work and manage homemaking by themselves.

CULTURE AND INDIVIDUAL ATTITUDE TOWARDS GENDER-ROLES

Cultural factors such as individualism and collectivism are influential in individuals' behavior, emotions, and cognition, and even psychological traits. The issue of self-esteem has been discussed in the context of the construct created through a lifetime of experiences with social norms and expectations (Cross & Madson, 1997). Therefore, individuals' self-esteem, as well as psychological factors, are influenced by culture (Cross & Madson, 1997; Markus & Kitayama, 1991).

For example, individualism frames dual views of the person and society, then an individual's sense of relatedness to others may be volitional and based on personal choice, though it is socially encouraged and rewarded for women Collectivism, on the other hand, frames singular views of the person and society, with interpersonal responsiveness being obligatory, and care for others being based on a moral code rather than on personal discretion (Cross & Madson, 1997). In individualistic cultures, self-construal based on relationships with others is more likely to focus on individual relationships, including those with one's spouse, friends, and siblings in comparison to collective cultures, where self-construal based on relationships with others is more likely to focus on group memberships or social roles. Women and men participate in these cultures in different ways, including gendered social roles, experiences, and occupations, which reinforce the different skills and abilities developed by women and men.

Cultural gender-role differentiation may also influence individuals' attitudes toward gender-roles. In a study by Hofstede (2001), large differences between sexes were found in countries with higher mean scores for masculine values. Hirokawa et al. (2001), in examining individuals' data, also found a significant differences between sexes in the score of masculine values related to work, showing that Japanese women scored lower working values than men. In addition to work, Japanese women and men showed stereotypical gender-role values regarding family and education, such as "the father should manage facts and the mother should manage feelings."

However, individuals may differ in the degree to which others are incorporated into themselves, which influences cognition, motivation, emotion, and behavior, even if they are in the same collective culture (Cross & Madson, 1997). Therefore, participation in community activities may not be always motivated by cultural factors, but may be explained by individual factors, including attitudes toward gender-roles.

A SURVEY OF PARTICIPANTS IN COMMUNITY WORKSHOPS

A survey on determining psychological factors among participants in a community workshop on stress management for couples during childrearing is presented in this section. The survey focused on gender-role attitudes toward childrearing, marital quality, and psychological stress levels.

More than 90% of families with children in Gifu, Japan, attend a public health program at least 4 times during the first 3 years of a child's life (i.e., a health check at a health center or a hospital at the ages of 4 months, 10 months, 1.5 years, and 3 years, according to Gifu city ordinance). Families with children who visited a health center at nine months were asked by public health center nurses to complete a questionnaire. 407 women and 322 men returned completed questionnaires. The data of 322 married couples was analyzed. This study was approved by the local institutional review board for the study of ethics.

The mothers' mean age was 31.2 years (SD = 4.5), younger than the partners' means age of 34.0 years (SD = 5.5). The mean number of children was 1.6 (SD = 0.8) and the mean age was 2.0 years (SD = 2.8).

Questionnaires

Participants were asked whether they wanted to participate in a community workshop, to learn about stress and stress-coping strategies. They were asked to chose "Yes" or "No."

Socio-demographic Variables

Participants were asked their age, gender, number of children, employment status, and educational background (Table 1). The majority of the mothers in this study were homemakers (69.9%). The total percentage of working mothers was 29.5%, including 15.5% being full-time employees, 6.3% part-time employees, 4.8% self-employed or farmers, 0.3% freelance professionals, and 2.5% working at night or operating businesses from home. In contrast, the majority of their spouses were employed (98.8%), 80.7% being full-time employees, 1.6% part-time employees, 12.8% self-employed or farmers, 3.7% freelance professionals, 0 % working at night or operating businesses from home. There were no homemakers, and the percentage not employed, including students, was 1.2%. The participants were asked to state their educational background, from junior high school (9 years) to graduate school (18 years or more). To assess the circumstances of support from family, participants were asked whether they had been living with their parents. 26.5% of the mothers lived with their spouse's parents, and 5.1% lived with their own parents. These numbers suggested that Japanese women were more likely to marry and live in their spouse's parents' home.

Psychological Factors

Participants were asked for their stress symptoms, gender-role attitudes, marital quality, and amount of housework (Table 1).

The stress symptoms scale was designed by Hatta to assess individuals' frequency of 14 stress responses over the previous six month period, by choosing 1 (almost never), 2 (a few times a month), 3 (a few times a week), 4 (a few times a day), and 5 (always) (Yamada, 1996). The 14 stress responses consisted of three subscales; 5 physical responses, including headache, fatigue, neck or shoulder pain; 5 mental responses, including insomnia, depression, and distraction; and 4 behavioral responses, including irritation, short temper, and neurosis.

Table 1. Participatnts' characteristics

	Mean	SD		
Sociodemographic variables				
Number of children	1.6	0.8		
Age of children	2.1	2.8		
	(%)			
Living with father's parents				
Living together	26.5			
Living near (30 min)	53.6			
Living far (1 hour)	19.9			
Living with mother's parents				
Living together	5.1			
Living near (30 min)	70.5			
Living far (1 hour)	24.4			

	Mother		Father	
	Mean	SD	Mean	SD
N	322		322	
Age	31.2	4.4	34.0	5.5
Years of education	13.7	1.6	14.5	2.0
Number of housework	9.0	2.2	2.3	2.0
Stress responses				
Body	9.4	3.4	9.2	4.1
Mind	8.2	3.1	8.1	3.3
Behavior	8.5	3.5	7.3	3.4
Marrital relationship				
Bond of marriage	25.8	5.1	27.5	5.8
Individualization after childbirth	23.4	3.1	23.0	3.7
Gender role attitude				
General	9.2	2.8	10.1	2.6
Male's housework	7.5	1.4	6.4	1.8
Female's housework	7.8	1.9	7.3	2.3
Male's child-rearing	11.2	1.9	10.3	2.2
Female's child-rearing	8.4	1.9	8.6	1.7
	(%)		(%)	
Occupation				
Homemaker	69.9		98.8	
Working outside home	29.5		0.0	
Others	0.6		1.2	

A checklist was used to assess the amount of housework. There were twelve housework-related tasks thought to be the most common in Japanese daily life (Sand-shi, 2000).

Participants were asked to circle every task they primarily did. The number of checked items was counted.

The inventory of marital quality was designed by Kashiwagi and Nagahisa (1999) to assess the strength of marital bonds and individualization in families after childbirth. They investigated its validity and reliability as well. There were 11 questions regarding the bonds of marriage, such as "My partner's pleasure is mine," and 7 items regarding individualization after marriage, including "It is important to dress up and take care of myself," rated on a scale of 1 (disagree) to 4 (agree). This index was computed by the sum of the eleven and seven items.

Stereotypical gender-role attitudes toward women's and men's participation in housework and childrearing, as well as general gender-role attitudes in general were assessed by questionnaires used in Sanda (Sanda-shi, 2000) and Tokyo (Meguro & Yazawa, 2000). Attitudes about gender-roles were determined by asking whether participants agreed with 5 items including "The husband should go to work and the wife should stay home," and "Women should get married because their happiness is depends on married life." Gender-role attitudes towards women's housework were determined by asking whether participants agreed with 3 items, including "Women ought to do housework," and those towards men's housework were determined by asking about 3 items, including "Men ought to do housework." Gender-role attitudes towards women's childrearing were determined with 3 items including "Childrearing is women's work," and those towards men's childrearing were determined with 4 items including "Fathers should participate in childrearing when a child is small." The questions were ranked on a scale of 1 (disagree) to 4 (agree). The index was computed by the sum of the responses.

The questionnaires in the survey were detailed in the previous study (Hirokawa, Asano, Masuno, Usui, Yoshida, & Shimizu, 2007).

Results

Table 2 shows participants' characteristics according to their responses to the workshop survey. Mothers showed higher interest in participating in the workshop than fathers. There was no significant difference in age, number of children, years of education, or employment status between participants who responded "Yes" and those who answered "No" to participating in the workshop.

Multiple-variable logistic analyses were conducted by the stepwise method to examine factors which determined participation in the community stress-management workshop. Results showed that factors determining women's participation were their behavioral stress level (OR=0.86, 95% CI=0.79-0.93, P<0.01) and their partner's gender-role attitudes toward childrearing (OR=0.84, 95% CI=0.74-0.94, P<0.01). Factors determining men's participation were their partners' marital bond (OR=1.28, 95% CI=1.09-1.51, P<0.01) and their psychological stress level (OR=0.91, 95% CI=0.83-0.99, P<0.01) as well as their gender-role attitudes toward childrearing (OR=0.82, 95% CI=0.70-0.96, P<0.05).

Table 2. Participants' characteristcs by workshop participation

| | Mother | | Farther | |
| | Participation | | Participation | |
	Yes	No	Yes	No
N	108	206	50	262
Age	30.8	31.4	33.9	34.1
Number of children	1.5	1.6	2.1	1.8
Years of education	13.6	13.8	14.4	14.5
Employment status				
Employed	30.5%	28.9%	98.0%	98.9%
Homemaker or unemployed	69.5%	71.1%	2.0%	1.1%

The related variables were stratified based on their tertile scores. In the mothers' participation model, mothers' behavioral stress symptoms, and their husbands' gender-role attitudes towards men's childrearing were taken into account. In the fathers' participation model, fathers' mental stress symptoms and gender-role attitudes towards men's childrearing and their wives' strength of the marital bonds were taken into account (Table 3).

Results showed that mothers with a higher level of behavioral stress symptoms declined to participate in the workshop, and husbands with higher scores on gender-role attitudes towards men's childrearing also chose not to participate. Fathers' mental stress symptoms attenuated in association with participation in the workshop. Those with higher scores on gender-role attitudes towards men's childrearing declined to participate in the workshop, whereas those with higher scores on their wives' marital bonds agreed to participate.

These results indicated that men's participation in childrearing may reduce their participation in the workshop as well as their wives'. The survey was conducted for the couples during the childrearing period. Therefore, men's participation in childrearing may be an important factor in the decision to participate in a workshop for both husbands and wives. There could be many hypothetical explanations. For example, husbands who participate in childrearing may be too busy to take care of their child (or children). The wives whose husbands participate in childrearing may not feel like participating in a workshop about stress and stress-coping strategies, because their husbands' childrearing reduces their stress levels. However, no association was found between men's childrearing participation and participants' stress symptoms. Furthermore, this score indicated the men's attitudes towards childrearing and did not represent actual participation in childrearing. Men's actual participation in childrearing or lack thereof should be considered.

Men's workshop participation was influenced by their wives' marital bonds. Men's participation may be due to their wives' requests to do so. This score measured the bonds of marriage. In Japanese culture, the idea that "A married couple is one flesh," meaning that a couple shares everything, is still widely believed. This idea may be one aspect of Japanese collectivism. Strong bonds of marriage with wives may reduce husband's stress levels. husbands' stress symptoms showed a moderately negative correlation with the strength of their bonds of marriage with their wives (body: $r = -0.11$, mind: $r = -0.11$, behavior: $r = -0.12$).

Table 3. Multi-variable logistic analyses for participation in a workshop

				Mother		
	OR	95% CI	P for trend	Age-adjusted OR	95% CI	P for trend
Stress symptoms Behavior			P < 0.01			P < 0.01
<7	1.00			1.00		
7<= <10	0.64	0.37-1.12		0.65	0.37-1.12	
10<=	0.31	0.18-0.54		0.31	0.18-0.54	
Husband's gender role attitudes towards childrearing			P < 0.05			P < 0.05
<9	1.00			1.00		
9<= <11	0.90	0.51-1.60		0.90	0.51-1.60	
11<=	0.53	0.32-0.86		0.53	0.32-0.87	
				Father		
	OR	95% CI	P for trend	Age-adjusted OR	95% CI	P for trend
Stress symptoms Mind			P = 0.11			P = 0.11
<6	1.00			1.00		
6<= <9	0.92	0.30-2.14		0.92	0.39-2.14	
9<=	0.54	0.24-1.21		0.53	0.24-1.21	
Gender role attitudes towards childrearing			P < 0.05			P < 0.05
<9	1.00			1.00		
9<= <11	0.39	0.14-1.09		0.40	0.14-1.11	
11<=	0.32	0.12-0.83		0.32	0.12-0.85	
Wife's marital relationship Bond of marriage			P < 0.05			P < 0.05
<5	1.00			1.00		
5<= <7	0.79	0.41-1.53		0.79	0.41-1.52	
7<=	2.30	1.22-4.33		2.30	1.21-4.35	

Japanese Collectivism and Gender-Roles

Participation in community activities may be influenced by couples' relationships, which may be influenced by individuals' gender-role attitudes and social gender-roles. Dohi (2000) called individuals' relationships structured by society or culture "shadow-work." Gender-role differentiation in each couple is affected by the Japanese social system. Ida (1995) pointed out that Japan is a society based on couple units, meaning that a couple is one unit in social life. For example, the main breadwinner will have a tax credit for "a spouse" and family members who earns under\1,030,000 per year. The main breadwinner in the majority the

families is a man. Their workplaces support the person employed, as well as their family members. Married women's options for employment and income are limited.

Both participation in economic activity and community are matters that concern the couple unit. Yamagishi (1999), writing about Japanese collectivism, has said that collectivism may substitute for individualism in the Japanese social system. It is true that Japanese individuals tend to seek advantages for their group (or couple unit) rather than for themselves personally. This is because the Japanese social system strongly discourages an individual from acting against group interests. In other words, Japanese collectivism does not mean that the Japanese prefer group interests to their own. In a couple unit, a husband and wife pursue their different social roles because they know well that the couple's merits will become their own personal merits. Therefore, a husband and wife depend on each other. A stronger bond between a husband and wife may be one factor causing them to have increased contact with their community.

FUTURE PROSPECTS FOR COMMUNITY PARTICIPATION

Aging Society and Community

Working-age men have fewer opportunities to participate in community activities because of their work, while their wives handle most of these roles. The majority of community activities are thought to be women's work, although women's participation in the community is decreasing due to their increased economic activity. On the other hand, many aged people participate and want to participate in some community activities. After retirement, men have to return to community life. Women stay in contact with their friends and neighbors, whereas mens' networks rely mostly on their workplaces. When men retire, returning to the home and adapting themselves to participation in some community activities is one of their challenges.

The Japanese government regards the increasing numbers of healthy elderly people as a considerable social resource and workforce. Local governments are planning ways to make connections between healthy elderly people and communities. There are several examples in which Japanese local governments have encouraged community participation for the elderly (Ministry of Health, Labor, and Welfare, 2006b).

Two examples are presented here. One is an attempt to bring men to back into their communities, and other is to help older men to find work.

Example 1. "Get Men back into the Community"

There are communities which conduct social network organization for men after retirement. These social networks organize peer activities such as cooking school, cleaning activities, working clubs, and volunteer activities. In Ohmihachiman, Shiga, the local government coordinates the manpower retired men with a focus on community services. The coordinators, retired men who actively participate in community services, provide consultation for newly retired men with an interest in some form of community services.

Additionally, communities are paying attention not only to retired men, but also to working fathers. There many communities which are attempting to help to reconstruct

relationships between busy working fathers and their children. In several cities, fathers' participation in childrearing is encouraged. Cooking school, English conversation classes, computer programming, sporting events, and other events for fathers and children are held on week-ends. Elementary and high school parent-teacher associations, city offices, and volunteers play a starring role in organizing these kinds of activities.

Example 2. "Silver Human Resources"

Many healthy retired men are joining the workforce in their communities. With their knowledge, experience, and ability, healthy retired men show a strong motivation to participate in social activity. In 1975, a human resources center for senior citizens was organized in Tokyo. These Silver Human Resources Centers became widespread in local communities and were supported by the Japanese government. In 1986, the Law concerning Stabilization of Employment of Older Persons was enacted, legislating the activity of the National Silver Human Resources Centers Association.

In Kawasaki, Kanagawa, considering individuals' knowledge, experience, and ability, retired people can choose jobs at small or medium-sized companies. The Kawasaki City Office cooperated with the Kawasaki Chamber of Commerce and Industry to start this business using human resources of local NPOs and a network of volunteer groups. City office staffs look at individuals' work choice, experience, and ability, as well as the needs of companies to find a good match. Participants can choose their employment pattern, such as full-time, part-time, or temporary, depending their desired work-life balance.

Both examples focus on men's "work-life balance" after retirement. After retirement, a couple's respective social roles will change, and they will return to community life and enjoy their remaining years. At that time, community activities should be a means to a healthy, enjoyable, and well-balanced life. The community should attend to individuals' needs.

Social Capital

Community participation represents "social cohesion," which enhances well-being. There is evidence that socially isolated people die at two to three times the rate of socially involved people (Kawachi & Kennedy, 1997). Socially isolated people may have limited access to emotional support, instrumental support, including financial and other support. Citizens living regions with a high level of social cohesion were more likely to trust their fellow citizens and to value solidarity, equality, and mutual tolerance (Putnam, 1993). In contrast, low levels of civic trust leads to a lack of trust and confidence in government, which may also lead to income inequality. Accordingly, there is a strong correlation between lack of civic trust and low voting rate in elections in the United States, and it is well known that the votes of the poor are underrepresented at election time (Kawachi & Kennedy, 1997). In a Japanese survey on collective political participation (Onizuka, 2004), age, income levels, and education levels were associated with the cost of participation. The most important factor to determine an individual's participation in civic activities was participation of other fellow citizens. In sum, individuals' socio-economic status is related to their social networks, which determines their community participation as well as their health.

Kawachi, Subramanian, & Kim (2007) focus on "social capital" in relation to health. "Social capital" is a feature of social structure and it empowers individuals within the structure (Coleman, 1994). Putnam (2000) defined "social capital" as the connections among individuals, such as social networks and the norms of reciprocity and trustworthiness that arise from them, in other words, "civic virtue." Crime can be reduced, educational achievement enhanced, and better health fostered through the strengthening of social capital. Health inequality may be defined by socio-economic status and social capital, including social network, social support, and neighborhood. Socially cohesive regions may foster bonds between residents, which lead to an active community.

Education is one of the most important predictors for social capital. According to Putnam (2004), years of formal education are the best predictor for high social capital, with more educated people having wider, deeper, and stronger social networks, and participating more in social, community, and political life. Educational levels are also an index of socio-economic status. Education links with economic growth, and economic growth brings people better educational systems. Education and economic growth lead to individualization and globalization as well. Individualization and globalization are opposite to bonding to the community. For example, job transfers and migration take people away from a community where they had lived. Social capital, at that time, is how governments empower citizens by helping them to overcome barriers to using their personal resources (Latham, 2001). Social capital may mean refocusing social policy on provision of education and retraining services, programs to address behavioral change, and to reinforce mutual obligation (Wilson & Chiveralls, 2004).

In social capital theory, there are critiques that gender dimension is ignored (Franklin, 2007). Due to social mechanisms through which stereotypical gender-roles are produced and maintained, women traditionally create and maintain informal social networks to care for their children and aged parents, whereas men are distanced from these informal connections (Edward & Gilles, 2005). These caring networks sustain social cohesion. Does social capital prevent traditional community networks and gender-roles from changing? Social capital breaks society into communities and gives individuals responsibility for their own inequalities (Franklin, 2007). To access caring networks in a community, individuals should be responsible for their own. Accordingly, traditional community networks and gender-roles have to be modified.

Future Prospects for Community Participation

In Japan, with the acceleration of an aging society with a low birth rate, reform of the medical and welfare system, as well as the educational system is required. Communities must be places where aging people are healthy and active, and where residents can give birth and bring up children free from anxiety. The quality of a community may be constructed by the people who live there. To drive people to make their communities healthy and attractive, local governments must cooperate with residents by knowing their needs.

More activate communities will improve residents' financial conditions, which will lead to better education for children and medical care for aged people. People will be able to give birth and raise their children in safety. Governmental leadership is an important factor to in making a community more active. At the same time, a network of residents, and their

motivation to participate in their community is necessary as well. Japanese society has been collective, placing importance on social networks in the community. However, as Japanese society is changing, human relationships are also changing. Men and women have depended on each other due to marriage, however, the marital rate in Japan is decreasing, and people should be independent regardless of sex.

In the future, to facilitate community participation, the merits of participation in community activities should be communicated. The individuals should consider their group's merits as their own. Responsible and self-reliant individuals work together to integrate their new community style into the traditional collective community. A good educational and medical environment will bring up good children and bring good health for all residents in a community. This phenomenon will bring about communities with high social capital. At such a time, gender-roles may be become known as "human-roles."

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