

# Japan's Government Social Policy on Management of Aging Society

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**Abstract: An aging society is a social reality Japan faced since the 1970s and caused by declining birth rates accompanied by the high growth of the elderly people in Japan. Japan's government seeks to ensure social welfare of elderly people by providing social policy. Social policy in Japan has two main objectives: to address the problems of aging society and to encourage Japanese citizens to have families and children. This article described various social policies issued by Japan's government as well as obstacles on implementation of those policies related to aging society, which was not only focused on providing facilities for the elderly people but also to raise the birth rate. Constraints in running each policy were largely due to the poor availability of facilities and service quality provided by the government.**

**Keywords:-** Government, Japan, Aging Society, Social Policy, Welfare.

## I. INTRODUCTION

In 1980s Japan began to experience bubble economy that was mentioned as the heyday of Japan's economy. The economic growth brought prosperity to the Japanese society and improved the development of science and awareness of Japanese society on health and well-being of their lives. It then made life expectancy in Japan raise high. The bubble economy only lasted for about a decade, as in 1990 until two decades after; Japan was hit by economic recession. Ogawa (2003) stated that this economic recession influenced the decision of Japanese society to not have children more than one and some delayed to get married and have children. Consequently Japan's demographic rate today experiences imbalance in population number. This condition delivers *koreika* (高齢化) or aging society as a reality in today's Japan, a situation where percentage of elderly people is very high but has very low birth rates or population growth.

Aging society raised various problems such as increase in pension budget and demand for various facilities for elderly people. It was not easy for a country with high number of senior citizens to allocate welfare of pensioners. This was a big problem for Japan because of imbalance population where the number of retirees or elderly people is growing but the number of productive age population is not increasing significantly.

Facilities for elderly people such as nurses are increasing, while the number of nurses in Japan is limited so that the government cannot meet the demand for nurses for elderly people if only rely on local labors. Therefore, Japan's government is asked to issue policies related to the problem of aging society.

## II. LITERATURE REVIEW

Ogawa (2003) in his research entitled 'Japan's Changing Fertility Mechanism and Its Policy Responses' described various social and economic factors affecting birth rate of Japan's people after the Second World War. Ogawa stated that, the economic recession that hit Japan in the 1990s has caused unsustainable situation and economic uncertainty that is troubling the people. The condition then became one of factors that influenced the decision of Japanese people to not have more than one child or even reconsidering the decision to get married and have children which reduce the percentage of births. Ogawa also stated that, Japan's government has issued policy and program to increase the number of festivities. One of them was the Angle Plan, issued in 1994. The program was aimed to make elderly people easier to raise children by providing facilities for workers who have to work and care for families. The program also includes improving quality of daycares, improving quality of housing facilities and living environment, improving education institutions to be child-friendly environment and cost reduction for children's needs.

Another study by Usui and Palley (1997) entitled 'The Development of Social Policy for the Elderly in Japan' elaborated the formation of social policy for elderly people in Japan as the result of politic, economic and elite bureaucrats. They explained that since World War II all Japanese policy decisions were heavily influenced by Liberal Democratic Party, an influential economic organization such as the *Keidanren* (Federation of Economic Organization), an association of economic organizations and government bureaucracy. Although all three have great influence in public policy making, specific decisions are still influenced by other organizations despite the effect is not much, such as the Japan Medical Association. This article explained comprehensively the reform program named The Gold Plan and The New Gold Plan as a revision of The Gold Plan policy. The Gold Plan was a ten-year plan-Japan's national policy on health and welfare for elderly people who were issued in December 1989. This policy aimed to divert the use of institutional-

services into in-home services as well as to intensify social services and community-based health at every point of Japan.

### III. DEFINITION OF PROBLEM

Based on issues described earlier, authors drew an outline of research problem on the Japan’s government’s social policies in dealing with the elderly people issue as well as the constraints faced by Japan’s government in implementing those policies. The research would also analyze the response of non-elderly society in facing the problem of elderly people.

### IV. RESEARCH METHOD

In this paper, the study was conducted using qualitative methods, while data collection techniques were obtained through literature studies related to aged society theme in Japan and used data obtained from books, e-books, newspapers and scientific journal articles. The researcher would incorporate his views argumentatively based on data that have been advanced by experts or previous studies.

### V. DISCUSSION

#### A. The Elderly Community

For Japan, the term 'elderly person' refers to a retired person in accordance with the one stipulated in *Kojien* dictionary where it stated that a resident who has entered retirement age or more precisely aged 65 years and above is referred to as *toshiyori* 「年寄り」 or elderly person. Every human being in this world is essentially and inevitably aging. Along with increasing age, human body fitness and ability to move also come down. Although aging is unavoidable, the effects of aging such as mental and physical deterioration can be slowed by living a healthy lifestyle.

Japanese society during its lifetime strives to apply a healthy lifestyle, one of which is reflected in their diet that is not excessive or inadequate. From a healthy lifestyle, it can be seen in table (1.1) Japan currently occupies the position of the country with the highest life expectancy in the world with the average life expectancy of women is 87.1 years and men 80.8 years. A low mortality rate accompanied by low birth rates led Japan to a social reality of high rate of elderly people. In Japan, the reality is referred as *shakai koreika*, a state where average number of elderly people continues to increase.

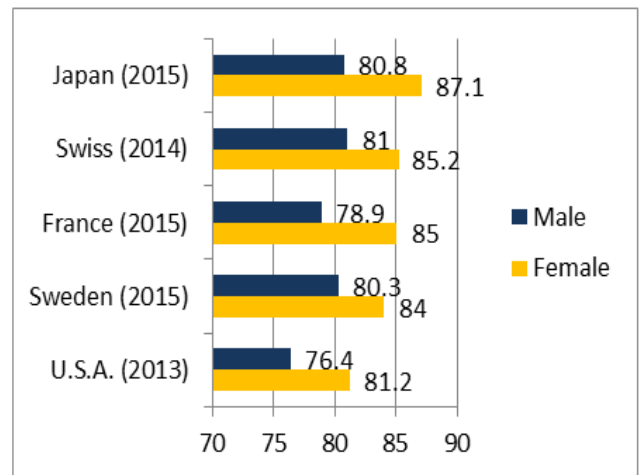


Table 1:- Life Expectancy of Some Countries in the World

Source: (Ministry of Internal Affairs and Communications, 2017)

<http://www.stat.go.jp/english/data/handbook/index.htm>

In general, according to the United Nations, if more than seven percent of the population of a country is people aged 65 years and above, then the country can be referred as aging society. This is in accordance with the percentage of Japanese population composition in 1970 where the number of people aged 65 years and over has gone through seven percent. In addition, based on picture 1.1. there is a difference between pyramid form in 1950 and 2016, where in 1950 Japan has a normal pyramid shape.

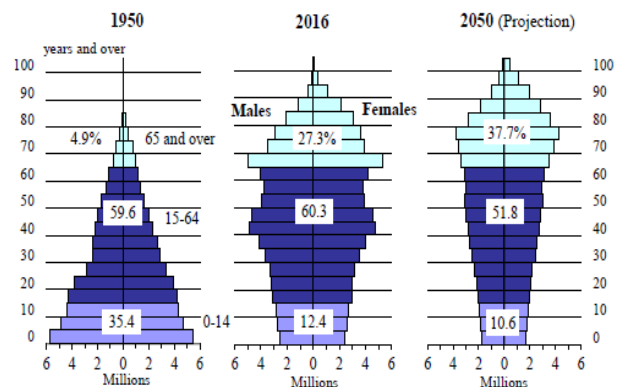


Fig 1:- Comparison of Japan Citizen Age Group Pyramid

Source: (Ministry of Internal Affairs and Communications, 2017)

<http://www.stat.go.jp/english/data/handbook/index.htm>

Based on Fig 1, there is a very large difference between percentage of elderly people in 1950 and 2016. The results of the Japan’s population census in 2016 shows 12.4% of the population of Japan are aged 0-14 years, 60.3% are aged 15-64 years and 27.3% or 35.59 million Japanese citizens are aged 65 and older. If we compare to percentage of Japan’s population in 1950 where there were only 4.9% of Japanese population aged 65 years and over. In the 2016 pyramid, people aged 65-70 years old is the most protruding age followed by blocks of age 40s where the beams showing age under 40 would shrink.

According to the Japan's Ministry of Health, Labor and Welfare, Japan's population growth has slowed in recent years with a percentage change in population reaching only one percent from the 1960s to the 1970s and declining drastically since 1980s. According to Ogawa (2003), the prolonged economic recession in the 90s influenced Japan's society to reconsider the decision of having more than one child and partially choose not to marry. The high percentage of elderly people and the low birth rate in Japan since 1970 are evidence that Japan became a country with aging society characterized by an explosion of elderly population and a population under the age of 40 who continues to shrink.

### B. Economic Growth and Welfare

The phenomenon of aging society or elderly people coupled with the shrinking rate of Japanese birth rate by TFR (Total Fertility Rate) is the average number of births per baby born by every woman during lifetime and both of them received special attention by the Japan's government. As the country with highest elderly population in the world, the Japan's government strives to maintain the welfare of Japanese society by providing fair and equitable social security for every age group.

Social problems in Japan began in the period of 1960s along with the rapid economic growth that caused various impacts such as environmental damage, uneven income and gap of social assistance in Japan at the time. Japan just started to provide full social security in 1961 to guarantee the pension and insurance for all Japanese society. Meanwhile, social policy for elderly people in Japan began to improve with the introduction of free health care for elderly people in 1973. The 1970s period is indeed one of Japan's golden periods with high living standard for people, especially employees who experienced increase in their income.

According to Usui and Palley (1997) the program of free health care program for elderly people in 1971 has linked with Liberal Democratic Party. It was started by phenomenon of villager migration to the city that turned out to be a threat for Liberal Democratic Party which has traditional party-based voters in villages. At the same time, the opposition party won regional elections by raising the issue of pollution and welfare control. Following the victory of the Socialist Party in the municipality, Tokyo announced free health care plan for elderly people in 1969 and in 1971 as many as three prefectures and cities announced similar programs for the elderly people.

Akasaka noted (1989) that rapid economic growth in 1970s made Japanese people aware of the welfare of their lives and gave rise to new social security demands among the people. Awareness of the welfare of Japanese society can be seen from the life expectancy of Japan which is the highest in the world. Japan's life expectancy continues to increase significantly according to the following table.

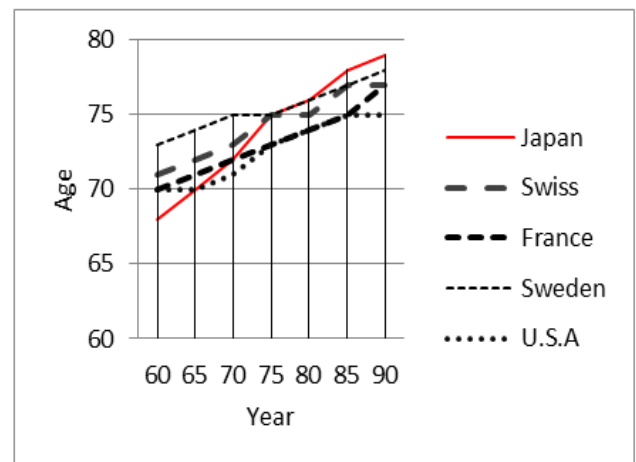


Table 1.2 Life Expectancy of Some Countries in the World  
Source: The World Bank

[https://data.worldbank.org/indicator/SP.DYN.LE00.IN?end=2016&start=1955a&view=chart&year\\_low\\_desc=false](https://data.worldbank.org/indicator/SP.DYN.LE00.IN?end=2016&start=1955a&view=chart&year_low_desc=false)

Based on table 1.2, the average life expectancy of Japanese society continues to increase. In 1960, life expectancy of Japanese people was two years shorter than Americans. In 1970 the life expectancy of Japanese people exceeded Americans and paralleled with France. The increase continued in 1985 until now where Japan maintains its position as a country with the highest life expectancy in the world replacing Sweden. According to Campbell (1992), the advance in health and medical services in Japan made Japanese people live long and raise the number of elderly people in Japan faster compare to other countries.

### C. Programs of Social Policy

The surge of elderly population in 1980s that rose beyond nine percents became issues in some areas of work that are directly related to elderly people. This condition encouraged central government to improve welfare of elderly people through improvement of policies and systems related to care for the elderly. In addition, talks about Japan are related to future Japan as the world's oldest country in the next 40 years because of very high population of elderly people. Therefore, in 1985 central government through state advisory council established a cabinet with specific duties to address elderly people's problems in Japan.

In 1986, the cabinet began working on a Policy Statement entered into the National Long-Term Program with the aim of overcoming the phenomenon of the aging society, called *Choju Shakai Taisaku Taiko*. According to the cabinet, the National Long-Term Program still needs to be evaluated regularly. In addition, according to gerontologists who are experienced in social policy for elderly people in Western Europe and North America, the content of the Policy Statement is regarded as something that is not new and tends to be abstract. However, the Policy Statement had much influence in the development of subsequent social policy in Japan.

#### D. Health Law for Senior Citizen

In 1982, the Health Ordinance for Elderly or *Rojin Hoken Ho* [老人 保健 法] was announced by Japanese Parliament and enacted in 1983. The first objective of the Law was to expand and strengthen Japan's health and medical services system, which was formerly a system of medical services under the older 1963 Welfare Law (*Rojin Fukushi Ho*). The change in the Law included among others the change of age limit for regular health checks from the age of 60 to 40 year old. Regular health checks are provided by local government for residents who are at least 40 years of age, as this service is provided for low-income residents.

Second, the Law aimed to improve financial system of health services for elderly people as well as to alleviate arising problems from Non-Employee National Health Insurance System (*Kokumin Kenko Hoken Seido*). This was because the system for non-employees continued to experience deficits when employee retired from work followed by transfer of health insurance of the person to non-employees system. The insurance premium paid by a person when working as an employee continued to flow while non-employee welfare continued to experience deficits as the number of pension increases and in general the retired person is more likely to have more health checks than employed population.

#### E. National Subsidy Program

In 1988 the central government began a subsidy program aimed at the construction of health facilities for the elderly people or geriatric population (*rojin hoken shisetsu*). The purpose of this program is to provide facilities for elderly people who need long-term medical care, such as elderly people who suffered chronic illness and require special care but not hospitalized. Prior to this program, public home care and institutional-based services are still rare, so, many elderly people were actually hospitalized for long term. It should be emphasized that these geriatric institutions were different from nursing homes, the fees paid for geriatric health facilities were flat for all members without adjusting for personal income or family income. This was because these geriatric facilities were not included in social welfare institutions but health institutions. In addition, this institution provided better supervision and medical services compared to nursing house. Even so, the high enthusiasm of elderly people to get treatment at geriatric institutions was not balanced with number of ward available so often those who wanted to receive services have to wait long enough.

#### F. National Trained Nurses

The National Registration System for Trained Nurses (*kaigo fukushi-shi*) began in 1988. There are many Japanese nurses with various backgrounds before, so the government decided to take this step to maintain the quality of nursing staff in Japan.

In 1990s Japan's government again took steps to improve social policy that is still associated with the

elderly people, by reforming Welfare Law for Elderly People which essentially decentralized by moving the public health responsibility and welfare services of elderly people the prefectural government to the local government. In addition, a revision of the Old Age Healthcare Act provided new regulations that all local governments are required to develop long-term plans or programs for the development of health and welfare services for the elderly.

#### G. Gold Plan

The Gold Plan (*Gurado Puran*) was a ten-year strategy for promoting health and welfare services for the elderly people (*Koreisha Hoken Fukushi Suishin Jukkanen Senryaku*) enacted by central government in 1990. The program was established to respond to the increase of aging people in Japan, where the government felt the need for a breakthrough in the development of social policy in Japan. In detail, there were several objectives of the Gold Plan: details for in-home service for elderly people in each city, decrease the number of elderly people in the 'bedridden' category to zero, develop institutional or community services for elderly people to intensify the promotion of advanced productive age and research on gerontology.

Even so, the availability of nursing service facilities for elderly people is still not enough. It became clear around 1990s when Japanese media began to highlight sad stories about elderly people and their caring family. It can be seen that not only elderly people need care services, but caring families who are in the 'old' category also need the service and the cost of the program became barrier. Therefore, elderly people expected the government to provide a system of general social services that can be felt by elderly people, both institutional care and home care without any consideration of the income of elderly people.

In September 1994, National Advisory Council through Minister of Social Security proposed establishment of a public-care system as breakthrough in Japan's social security system. This proposal then received responses from Central Government with the adoption of two steps that are still related to public care services. The first was revision of 1994 Gold Plan into New Gold Plan with completion target in 1999. The second was the Central Government through the Ministry of Health and Welfare was commissioned to develop a widespread public health services. The targets to be achieved from the New Gold Plan briefly as follow: (a) Increase the number of home helpers (nurses) from 31,404 nurses to 170,000 nurses. This number is still not sufficient if the number of nurses compared with the total elderly, i.e. 1: 127.6, (b) Increase the number of day care centers for elderly people from 1,080 (1989) to 17,000 treatment centers, (c) Rise number of wards for short-term stay service (short-term health care) from 4,274 wards to 60,000 wards, (d) Acceleration of development of home care services for elderly people, (e) Raise number of wards for long-term institutional care from 189,830 wards to 570,000 wards. The amount is still less when compared to similar service in countries of Europe and North America. In addition, the average length of elderly Japanese settled in such a service center may

longer compare to other developed countries. Therefore, in 1999 the Japanese welfare services were considered inadequate, (f) Raise number of qualified workers through various training programs, so the number of nurses will rise to 200,000 nurses and 15,000 trained therapists.

It should be added that in addition to face increasing number of elderly people through the Gold Plan, the government also took steps to deal with the problem of low birth rates through the Angel Plan. In a short ten-year tenure program announced in 1994, the government encouraged career women to be able to have children and live a family. These goals were realized through programs related to child care such as multiply day nurseries, daycare after school, day care for sick children and counseling for elderly people who have difficulty in child care. Unfortunately, according to Peng in Roberts (2002), Angel Plan was not running well in Japan because Angel Plan was implemented side by side with Gold Plan. It is difficult for low-budget regions to run both programs simultaneously.

Japan's aging population service reached the highest standard level in the world by 2000. Cities in Japan were united through Japan Health and Welfare Plan for elderly and Long-Term Insurance Project Plan. Based on this phenomenon, Japan's government made a breakthrough with revision of the New Gold Plan into a Gold Plan 21 program with five-year term. Gold Plan 21 was formed with the aim of improving the long-term service provision of care and improving the welfare of Japanese society. There are several actions that are implemented in the next 5 years, as follow: (a) Improve the quality of long-term care services. This action was actualized by improving the quality of nurses, developing related facilities and improving service quality, (b) Promoting actions to support elderly, (c) Promoting the 'revitalize' action of elderly, (d) Develop moral support in communities, with a view to shape an enabling and caring environment, (e) Develop safe and reliable long-term care services, (f) Forming a society that supported health and wellbeing for the elderly, it is done by promoting sustainable research related to social welfare and so on.

Related to point (e), today's elderly people in Japan are often subjected to violence by nurses and even their caring families. According to a survey published in The Japan Times, in 2016, there were 452 cases of violence experienced by elderly people and by March 2017, there were 16,836 cases of people aged 65 years and over who experienced violence at home or in care facilities. Based on the survey results, violence that took place in health facilities was conducted by facility's employees with 66.9 percent triggered by poor education, knowledge and caring ability. 24.1 percent of the violence was triggered by stress and cannot control emotion. Violence happened in the family was committed by boys (40.5 percent), husbands (21.5 percent) and girls (17 percent).

Many challenges are faced in providing care services for elderly people, where knowledge and expertise alone

was not sufficient in caring for parent. It requires patience and cultural background as important factor in caring for elderly person. According to a survey published by the Mainichi Shimbun (*Jiji*) newspaper article, about 20 percent of older nursing homes refused to provide third-level treatment facilities, this level was aimed at elderly people who are unable to stand or walk so they need to be guided when going to toilets. The rejection was because many of these treatment facilities prefer to perform level four or five care services in order to get greater compensation from the public care service program. The Japanese government itself provided additional subsidies to the facility if 70 percent of new patients from the facility are patients who required level four or five care with a treatment period of 6 to 12 months. Therefore, it is hard for a maintenance center facility if it does not receive additional compensation.

Survey conducted by Ministry of Welfare, Labor and Health and Mizuho Information & Research Institute Inc. showed that 26 percent of special nursing care homes have empty spaces. A total of 9.8 percent of facility are still empty due to low registries. According to Professor Shuhei Ito, an expert on public health care service system from Kagoshima University's Faculty of Law, Economics and the Humanities, the survey showed that the Japan's government strictly limited the accommodation of these facilities and the policy was less effective in dealing with reduced numbers of patients who decided to leave this facility and cause anxiety among patients and their families. The government should immediately correct the system by transferring public funds for all the facilities.

On the other hand, there are studies that discussed the phenomenon of humanoid robot utilization as Japan's social reality to deal with aging society problems such as research conducted by Robertson (2007) in Robo Sapiens Japanese: Humanoid Robots and the Post-human Family. Robertson in the study mentioned that Innovation 25 as Shinzō Abe's plan in rebuilding Japanese society by 2025, where the plan is aimed at reviving traditional Japanese family form or i.e. in the reality of elderly human society. The traditional family is referred to a large family of at least composed of grandparents, parents and children. In addition, there is usually a family member who is not blood related or adopted with a view to strengthening the family.

Changes in the structure of Japanese families were one of major changes that occurred in Japan after the Second World War and it was marked by the abolition of family structure concept i.e. in becoming a nuclear family. The concept itself was a form of family that lives together in a new house and can be comprised of 2 or 3 generations of relatives and not, while the nuclear family consisted only of fathers, mothers and unmarried children. In the family concept was also usually a child and daughter-in-law was obliged to care for their parents, while the obligations are reinforced by the basis of repayment in the life of Japanese society and patriarchal values inherent in the concept i.e., these values are a common form of family

life shaped i.e. that is influenced by the teachings of Confucianism.

Based on the explanation, the humanoid robot was seen as a solution to keep the traditional family. This was because humanoid robots can be used to take care of children and elderly people, as friends and help to do the chore house works. Thus, humanoid robot was seen able to overcome the reluctance of career women in Japan to have families and have children. However, based on an article titled Japan Lays Groundwork for Boom in Robot Careers published in The Guardian, Dr Hirohisa Hirukawa of Japan's National Institute of Advanced Industrial Science and Technology said that up to now only about eight percent of Japanese nursing homes employ robots as a nurse because the use of robots as part of the nurses require a lot of money. In addition, there is reluctance among elderly people to be cared by robots. This was because elderly people felt more comfortable if treated by humans directly.

## VI. CONCLUSION

*Koreika shakai* or aging society was a social reality faced by Japan since 1970s. The aging society in Japan was caused by the declining birth rate accompanied by high life expectancy in Japan, which makes the rapid growth of elderly people. Along with the rapid growth rate of elderly people, the government continues to provide social policies ensuring the social welfare of elderly people.

Social policy in Japan has two main objectives: to address the problems of aging society and to encourage Japanese citizens to have families and children. It was shown from several social policies that offered conveniences for career women to be a mother with availability of policies that provide improvements of children facilities. On the other hand, Japanese government's policy in dealing with aging society problem was due to the high demand for health care services for elderly people. Meanwhile, in the implementation of every policy, the Japan's government was often faced with various obstacles that required Japan to re-evaluate. These constraints were largely attributable to the insufficient number of facilities, the growth rate of the elderly population is still greater than the number of available facilities. In addition, services provided for elderly people should be cautious with consideration of comfort and even the security of the elderly themselves.

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