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Enhancing Long-term Care and Social Participation of Older Persons in East and North-East Asia: Case of Japan and City of Musashino

1. Introduction

As the Concept Note by UNESCAP/SRO-ENEA for the Sub-regional Meeting on the Ageing Population and Policies indicates, as high as 32 "percent of the world's older persons (65 years and over) live in the East and North-East Asian sub-region" where 60% of the Asia's older persons live. "East and North-East Asia is also the fastest ageing sub-region in the world," with the aged as percent of the total population rising from 6.1 to 9.2% during the period 1990-2008, well over the ageing ratio for Southeast Asia (4.0 to 5.7%) and South and Southwest Asia (3.7 to 4.6%). In East and Northeast Asia, as of 2008, Japan had the highest ratio of the aged population totaling 21.4 %, followed by Russian Federation (13.3%), Hong Kong (12.5%), ROK (10.4%), DPRK (9.4%), China (7.9%), Macao (7.1%) and Mongolia (3.9%). 1/ Undoubtedly. "many nations fall along a continuum, with some countries already beginning to feel the effects of aging, and others anticipating those effects in the coming decades."2/ Many East Asian countries will observe in the 21st century the doubling of ageing ratio experienced in Japan during the period 1970-94 (7.04 to 14.01%), followed soon by Hong Kong (7.05-14.0 1 % in 1983-2014), Singapore (7.15-14.24% during the years 2000-16), ROK (7.36-14.14% in 2000-17), Thailand (7.14-14.42% in 2002-24), China (7.00-14.08% in 2001-26), Vietnam (7.03-14.24% in 2020-38), Myanmar (7.07-14.16% in 2018-38), Indonesia (7.08-14.27% in 2018-39), Malaysia (7.11-14.02% in 2020-43) and Brunei (6.98-14.55% in 2024-48), 3/ "The Republic of Korea, for example, is projected to become the most aged country in the world by 2050, with the average age of 58.6 years old. A rapid change in the population structure, if unaccompanied by appropriate policies and programmes, will have a

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1/ UNESCAP, 2009, *Statistical Yearbook for Asia and the Pacific 2009, p.9*

2/ Shediac, Richard, Rainer Bernnat, Chadi N. Moujaes and Mazen Ramay Najjar, 2011, *New Demographics Shaping a Proeperous Future as Countries Age,* Booz & Company. Inc. 2011, *p.1.*

3/ Komine, Takao, *"A Long Term Forecast of Demographic Transition in Japan and Asia,"* presented at PECC's International Workshop on Social Resilience held in Tokyo on 4-5 March, 2010.

far-reaching impact on people's lives, from labour, transportation and housing issues to social protection schemes including pension and old-age medical benefits." 4/

In spite of the rapid pace of ageing in Asia and the Pacific region, social protection measures have been lagging behind and highly inadequate in nearly all developing countries in the region. Again, according to the UNESCAP survey, China, Mongolia, ROK and Russia, together with Central Asian republics, Cook Islands, Indonesia, Sri Lanka and Vietnam, were the only developing and transition countries in Asia whose half of the population were covered as of 2008 by some types of social protection measures such as social insurance, e.g., sickness, workmen's compensation, unemployment, old age and health insurances and social assistance such as income transfers related to poverty, health, education and employment, and the rest were not. Japan's coverage was over 85%. Coverage is one thing, however, and the extent and depth of coverage is another, varying enormously not only between countries, but also between the types of social insurance and social protection. Furthermore, the total expenditures on social protection as % of GDP has ranged between less than 1% (PNG, Tajikistan and Vanuatu) and over 10% (Kyrgyzs Republic, Marshall Islands and Uzbekistan), with all the developing countries of the region falling in between, including China (less than 5%), ROK (less than 8%), Russia (less than 9%) and Mongolia (less than 10%) . Japan (16%) had the highest percentage of GDP on social protection expenditures.5/

Under these conditions prevailing in developing countries in general, it is no small wonder why "the United Nations adopted a comprehensive set of guidelines for action in 2002, entitled the Madrid International Plan of Action on Ageing (MIPAA). In 2013, the second global review of progress made in the implementation of MIPAA" is envisaged to "take place to bring into account regional reviews which are currently in progress." It is understood that "the present meeting will complement the MIPAA review undertaken at the global, regional and national-levels by shedding light on the community-level where older persons lead their everyday life, and sharing good practices from the sub-regional countries." The sub-regional meeting is also expected to "discuss enhancing long-term care and active participation of older persons in the communities where their daily life is, to share good practices (policies and initiatives) on the identified focus areas. to formulate a sub-regional perspective based on local community-level experiences and recommendations," and "to build a network of sub-regional stakeholders to make available new

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4/ UNESCAP/SRO-ENEA, 2011, *Concept Note, p.1.*

5/ UNESCAP, ADB and UNDP, 2010, *Achieving the Millennium Development Goals in an Era of Global Uncertainty: Asia-Pacific Regional Report 2009/10, pp. 64-65.*

information and analysis that would help national policy makers identify gaps and cross-cutting issues."6/

Against this background of the rapidly changing demographic changes in Asia and an increasing recognition of the need for formulating, before "too late," sustainable policies for long-term care and social participation of older persons, this paper will focus on the demographic changes of Japan, the most aged country in Asia and various policy measures taken by the Government of Japan (GoJ) under the changing national system of social protection and those taken by the City of Musashino, subdivision of Tokyo Metropolis, which has long been considered as the model city in Japan for having designed a "progressive" policy response to this critical question of ageing population.

2. Demographic Changes and Changing Needs and Requirements of the Aged Population in Japan

Japan's population as of 1 October, 2011 stands at 128,057,352, including 2.69 million foreigners, according to the Population Census results recently published.7/ It represented 0.2% increase, but a reduction of 0.3%, if confined to the Japanese nationals, as compared with the last Population Census of 2001. This year's population showed a decrease of 20,000 from a year earlier, confirming the entry of a depopulation stage for the first time in its long history. While enjoying one of the highest average life expectancy at birth in the world,8/ Japan has for some time been experiencing a high rate of population ageing. The population of 65 years and over stood at 5.1% of the total in 1945, but reached 23.1% in 2010, while those under 15 years old dropped from 36.8% to 13.0 % during the same period.9/ Accordingly, the dependency ratio declined during the same period from 41.9% to 36.1%, fortunately allowing the country a greater room for providing social welfare

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6/ UNESCAP/SRO-ENEA (2011), *op.cit., p.1.*

7/ As reported in *Asahi Newspaper's morning edition of 27 October, 2011* on the front page.

8/ According to the White Paper on Health, Labour and Welfare (MHLW) 2011, in 2009 the average life expectancy of men in Japan, being 79.59, is the fifth highest in the world, while that of women, at 86.44, is the highest in the world. As compared with Japan, their corresponding figures for men and women in the United States were 75.4 and 80.4 in 2007, in Canada 78.0 and 82.7 in 2005, in the United Kingdom 77,4 and 81.6 in 2006-08, in France 77.8 and 84.5 in 2009, in Germany 77.17 and 82.40 in 2006-08, in Italy 78.67 and 84.04 in 2007, in Russia 61.4 and 73.9 in 2007, in China 69.63 and 73.33 in 2000, and in ROK 76.5 and 83.3 in 2008. (See *Kosei Rodo Hakusho (White Paper on Health, Labour and Welfare) 2011, Statistical Appendix, Table 1-3-3*)

9/ MHLW, 2011, ibid., *Statistical Appendix, Table 1-2-3.*

benefits to the young children and the aged population. Irrespective of the type of households, the number of households with persons 65 years of age has seen an enormous increase during the last two decades. In 1965, only 276,000 households (15.4%) of the single-person households numbering 1,795,000 had the persons 65 years old and over, but this percentage increased to 29.6% (4,655,000 households) of the 15,707,000 households in 2010. On the other hand, with the current depopulation trend continuing in the coming decades (from 127.18 million in 2010 to 95.15 million forecast in 2050), if the country's immigration policy should see no change, those aged 65 years old and over will rise from 23.1% in 2010 to 39.6% of the total population in 2050, and those aged 14 and less will decline from 13.0% to 8.6% during the same period, reversing the dependency ratio from a low of 36.1% to a high of 48.2%.10/ Other things being equal, this drastic demographic change in the first half of the 21st century will be likely to force the country to provide the young and senior dependents either with lesser level of social protection and security benefits or with higher social insurance premium for the current and potential beneficiaries or both, as is already being discussed by the government and the parties in power since several years ago, and even with a totally different national system of social protection not only covering social insurance and assistance programmes as has been practiced so far in the country since half a century ago.

It is interesting to note that there is a wide difference in the average life expectancy at birth between sex and between locations in Japan. For male population, Nagano Prefecture had the highest at 78.9 years in 2006, followed by Fukui and Nara Prefectures, whereas for females Okinawa had the highest, reaching 86.01 years, followed by those in Fukui and Nagano. Men, whether married or not, are survived by women, and married women tend to live longer than single women.11/ These differences of life expectancy of people between sex, locations and marital status seem to suggest, according to some medical studies, that the sense of security and gratitude associated with married men and women in rural communities engaged in productive activity and living in natural blessings is an important determinant of the people's health. One implication of the findings of these medical studies is that it is vital for communities to provide such environments as above for the aged so that they may live longer in peace and happiness. This is all the more important when one takes note of the National Police Agency's Annual Report 2005; a) that in Japan the number of those who committed suicide in 2004 was the highest for the age group 65 years and over both for male and female population; b) that the suicide rate among those aged 65 and over, accounting for 32.8

10/ MHLW, 2011, *ibid., Statistical Appendix, Table 1-3-2.*

11/ Foreign Press Centre of Japan, 2006, *Facts and Figures of Japan, 2006, p. 17.*

persons out of 100,000, was the second highest, following those aged between 50 and 59 (41.0persons) in urban areas, and c) that the most important cause of suicide was found in illness, followed by household financial difficulties.12/

Ageing is also considered to increase the incidence of people falling into illness and eventual death. Listed in 2010 as most frequent causes of death in Japan have been among others the incidence of cancer (31.1%), followed by heart disease (15.5%) and cerebral hemorrhage (12.5%). These kinds of diseases were not prevalent in prewar days (4.3% for cancer, 3.4% for heart disease, and 9.9% for cerebral hemorrhage, respectively in 1935), and even in 1947 the most prevalent causes of death were tuberculosis, lung disease and cerebral hemorrhage.13/ Death caused especially by cancer and heart disease has enormously increased their significance during the postwar years, largely reflecting an increasing level of psychological stresses associated with growing urbanization, ICT-influenced lifestyles and the pressure of long working hours and days under global competition.

In spite of such high incidence of suicide and certain types of critical illness, it is noteworthy that aged persons with higher level of education are found to live longer than those without in Japan. This is probably because education per se contributes to enhanced awareness among people of the critical need for good personal healthcare. In other words, educated persons tend to take a better care of their own health. Also, educated persons tend to have better opportunities to access to higher-paid jobs and higher-income positions in lifetime as compared with the less educated, which allows the better educated to have an easier access to better healthcare services and thus longer life-span. In Japan and most other developed countries, however, there are some system of social insurance and security benefits in place, so that even the less educated do have access to healthcare and other public services.

This reality could be a good contrast to that in developing countries where unfortunately the national system of social protection is still less developed or even undeveloped.14) It is not unusual therefore that maternal mortality rates are significantly lower among the literate women than among the illiterate and that the under-5 mortality rates with mothers receiving higher level of education are lower as compared with those with mothers without it (e.x., 48 vs 145 in Bolivia, 53 vs 136 in

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12/ EPCJ, 2006, *ibid.*, p.23, quoting National Policy Agency's *Annual Report 2006.*

13/ MHLW, 2011, *ibid., Statistical Appendix, Table 1-3-4.*

14/ Japan Institute of International Affairs, 2010, *Proceedings of the Pacific Economic Cooperation Council International Workshop on Social Resilience*, *pp.10-11.*

Cambodia, 37 vs 90 in Indonesia, 25 vs 72 in Nicaragua, 91 vs 164 in Nigeria, 29 vs 105 in the Philippines and 29 vs 66 Vietnam per 1,000 live births, all in 2000-2007).15/ It is well known by so many evidences all over the world that "women's education is strongly associated with having fewer children, fewer of these children dying in infancy and childhood, better nutrition for children, and a greater likelihood that children will be sent to school,"16/ resulting in the lower birth rate in Japan and other developed countries than in developing countries of this region and elsewhere and a higher longevity of both males and females among the better-to-do households than among the poor.

The role of education is also found vital not only to a longer life-span in Japan, but also to sustained economic growth of Japan through industrialization and technological development since Meiji Restoration of 1868. In Japan the population with at least secondary education as percent of those aged 25 and older is higher for both males and females at 82.3% and 80.0% respectively in 2010, which compares vary favourably with any developing country in East Asia such as Indonesia at, 31.1% and 24.2% respectively in the same year.17/ It is equally well known that other things being equal, a higher level of human capital investment in any country contributes to higher productivity of national economies and higher per capita GDP which in turn provides the people including the the aged with better and wider access to healthcare services and thus resulting in a longer life-span. Again this is substantiated by the recent survey findings in developing countries that the under-5 mortality rate among the households in the highest wealth/income quintile tends to be much lower as compared with that among those in the lowest quintile (e.x., 32 vs 105 in Bolivia, 43 vs 127 in Cambodia, 34 vs 101 in India, 22 vs 77 in Indonesia, 29 vs 92 in Namibia, 19 vs 64 in Nicaragua, 79 vs 257 in Nigeria, 21 vs 66 in the Philippines, 42 vs 72 in Uzbekistan, 16 vs 53 in Vietnam, and 37 vs 118 in Yemen).18/

In summary, ageing, though varying among countries and in-country regions, is a widespread phenomenon in East Asia, and given the declining birth rate associated with advancing women education, industrialization and urbanized lifestyle as well as better access to better medical and health services, nearly all countries in the region will experience the doubling of the ageing ratio reaching roughly 15 % of the total population between this decade and next, if not earlier. Both local and national governments in East Asia will have to prepare themselves not only to restructure their

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15) UNDP, 2009, *Human Development Report 2009, p. 201.*

16/ UNESCAP, ADB and UNDP, 2010, *op.cit.*, *p.16.*

17/ UNDP, 2010, *Human Development Report 2010*, *pp. 156 &158.*

18/ UNDP, 2009, *op. cit.*, *pp.200-201.*

respective economies and communities to provide the ageing population with both productive employment opportunities, but also adequate system of social protection and public services tailoring to their changing needs and requirements. In Section 3 the paper will discuss what Japan as the most aged society now in the region has done to deal with these critical issues at the national level and in particular what kinds of social protection and public services and how Musashino City in the western suburb of Tokyo Metropolis, one of the more visionary communities in the country, has already been implementing and some of the key issues facing them in enhancing social participation of older persons in such communities.

3. Social Protection, Public Services and Social Participation of Older Persons in Japan

Social protection and public services in Japan are provided in the main both by the central and local governments, but also by the private sector and voluntary civic organizations. Central government is responsible for the essential legal framework under which the policies on social security system covering both social insurance and social assistance including its financing are formulated, implemented, monitored and evaluated. The executive branch of the central government is required not only to administer the system but also to report to the National Diet (parliament) on the prevailing practices and major issues facing the country in administering the system. A number of White Papers are thus submitted by the executive branch on the conditions among others of health, workmen's compensation, unemployment, pension, welfare and social assistance including family Assistance, the most important of which has been the Kosei Rodo Hakusho (White Paper on Health, Labour and Welfare) issued every year by the Ministry of the same nomenclature. With ageing of the population of Japan, many other White Papers on banking and finance, education, environment, industry, national land development and security, primary industries, transport and communications and other sectoral development contain a section on their respective policies for aged population.

The actual application of the central government's social protection policies, however, is administered in the main by local governments which of course are free to supplement such national policies to strengthen their service to the public depending on the local communities' specific needs and requirements and subject to their financial capacity. There are therefore wide differences among local governments in the extent, quality and range of social protection at the local community level. Once the national system of social security and protection in place, many local governments in the country, if not all, have in fact reinforced their public service for those in need of varied social security programmes and in particular for enhancing social protection of older persons partly because of the rapidly growing aged population in their respective communities and partly because of the latter's political demand for better services. It is no exaggeration to say therefore that the

provision of national social protection system including its financing thus lays the foundation for local governments to enhance the social participation of older persons in their communities and that some local communities are providing better public services for the social participation of their own older persons in local community activities. As a result, it is interesting to observe since some decade or two ago that the extent and quality of public services for both the social protection and participation of older persons has become not only one of the major criteria for people's choice of communities in which to live, but also an important political agenda for the elections of local assemblies, mayors and governors as well as for national elections where political parties are subjected to expressing in their respective election campaigns their political commitments to the improvement of social services to the aged population. The case of Musashino City will be taken up later for discussion of what the so-called "progressive" local communities could do to strengthen social protection and help encourage the social participation of older persons in local community living and activities.

1) Japanese System of Social Protection and its Major Issues

Japanese system of government social protection is composed of both the national social insurance systems covering the health, employment, workmen's compensation and old-age pension and old-age healthcare services which was transformed into the old-age medicare and nursing-care services beginning in 2005 and the national system of social assistance including family assistance, old age welfare, children support services and children cash allowances which was also revised under the DPJ in accordance with their Party election platform. Family assistance programme confined to the poor and the one-parent families with small children was installed in prewar days, as well as the workmen's compensation insurance system to compensate the workmen on industrial injuries and death including permanent incapacitation resulting from working environments. The national system of pension covering the employees in public service and their families was also installed in prewar days. A new national system of pension and health and unemployment insurance was installed in 1961 to cover all the employed workers and their families