

# Aging related issues in modern japan

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Aging in Japan has become an increasingly relevant topic due to many reasons. The main reasons so many researchers and media outlets want to explore aging in Japan is because they have the highest life expectancy rate as of 2017. In addition to this, over 27% of Japan's population are older adults. Moreover, this increased life expectancy has also led to an examination of Japan's pension plans, their unique health care system that incorporates traditional folk medicine, health insurance, and family dynamics. The following paper expands upon these topics in order to gain more insight into an aging Japan.

## **Retirement System**

The Japanese pension and retirement system is composed of both public and private elements. The public pensions and retirement plans are mainly governed by the National Pension Act (NPA) and the Employees' Pension Insurance Act (EPIA). Private pensions and retirement plans are mainly governed by the Defined Benefit Corporate Pension Act (DBA) and the Defined Contribution Pension Act (DCA). The National Pension (NP) or Kokumin Nekin is the public pension system designed to cover those who are self-employed, part-time employees, or farmers. Everyone enrolled in this pension system must make a flat-rate monthly payment. As of 2018, citizens pay roughly ¥15, 000 a month (i. e. about \$131 US dollars) At this rate, the annual pension received after retirement is ¥780, 100 (i. e. \$6, 861. 76). If citizens cannot provide monthly pension payments due to low income, they can apply for exemption from monthly payments. The pension office will then examine their previous year's income as well as other factors and make a total or partial exemption from payments. Moreover, there are three types

of members in this pension system: category I insured, category II insured, and category III insured. Category I individuals typically are self-employed, students, or work in agriculture/forestry, and therefore do not receive an employee pension. Category II citizens are enrolled in the Employees' Pension Insure system (EPI), and category III insured citizens are dependent spouses of those in category II.

Presently, people in Japan can choose to start receiving their NP between the ages of 60 and 70, with greater monthly payments offered to those who start at age 65 or older. However, Japan plans to increase the optimal age for withdrawing public pensions by raising the retirement age by 3 years gradually over a 30-year period. This is because the government is trying to address Japan's labor shortages, the ballooning of welfare costs, and their growing aging population. The private component of Japan's pension system is meant for full-time private-sector employees. Full-time employees are enrolled in a two-tiered social security system known EPI. The first tier involves citizens paying a flat rate similar to category I and III members of the NP system. The second tier of EPI is earnings-related. Similar to the US, this second tier involves contributions and benefits that are based on monthly earnings.

## **Life expectancy**

Japan has consistently been ranked as having a very high life expectancy over the past decade, and as of 2017, WHO ranks them as number one in life expectancy. In particular, Japan has the highest expectancy for women worldwide. Women, on average, live to 87 years and men to 80 years. This

can be compared to 81 and 76 years for American women and men respectively. The Japanese not only live longer, but they also live on average 75 years of their life disability free and extremely healthy. Many researchers have proposed several possible explanations as to why Japan is out-living the majority of the world's population. Some physicians point to this trend of longevity thanks to a diet that consists of tofu, konbu seaweed, squid and octopus — which all carry a low long-term risk of stomach cancer and arteriosclerosis. In addition, a research study conducted in 2004 concluded that a Japanese diet is superior to a Mediterranean diet. Tokudome and colleagues critiqued the Mediterranean diet for its high concentration of lipids due to its increased use of olive oil, and also stated that the Japanese diet focuses on the idea of *hara hachi bu*, meaning eating until you are only 80% full. However, it is important to note that a Japanese diet looks different depending on where an individual lives in Japan. For example, residents of Okinawa, have been known to eat a more traditional Japanese diet (i. e. lower calories, low amounts of saturated fat, and highly plant-based) when compared to more urban areas of Japan. This is because Okinawa is located on the southernmost portion of Japan and doesn't seem to be heavily influenced by western cultures like Tokyo.

Others have speculated that this increased life expectancy could be due to Japan's investment in public health. In particular, after World War II, there was a major push by the government to create a health- and hygiene-conscious culture. For example, the School Health Law of 1958 required improvement in school hygiene and health education as a regular subject in the curriculums at the upper secondary school level. Childhood vaccination

programs, the introduction of universal health insurance, and campaigns to reduce salt consumption are other examples of this positive public health movement that occurred in the 1950's and 60's.

## **Health Care System and Health Insurance Model**

Japan's universal health care system is thought to be one of the most accessible in the world, and follows a Bismark model much like the Netherlands, Germany, and France. This means that the Japanese government strictly regulates all medical fees to keep them affordable. More specifically, every two years, the Japanese health care industry and the Ministry of Health meet to decide on a fixed price for every procedure and every drug available. Additionally, since the government regulates all medical fees, the roughly 3, 400 insurers are non-profit and provide essentially identical coverage. Using this model, the government pays for 70-100% of health care service fees and the remaining 0-30% is paid by the patient. The percentage to which a patient pays varies depending on age and annual income. Additionally, copays for those age 65 and older are also income-based, and income does include an older adult's pension. These income-based copays in addition to payroll taxes is how Japan funds this system. All residents of Japan are required to have health insurance, though there is no penalty for those who choose no coverage. Somewhat similar to Japan's pension system, insurers can be divided into two categories: Employees' Health insurance and National Health insurance. Individuals without insurance from an employer (i. e. self-employed, students, retirees, etc.) have the opportunity to participate in a National Health Insurance program which is typically regulated by local government. However,

regardless if your insurer is from an employer or falls into the National Health Insurance category, a patient is free to see any physician or facility of their choosing and cannot be denied coverage. This means that, retirees are not limited to certain healthcare providers unlike the US.

## **Needs Specific to Older Adults**

More recently, in April 2000, Japan launched a Long-term Care Insurance (LTCI) as one of the National Health Insurance programs in order to better support residents 65 years and older. Individuals who are 40 years and over with disabilities related to aging (i. e. cerebrovascular disease, dementia, etc.) may also qualify for this insurance. Currently, as of January 2015, LTCI provides benefits for about 17% of Japan's older adult population. Benefits of LTCI include institutional, home, and community-based services. The beneficiary level and correspond quantity of services for each individual is determined by a local committee who utilizes information from an enrollee's physician and standardized questionnaires that assess activities of daily living. However, it is important to note that each level of need has its own service ceiling. After the service ceiling is reached, families must then pay out of pocket for extra services. However, need levels are reassessed every two years or upon request following a change in health which may prevent a family from reaching their ceiling. Unique Health Behaviors One unique health behavior in Japan is its health care system's incorporation of Kampō, or traditional Japanese medicine. Kampō medicine has been used in Japan's National Health Insurance scheme for over 45 years, and recent research has shown that more than 80% of physicians use Kampō methods in their daily practice. Japan is one of the few countries where traditional medicine is fully

integrated alongside modern medicine. For instance, in 1967, the Ministry of Health, Labor and Welfare approved four Kampō medicines for reimbursement under the National Health Insurance program, but this number has now increased to 148 Kampō formulation extracts. Most Kampō drugs for medical use are prescribed by licensed medical doctors, but some are available at pharmacies and drug stores without prescriptions. Kampō medications are focused on a fixed combination of herbs in standardized proportions. Many older adults in Japan believe that although western medicine is powerful, it cannot cure all types of illnesses and there are limits to what it can do. Also, the Japanese government believes that given the growing aging population, physicians should be better general practitioners and use Kampō methods more often consider that older adults will likely have more than one health complaint during any given appointment. Moreover, many Japanese individuals feel that western medicine methods cause a great deal of adverse side effects and sometimes do not provide relief when the exact cause of a symptom cannot be identified. In contrast, Kampō doesn't just focus on the diseased areas of the body, it considers the diseased area along with the entire body and mind.

## **Family Dynamics, Caregiving Norms, and Community Support**

Traditional family dynamics in Japan put a large emphasis on respecting the elderly, so much so that a national holiday called Respect for the Aged Day or Keirō no Hi has been held on September 15th since 1966. During this day, the media takes an opportunity to feature and report on elderly citizens across various Japanese communities. Additionally, the Japanese government

has given commemorative silver sake cups to individuals who reach 100 years old since the early 1960s. However, in the 1980s and 90s, there was a clear shift in attitude towards the elderly. During this time, a large percentage of younger generations no longer believed in filial piety. This shift in beliefs was thought to have been triggered by the government efforts to shift some of the burden of caregiving for the elderly back onto families. Additionally, in the 1980s, many women felt overwhelmed with caregiving and national reports of caregiver abuse of older relatives began to rise to which the government quickly replied by creating the LTCI in April 2000. In more recent years, although individuals still care about their elderly parents, attitudes have stayed the same since the implementation of LTCI. According to a comprehensive international survey on youth attitudes towards the elderly, only 25.4% of younger Japanese citizens stated that they would provide care for elderly family members who are no longer independent. This can be compared to Thailand in which 77% of younger generations stated that they would care for dependent older adults. This research suggests that although LTCI may be helpful, it does not seem to be addressing the concern of caregiver burdens. In addition, the Japanese government has no current data on LTCI's potential to reduce caregiver burdens or third-party disability.

To conclude, Japan's government needs to cater to their immensely growing older adult population by increasing LTCI coverage. The government should also consider investing in research that looks to reduce the burden on caregivers. This will only vastly improve the quality of life of many older adults in Japan. Moreover, when trying to understand the aging population of Japan it's important to consider these above-mentioned external factors such



as retirement pensions, health care/health care insurance, unique health behaviors, and family dynamics. These factors significantly shape the older adult experience and may even be contributing to Japan's increased life expectancy.