Challenging to
‘Our’ low-birth-rate-hyper-aging-society
:Japanese government, health sectors, and citizen

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Outline of my presentation

- We will have three parts of this presentation
- 1) General description on Aging Society, “Kōreika-Shakai” and Policy of Japan
- 2) Structural Violence toward foreign ‘Newcomers’ workers in Japan
- 3) How we should do? :Methodological memorandum

Government Policies

- Rapid Demographic Change
- Labor Force Population Problem
- High Working Motivation among Elderly
- Revisions to the Act on Employment for Elderly
- Eligibility Age for the Employee Pensions
- Mandatory Retirement System
- Silver Human Resource Center
- Steering for Active Healthy Aging Policy
- Techno-philic Policy: Public Investments of High-Technologies for Elderly more than human capacitation

Demographic Change in Japan

Japanese population remained on the same level during recent years, but it is estimated to decline in the future. In 2050, Japanese Population is estimated to be 60 million and percentage of elderly people is estimated to be around 43%.
**What is EPA?**

- Economic Partnership Agreement
- "An economic partnership agreement is an economic arrangement that eliminates barriers to the free movement of goods, services, and investment between countries. This agreement can be considered an intermediate step between free trade area and single market in the process of economic integration." - Wikipedia in English
- We are NOW discussing on Japanese EPAs on introducing “candidates for nurses and care workers” to Japanese care context.

**How we should do?**

: In Our Future of Hyper-Aging Society

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Chronology of EPA studies

- Governmental agreement process of dispatch/acceptance of workers in EAP scheme, in a certain *historical* context
- Qualification, examination, capacitation training of pre-/post acceptance, and treatment after passing qualification test, in a certain *social* context
- Monitoring and surveillance for working environment after acceptance of workers, in a certain *practical* context

Gender Issues

- Labour exploitation between genders
- Emotional labour (EL) problems in transnational context
- Hochschild’s discussion seems integration between Erving Goffman’s face-work theory and Marxist “labour exploitation” of worker’s own/unpaid labour
- Why can EL be possible in transnational context? - Does “gender-oriented concept of Care” work universally?

Migration Studies

- Historical Studies
- Sociological Studies
- Economic Studies with Demographic Studies
- Political Studies of Public Health
- Extended Case Method (Ethnography, Sociolinguistic, Gender Studies, etc.)

What is Emotional labour?

- “*Emotional labor* or *emotion work* is a requirement of a job that employees display required emotions toward customers or others. Roles that have been identified as requiring emotional labor include flight attendant, daycare worker, *nursing home worker*, nurse, doctor, store clerk, call center worker, teacher, social worker as well as most roles in a hotel, motel, tavern/bar/pub and restaurant, as well as jobs in the media, such as TV and radio.” - Wikipedia in English
“Gengo-mondai”

• *Gengo-mondai* can be translated into “language problems,” but the real significance is language and cultural “barrier” between monolingual Japan and other cultures.

• The problems: Standardized Japanese centrism, showing less respect to language and cultural diversities, and “pseudo-egalitarian” ethos in situationally required division of labour, between Japanese language teachers and health professionals.

“Jinkō-mondai”

• Japanese “*Jinkō-mondai*” can be translated as *Demographic issues* connotating with population control policy without immigration/emmigration policy after 1950s.

• *Population* literally means; individual accounting, fertility and mortality rates, biological and statistics phenomenon.

• Demography literally means; demos = people, citizenry, masses, -graphy = description, so political economic, and socio-political issues.

Asian Population Thesis

• Hypothesis 1: It can be explained that Economic growth in Asia had been outcome of “demographic bonus” - falling both fertility rates and infant mortality rates makes reduction of proportion non productive dependents. This spurs economic growth.

• Hypothesis 2: Asian aged societies in future will lose economic growth rates and eventually have social problems by “demographic onus”

Negative Demographic Issue and Technological Innovation in Future Asia

• We Japanese had been benefitted from demographic bonus from 1950-1970s, and we are suffered from our own demographic onus/burden from 1995 to present.

• On one side the demographic trends can be prospected, but we cannot easily prospect technological innovations (especially on ICT, Sustainable energy resources, and Robotics for social-welfare), political structures in national level, and their interrelationships on other side.

• Many Asian countries have been benefitted from bonus from late 1960s/beginning 1970s, but now our neighbor friends confront with the beginning of demographic onus.
Key term: Healthy Aging Policy

- **Healthy Aging** is worldwide consensus policy affirmed by many international health promotion agencies, e.g. WHO. It is defined as “processes through life-span development, especially from adulthood to late life, reflecting subjective physical, social, psychological, and spiritual self-actualizations within the context of individuals’ particular communities.” (A.E. Scharlach & K. Hoshino 2012)

- The problem is far from “actual/real experience of each elderly ordinary life of all over the world.”

Our Inquiry: Concluding Remarks

- We are now conscious that the world people has confronted with aging society. We also know aging process are various depending on sociopolitical and cultural process.

- We are now conscious that we need talk each other and share about various coping ways rooted in each traditional and contemporary cultures.

- We are now conscious that we need remind the Alma Ata Declaration by WHO (1978) that remarks the world community to protect and promote the health of all people, *Health For All*. Coping with aging world also can be applied Alma Ata philosophy.
Thank you for your attention

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