The super-aged society
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By the year 2025, people aged more than 65 are likely to exceed 20% of the Japanese population.

Aging is fast becoming a major social problem in Japan. In the last four decades, life expectancy has risen from 63.9 years to 78.7 years (from 65.9 to 81.6 years for women and from 62.1 to 75.9 years for men). The total population, which was 123.61 million in 1990, is expected to reach 128.64 million in 2007, and by 2025 the numbers aged 65 or older will exceed 20% of the total population, reaching 27.3% and perhaps a staggering total of 33.2 million. This means that there will be more than twice as many aged as in 1990, and that Japan will have a vast elderly population on a scale unparalleled by any other nation in history. Professor Naohiro Ogawa of Nihon University Centre for Population Study reported that, according to his projected estimates, by 2025 the number of the bedridden old will increase to about 2.8 times that of 1990, and those affected by senility will be 3.2 times more numerous.

Starting in the 1990s, the Ministry of Health and Welfare has moved into action with its strategic ten-year Plan for the Aged, focusing on improving and expanding the number of welfare institutions for the elderly as well as providing funding and assistance for nursing at home. However, the numbers of aged in need of care are increasing rapidly, and an urgent demand has arisen for establishing community systems and systems for mutual help among the elderly.

The overwhelming numbers of the elderly are also bound to impose a financial burden on society, with expected increases in national medical expenditure and in individual national pension payments. Consequently there are voices in the government urging drastic reforms to the present social security system. Thus, improvements in the life-style of each and every member of Japanese society are now a responsibility of the government, as well as of the people.

Quality of life
Widespread interest in health and well-being characterizes this aging society. Along with activities for fitness and newly developed approaches to the health concept, which are centred more on the role and outlook of the individual, various measures have been taken to encourage improved life-styles for each age group. This approach of examining the quality of life according to people’s age groups and their stage in the life-cycle is a recent trend in the area of social philosophy, and is a basic component in
establishing healthy, wholesome lifestyles as well as the prevention and control of diseases.

However, what is all very well in theory is not so easy to put into practice. For instance, an essential prerequisite to prevent illness and promote well-being is cutting out the smoking habit. Yet Japan’s statistics indicate that 74.7% of men and 14.2% of women are smokers. The highest proportion of smokers are among men in their 30s and women in their 20s, while the lowest are among males and females in their 70s or older. The wide difference between the sexes in respect of smoking is a particularly Japanese characteristic.

Furthermore, as many as 2.2 million Japanese are estimated to be dependent on alcohol. According to a 1985 Japan-US joint survey, 76.5% of men and 24.6% of women in Japan were drinkers, the highest figures being 80.1% and 79.2% for men in their 30s and 40s, respectively. There was a similar high ratio among the other age groups for males. Among women, those in their 20s had the highest percentage of drinkers (36.2%). It would seem that steps should be taken to prevent possible risks to the health of newborn babies as a result of high alcohol consumption among these women — who are the ones most likely to become pregnant.

A nationwide survey of views and attitudes to health found that an overwhelming majority of the Japanese spend their leisure hours watching television or listening to the radio. Among the groups studied, 70% or more of men and women with pre-school children and 50% of those with primary school children spend their holidays with their families. The Japanese mostly live in nuclear families, and their family lives are centred around the children.

Moreover, as for exercise and sports, there are differences between the sexes and between age groups. Women tend to discontinue their sports pursuits at a younger age than their male peers. Participation in sports has been found to correlate directly with interest in health, and the cultivation of sports from an early age is expected to foster awareness about fitness and well-being in the future.

A new prototype

In contrast to the social concepts of the elderly in the past, a new prototype seems to be emerging — that of the "New Elderly". No other age group is subject to so wide a variation in their individual physical and financial conditions, and accordingly in their needs and requirements for social services and facilities. As the majority of the population become older, in the coming super-aged society, separate consideration will have to be given to those who are fit and able to work, and others requiring nursing and care.
Nutrition and diet in Japan have undergone great changes from the post-1945 era of near-starvation to the rich indolence of present affluence. As life-styles in housing, food and clothing have rapidly become westernized, and as society has progressed due to advances in science, the physical build of the Japanese and also the prevalence of noncommunicable diseases have approached those of Western people.

It is customary in Japan for women to be in charge of the kitchen, while men take a more passive role concerning what they eat. This tradition is an important health factor.

Care for the bedridden

The home-nursed or bedridden elderly and those suffering from senility are therefore urgently in need of active government policies and local assistance to ensure their rehabilitation and care, including the planning and construction of the necessary social infrastructure. Furthermore, preventive measures against such debilitating and chronic noncommunicable diseases as cancer, diabetes, atherosclerosis, cardiovascular diseases, rheumatism and osteoporosis are goals that need to be pursued through interdisciplinary efforts.

Medical surveys conducted on a wide scale will supply vital information on the incidence and prevalence of these noncommunicable diseases, suggest countermeasures, and make possible the evaluation of policies and economic support measures already taken. These are the foundation stones of disease prevention in an aging society. In step with these population-based medical surveys and monitoring, various regions have recently introduced computerized hospital systems and central databanks to maintain patient records.

Finally, basic community planning that promotes both regional cultural development and the individual's quality of life within the community is a truly vital basis for the strategic promotion of health and well-being. The health of each and every man and woman, at every stage of life, is an essential resource to ensure harmony for all on this planet and for the future of mankind.