The Aging Society and the Social Security System in Japan

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1. The Creation of Social Security after the Second World War

As a result of the Meiji Restoration of 1868, Japan embarked on transforming itself rapidly into a modern nation state. The foremost national goal was to achieve economic and military strength comparable to western powers. For this reason, Japanese policy makers closely watched social, economic, and political developments in other countries. Like in Germany, where Bismarck's social policy measures were not simply meant to assure the workers' livelihood in their old age but were a calculated political strategy to control the socialists, the first nationwide social policy measures in Japan, such as the introduction of a health care system for industrial workers in 1922 (enacted in 1927) or the introduction of the Workers Pension Insurance (*rōdōsha nenkin*) in 1941, were not just gestures of a benevolent state, but were explicitly meant as a means to improve national military capabilities (Yamazaki 1991: 67–71).

After the Second World War, the new Japanese constitution served as a foundation for developing a social security system because it guaranteed, for the first time, fundamental human rights and the freedom of citizens. According to Article 25 of the Japanese Constitution, every Japanese citizen is entitled to "the minimum standards of wholesome and cultured living" and also that "the State shall use its endeavors for the promotion and extension of social welfare and security, and of public health." The fundamental concept of a social security system is therefore established in the Japanese constitution, which became a legal source for laws relating to social security in the postwar era.

The "Recommendations Concerning the Social Security System" (1950), submitted by a Consultation Committee (*Shakai Hoshō Seido Shingikai*) set up by the Prime Minister's Office, served as a basic yardstick for the eventual development of the social security system. In this memorandum to the then Prime Minister, the urgent need to create a modern social security system was emphasized (Shakai Hoshō Seido Shingikai 1950). It ascertained that on the one hand, the state is responsible for protecting the lives of its citizens, but that on the other hand, citizens have a requisite

social duty to uphold and operate the system in an ethos of social solidarity and according to their individual capacity.

The duty of the state to guarantee every citizen, *inter alia*, the right to live and to improve social welfare and public health was established in the constitution, which came into force in May 1947. Under the decisive leadership of the Supreme Commander for the Allied Powers (Occupation Headquarters), the expansion of individual social security systems and the reorganization of the administrative structure were initiated. The influence exerted by Occupation Headquarters extended across the entire social security system. For example, the three basic principles of the public welfare system, i.e., duty of the State, equal treatment, and the guarantee of a minimum standard of living can be traced back to instructions from Occupation Headquarters (KŌSEISHŌ 1999: 16). Occupation Headquarters, furthermore, sought to establish scientific and specialist approaches in the areas of jurisdiction responsible for public health and social welfare. An example of this policy was the system of public health departments staffed by experts from the medical professions, such as doctors and state-registered nurses, and a system of social security offices whose managers were recruited from the social welfare professions.

The key concepts of this period were "poverty relief" (*kyūhin*) and "basic maintenance" (*kiban seibi*). The social security system in particular played a central part in the measures for poverty relief. In 1950 social security expenditure constituted 46% of the budget of the Ministry of Health and Welfare. Almost two million Japanese were classified as needy persons, which represented 2.5% of the total population at that time (one in every 40 Japanese citizens) (KŌSEISHŌ DAIJIN KANBŌ TŌKEI CHŌSABU 1969: 311).

2. INTRODUCTION OF THE NATIONAL HEALTH AND PENSION INSURANCE

Economic reconstruction had already begun in the late 1950s, but an economic boom that began around 1955 accelerated the process of rapid economic growth. The standard of living amongst the population rose considerably. Rapid economic development continued for 20 years until 1974, the year of the oil crisis, in which negative growth was recorded for the first time in the postwar era. According to the annual economic white paper from 1956, the GNP of the previous year had exceeded the maximum recorded in the prewar era, thus heralding "the end of the postwar era". Twelve years later Japan's GNP was the second largest in the world, after the United States. Accordingly, in the 1970s, the phrase "Japan as an economic superpower" (*keizai taikoku Nihon*) was coined.

With an increase in incomes, rapid economic growth contributed to a considerable rise in the standard of living. During the decade after 1955, people spoke enthusiastically about the three "wonder goods" (the television, refrigerator, and electric washing machine) as images of prosperity; in the decade after 1965 the "three C's" (a color TV, car, and cooler [air conditioning]) were added to the list of affordable and desirable products to own. The spread of these goods within a short period of time became representative of the raised standard of living. At the same time, Japanese society was undergoing great change. New claims on social security were making their presence felt. The structural change in production, i.e., from agriculture, forestry, and fishery to manufacturing industries, and from light industry to heavy industry and chemical industry, triggered numerous problems: the depopulation of the countryside and the overpopulation of the large cities as a result of massive migration from the rural areas, a lack of medical provision for rural districts and even larger regions, the emergence of a new income underclass which could not participate in the raised standard of living, a polluted environment and the destruction of nature, and a poorly developed infrastructure, e.g., water supply and drainage, sewage works, and waste disposal. These problems led to demands for an increase in social spending and the term "welfare state" (*fukushi kokka*) came into the center of public debate during this time.

In parallel with the increase in the general standard of living as a result of the economic growth after 1955, emergency measures for the poor and needy were strengthened. However, there was also a growing need to protect ordinary citizens from sinking into poverty as a result of illness or old age. In the mid-1950s there were still 30 million people in Japan without health insurance, which represented approximately one third of the population, including in particular the self-employed and farmers as well as those employed in small businesses (Kōseishō Daijin Kanbō Tōkei Chōsabu 1969: 257–259). In the event of accident or illness resulting in loss of income and additional expenses due to the cost of treatment, many of these people very often became cases for social assistance and therefore a serious societal problem.

The demands of the public were important factors in the introduction of a social security system for all citizens during this period. In order to guarantee medical care for the large group of hitherto uncovered citizens, the new National Health Insurance Act (*Kokumin kenkō hoken-hō*) was passed in 1958. This bill required all citizens, including the self-employed and farmers who had hitherto been uninsured, to belong to a health insurance scheme. In this way, a system of universal insurance was established. After a four-year preparatory planning phase, the National

Health Insurance went into operation in municipalities throughout Japan in April 1961.[1]

After the war, the hierarchically structured extended family and the system of succession by inheritance specified in the Civil Code were revised, thus substantially changing the state of political awareness regarding livelihood. Under these new circumstances, there was great uncertainty in planning for old age amongst those who did not belong to a public pension scheme. The Employees Pension Insurance[2] (*kōsei nenkin*) had already been reinstated in 1954, and there were also several mutual aid associations (*kyōsai nenkin*) for different groups of employees outside this system. However, a large proportion of the population, especially the self-employed and farmers, were not covered by any public pension insurance. Therefore, from around 1955 discussions started surrounding the creation of a pension system for all citizens. In 1959 legislation was passed on the National Pension Insurance (*kokumin nenkin*), which was enforced throughout the country in April 1961. Until the pension reform of 1985, the National Pension Insurance covered this large group of non-employees (such as farmers and the self-employed).

Since the establishment of a universal health and pension insurance in 1961, all citizens have been insured through some scheme or another both during sickness and in old age. These universal insurance systems have remained the cornerstone of the Japanese social security system up to the present day. The concept of "provision for poverty", which had dominated largely until about 1960, was replaced by the key words "universal insurance" (*kokumin kai hoken*) and "universal pensions" (*kokumin kai nenkin*). Thus, the weight was shifted from social assistance to social insurance.

[1] Today, Japan's three categories of health insurance are: 1. Society-Managed Health Insurance (*kumiai hoken*) covers the employees of large companies and consists of 1,800 insurance pools. 2. Government-Managed Health Insurance (*seifu kanshō*), which covers the employees of small companies and is a single pool administered at the national level. 3. National Health Insurance (*kokumin kenkō hoken*), which covers non-employees such as the self-employed and retirees. This insurance consists of roughly 3,200 insurance pools at the city, town, and village level.

[2] In 1941, the Workers Pension Insurance (*rōdōsha nenkin*) was introduced, and was extended to include employees in 1944. Accordingly, the name of the new system was changed to Employees Pension Insurance (*kōsei nenkin*).

3. Improvements in Social Security and the Beginning of a "Welfare Era"

Further improvements in the field of social welfare were achieved by passing the so-called "Six Welfare Acts"[3] of the 1960s, of which the Old Age Welfare Act (*Rōjin fukushi-hō*) was said to be the first specialized legislation of this kind in the world. Individual schemes were gradually expanded. For example, with the increasing proportion of gainfully employed women and the growing number of nuclear families, the need for day nurseries grew. As a result of this, local government bodies strove to build temporary facilities.

During the period of high economic growth in the 1960s the level of consumption rose considerably. At the same time, however, resultant problems attracted public attention: a poorly developed infrastructure, a polluted environment, and a still low level of social security. Subsequently, several measures were taken to protect the environment and improve public infrastructure. Restrictions on medical costs in the various health insurance schemes were removed, and the benefit level of public pensions and public assistance was raised several times during the 1960s. The financial means for these measures came from increased tax revenues facilitated by economic growth and increasing contributions from the insured.

However, in specific areas considerable financial problems remained. A typical example of this was the deficit of the Government-Managed Health Insurance, which in the 1960s, along with the Japanese State Railway and the rice management system, was one of the government's three "problem children" (also dubbed the "three K's": *kome* [rice], *kokutetsu* [State Railway], and *kenkō hoken* [health insurance]). Emergency measures were taken until the accumulated deficit was finally frozen at the end of fiscal year 1973, and the way was prepared for consolidating public finances through measures such as increasing contributions and setting fixed percentage rates for state subsidies.

1973 was dubbed "Year 1 of the welfare era" (*fukushi gannen*) because in that year the system of subsidies for health insurance schemes was introduced, which facilitated free medical treatment (without co-pay-

[3] The "Six Welfare Acts" include the "Public Assistance Act" (*Seikatsu hogo-hō*), the "Child Welfare Act" (*Jidō fukushi-hō*), the "Act on Social Welfare for the Physically Disabled" (*Shintai shōgaisha fukushi-hō*), the "Old Age Welfare Act" (*Rōjin fukushi-hō*), the "Act on Social Welfare for the Mentally Handicapped" (*Chiteki shōgaisha fukushi-hō*), and the "Act on Social Welfare for Mothers, Children and Widows" (*Boshi oyobi kafu fukushi-hō*).

ments) for people 70 years and older. In addition, a system was introduced to cover the costs of particularly expensive special treatments. At the same time, benefits for health and pension insurance subscribers were increased across the board. In pensions, a system of indexing benefits to wage and price increases was introduced, by which public pensions were intended to eventually become the main source of old age security.

Due to the aforementioned expansion of the social security system, the costs for social security benefits rose sharply from ¥ 389.3 billion (¥ 4,400 per capita) in 1955 to ¥ 11.76 trillion (¥ 105,100 per capita) in 1975 (KŌSEISHŌ DAIJIN KANBŌ TŌKEI CHŌSABU 1975: 239). State expenditure for social welfare also rose markedly in this period. Outlay for these costs in the 1955 financial year was slightly more than ¥ 10 billion and made up 10% of the government budget. In 1975 this figure was ¥ 3.92 trillion (KŌSEISHŌ DAIJIN KANBŌ TŌKEI CHŌSABU 1975: 239).

In 1970 the proportion of elderly people exceeded 7% of the general population. According to the definition of the United Nations Office, this constituted an aging society. In 1972 the novel *Kōkotsu no hito* ("An Entranced Person") was on the bestseller list for six months, selling 1.4 million copies. This book depicts the condition of senile dementia, but also highlights the concerns and hardships facing families looking after old people in need of care. It was through this book that the care of the elderly was first thrust into the public eye.

4. The Revision of the Social Security System from the Mid-1970s to the 1980s

In 1973, the year in which there was a substantial benefit increase in health and pensions insurances, the "oil crisis" began. This triggered a radical change in the national economy, which had been accustomed to low crude oil prices. The jump in crude oil prices led to "galloping" inflation with an almost 22% annual rate of increase in consumer prices for the 1974 fiscal year, and, with a resulting decline in corporate earnings, brought the period of high economic growth to an end. In 1974 negative growth in real terms (of minus 0.2%) was recorded for the first time since the Second World War. In contrast, social welfare benefits were increased in order to adjust the benefit levels of pensions, health insurance schemes, and the public assistance system to rising inflation. For example, in fiscal year 1974 the rates of compensation for medical treatments were increased by 36%; social assistance benefits rose by 20% (KŌSEISHŌ DAIJIN KANBŌ TŌKEI CHŌSABU 1975: 239). The result was a marked increase in social security costs.

Notwithstanding the increased demand from the national budget, the rise in tax revenue slowed down with the weak economy. The economic policy in operation intended to boost domestic demand, therefore resulted in a substantial public-sector expenditure increase. For this reason, in fiscal year 1975, public loans were raised for the first time in the supplementary budget. From then on there was a steady increase in public debts. In the budget for 1979, public debt had reached approximately 40%, the highest level to date. To remedy this situation, the "reorganization of the public sector" was initiated at the beginning of the 1980s, resulting in a limitation on spending from fiscal year 1983.

In 1980 the "Second Emergency Committee for Administrative Reform" (*Dai 2-kai Rinji Gyōsei Chōsakai*) was convened, in which serious discussions were held about possible public finance reforms. Based on the findings of this reform committee, expenditure was further reduced and rationalization measures were promoted; administrative structures and subsidy packages reviewed, and the three government-owned enterprises (including the State Railway) privatized. At the same time, the subsidy system of medical provision for the elderly and the insurance system for medical care were reviewed.

The oil crisis affected other industrial nations as it did Japan. Triggered by the increasing burden on the public sector from the social security system, accompanied by stagnating economic growth, rising unemployment, and the aging of the population, people spoke of a "crisis in the welfare state". In Europe and the United States, this led to a review of the social security systems, financial systems, and the administrative structure of the state. The policies implemented in Great Britain and the United States under the catchphrases of "Thatcherism" or "Reaganomics" were more about controlling the rate of increase in social security benefits and a partial review of programs than about broadly reducing social expenditure. In carrying out their revision, these countries also understood that adhering to a system of social security was imperative for the stability of public affairs. Within this context, the aim was to adjust to their respective financial problems. In the 1980s, the revision of various social security systems was also a factor in the structural reform of public finances; at the same time, the aim was to guarantee the necessary budgetary funds for social security payments.

The 1980s were a period of comprehensive reforms. They were necessary to adjust the social security system, which had expanded at a time of high economic growth, to the new situation of slow economic growth. Adjustment to the deteriorating status of public finances was also necessary. To remedy their poor condition, cuts were inevitable. Finally, adjustments also needed to be made to account for the aging population of the future.

Catchphrases typical of this time included "rationalization and enhancement of the effectiveness of costs for social security" (*shakai hoshōhiyō no tekiseika, kōritsuka*), "fair benefits and costs" (*kyūfu to futan no kōhei*), and "reorganization of public finances" (*zaisei chōsei*).

The Health Care for the Elderly Law (*Rōjin hoken-hō*), implemented in 1983, is a typical example of the reforms of that time. This bill added a small co-payment to what had been free medical care for the elderly, and introduced a system of cross-subsidization, from the employee health insurance to coverage for older people. Free medical care for the elderly, which had been introduced in 1973, had resulted in a drastic increase in treatment costs for senior citizens. Through the new system, the National Health Insurance, which was under particular strain because of the high proportion of senior citizens, was relieved of a huge financial burden.

Furthermore, as a result of a partial amendment to the Health Insurance Act in 1984, a co-payment of 10% of medical costs was introduced for the members of Society-Managed Health Insurances. Normal employees had previously faced becoming members of the National Health Insurance after retirement and accepting a reduction in benefits in the process, even if this resulted in a rationally untenable cost burden for those insured long-term with the National Health Insurance. However, with this reform, a new medical benefit system for pensioners was introduced.

In 1985, the public pension system was also restructured in order to integrate the various insurance schemes. The members of the Employees Pension Insurance and the mutual aid associations were, together with their spouses, integrated into the National Pension Insurance. Thus, the National Pension Insurance, which had hitherto only covered non-employees such as the self-employed, became what is referred to as a basic pension system for all citizens between 20 and 59. Even after various reforms, this system is still in operation today. The non-employed receive basic pension benefits only, whereas the members of the Employees Pension Insurance and the mutual aid associations receive basic benefits from the National Pension Insurance and remuneration-proportional benefits from their respective insurance schemes. A major outcome of the 1985 pension reform was also, for the first time, a considerable cut in benefit levels. Another important aspect of this reform was the introduction of a basic pension for spouses. Previously, this group had not had their own pension rights in case of divorce.

5. The Creation of a System Adjusted to the Aging Society (1990s)

Since the 1980s, finding a way to deal with the aging society has become a major issue. The drastic fall in the birth rate and the increase in average life expectancy has resulted in a rapid increase in the proportion of elderly people, to a level which will eventually be higher than in Europe and the United States. As a matter of fact, the proportion of senior citizens has doubled from 7% to 14% in less than 24 years (Kokuritsu Shakai Hoshō Jinkō Mondai Kenkyūjo 1999).[4] According to latest predictions, by 2050 one in three people will be 65 or older (Sōmuchō Tōkeikyoku 2000: 33). In the light of such rapid aging, and a simultaneous trend towards smaller families, the issue of care in old age has become the most serious concern for both senior citizens and the public in general. Nationally, a rapid increase in the number of senior citizens in need of care is predicted, from approximately 2 million in 1993 up to 3.9 million in 2010 (Sōmuchō Chōkan Kanbō 2000: 133).

In the 1990s, parallel with various responses to the problems of aging, a declining birth rate became apparent. The catchphrase "1.57 Shock" voiced the concern that, at 1.57 (children per woman) in 1989, the Total Fertility Rate was for the first time lower than in the year 1966, when it had reached 1.58,[5] the lowest value since the end of the war. Since the early 1990s the development of political programs to counter this trend has become an important political issue.

It is true that from the mid-1970s, birth rates showed a downward trend towards families with fewer than two children, but the demographic forecast predicted a return to the two-child family in the 1980s. However, since the time of the "1.57 Shock" a steady trend towards fewer children has been clearly visible, with the result that interest in and awareness of this phenomenon has been reinforced. Nevertheless, the birth rate has fallen steadily since then to 1.35 in 2000 (*Nihon Keizai Shinbun* 09.08.2001: 46). The proportion of the population under 15 years of age has fallen compared with the proportion of people 65 years and older and, at approximately 15% of the total population in 1998, has

[4] It took Sweden 85 years, Great Britain 46 years, and France 116 years to double their proportion of senior citizens (persons aged 65 years and older) from 7 to 14%. In Japan, however, the proportion was 7.1% in 1970; in 1994 it reached 14.1%. Thus, the proportion of senior citizens doubled within 24 years.

[5] It is widely held that the superstition associated with the year 1966 (it was a *hinoeuma* [fire horse] year according to the Chinese zodiacal chronology) found its expression in the low birth rate.

reached its lowest level to date. The demographic forecast of January 1997 predicted that the total Japanese population will reach its peak in 2007 and will steadily decline thereafter so that for the first time since the Meiji era, the trend will be towards a "society in demographic decline".

Whilst the proportion of payments by the social security system in the national economy constantly increased, after the burst of the "Bubble Economy" in the 1990s, a trend towards low growth became evident. From 1990 until 1999, the average annual growth rate of the GDP in real terms bottomed out at 1.2% (KEIZAI KIKAKUCHŌ 2000: appendix 14). Both the growth rate of wages and salaries as well as corporate earnings stagnated. In view of these circumstances, a sharper awareness of the charges associated with the welfare system among employers and employees was noticed. As a result of falling tax revenues and the implementation of a series of economic measures, public finances had become too dependent on government loans. Drawing up the social security budget became more difficult.

Therefore, adjustments to the social security system are constantly under way. An important example to mention first is dealing with the problem of care for the elderly. In view of the aging of society, in December 1989 a ten-year strategy to promote preventive medicine in old age ("The Gold Plan") was drawn up to expand the infrastructure of services in the field of preventive medicine for the elderly. The aim is to guarantee that one's golden years be healthy, worth living, active, and long. Accordingly, concrete objectives were formulated for home care services and institutional services. In the ten-year period from 1990 to 1999, implementation went ahead according to plan. In the interim period, in 1994, amendments were made to the plan and the objectives scaled up. Since 1995 work has been undertaken to implement the revised "Gold Plan".

In 1994 the expansion of a new care system began. After examination by a consultation committee and a one-year debate in Parliament, in December 1997 the Care Insurance Act (*Kaigo hoken-hō*) was passed. In December 1999 the Guardianship Act for Adults (*Seinen kōken-hō*) was passed to protect the recipients of care insurance services.[6] The revision of the care system and the systematic improvement of infrastructure have been promoted in order to meet the new demand for care which has arisen as a result of the declining number of children and the consequent aging of society. Important targets include an increase in the numbers of service recipients, an improvement in the quality of the services, an increase in home care and standardization of the range of services in health care, the selective expansion of municipal care administrations, an

[6] For details see ARAI (1999).

increased orientation towards recipients of services and finally, support for autonomy and private initiative.

In the field of pensions, the Japanese Diet passed a reform law in 1999, which came into effect in April 2000. The new policy that the government has adopted with regards to the public pension system strives to secure financial sustainability through a number of parametric reform measures, such as the curtailment of earnings-related benefits, an increase in the entitlement age, and changes in the system of indexing benefits. The 1999 reform package will slash current aggregate pension benefits by about 20% by fiscal year 2025 (*Nihon Keizai Shinbun* 22.03.2000: 1). The official reform strategy adopted by the government is designed to offset these benefit cuts in public pension schemes through the promotion of occupational pension plans. The government hopes that changes in the regulatory and financial framework, which came into effect in April 2002, will make the existing defined benefit occupational plans more attractive. Also, in October 2001, Japanese-style 401(k) defined contribution plans were introduced for the first time.

In health care, various adjustments, which are expected to come into effect sometime in the later part of 2002, are likely to increase patients' financial burden. For example, co-payments for members of the Society-Managed Health Insurances are likely to increase from their current 20% to 30% in future. The premiums for the Government-Managed Health Insurance for employees of small firms, and co-payments for wealthy elderly are also likely to be raised. At the same time, the national fee schedule (*shinryō hoshū*), which applies to all patients regardless of which health insurance system they belong to, is about to be lowered by about 2.7%, resulting in an additional burden to health care providers as well (*Nihon Keizai Shinbun* 18.12.2001: 5).

The structural reform of social security has been under way since the second half of the 1990s. However, in the structural deterioration experienced by public finances during the phase of lower economic growth after the collapse of the "Bubble Economy", the question of cost for state benefits, which increase annually by ¥ 3 billion and have exceeded ¥ 60 billion, is still a serious problem, which is likely to necessitate further adjustments in the coming years (Shakai Hoshō Seido Shingikai 1995).

5. Conclusion

I have attempted to gain an overview of the development of the social security system since the Second World War. Generally, until the beginning of the 1970s, the aim was to catch up with Western countries. The

main emphasis was on "poverty relief", on the "prevention of poverty", and on the "expansion of services". Since the end of the 1970s, in order to adjust to changing economic circumstances and ways of life, the emphasis has been on the planning of "fair services and costs" and the "creation of a system that is stable in the long term". At the same time, issues such as the review of the health and pension insurance system, the care insurance system, and the guardianship system for adults will receive constant attention in the coming years.

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