

Ageing Society Management: The Lesson Learnt from Japan

บทเรียนการจัดการสังคมผู้สูงอายุในประเทศญี่ปุ่น

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Abstract

This article aims to explore Japan's theoretical approach and practical approach to Ageing Society Management, as she has long been experienced in this matter, in order to apply this understanding in Thai society, as well as in the ASEAN which will be fully Aged Society in the near future. By conducting field research in both rural and urban areas in Hokkaido Island; Tokyo Metropolitan Region; and Okinawa Prefecture, with qualitative data gathered from academics, government sectors and elderly people, This research found out that Japan's emphasis in encouraging an Active and Quality Ageing program mitigates the socio-economics challenges and consequences. It's clear that the pension fund and health care insurance scheme together with community initiative arrangement projects which focusing on an Age-Friendly Community, and the Local Government supportive measure equipped with elderly participation in an appropriate way, is the main contributor to this approach while her discipline toward ageing society management becomes more integrated. Gerontology is one of those factors that becomes more attractive and applicable. Such a valuable and fruitful program, can be learnt and applied in Thailand.

Keywords: Ageing Society Management, Active & Quality Ageing, Welfare for Elderly,

Age-friendly Community, Gerontology

บทคัดย่อ

บทความนี้มีวัตถุประสงค์เพื่อสำรวจกรอบความคิดเชิงทฤษฎีและการปฏิบัติในการจัดการสังคมผู้สูงอายุในประเทศญี่ปุ่นซึ่งได้ชี้อ่วมว่ามีประสบการณ์ในเรื่องนี้มาอย่างยาวนานเพื่อการนำมาปรับใช้ในประเทศไทย รวมทั้งในกลุ่มอาเซียนซึ่งกำลังจะก้าวเข้าไปสู่สังคมผู้สูงอายุโดยสมบูรณ์ในระยะเวลาอันใกล้ จากการวิจัยภาคสนามทั้งในพื้นที่ชนบทและพื้นที่เมืองตั้งแต่เก娥หอคิโกิโด ภูมิภาคหานครโตเกียว และลงมายังจังหวัดโภกินิวะ โดยการรวบรวมข้อมูลเชิงคุณภาพจากนักวิชาการ เจ้าหน้าที่ของรัฐ และผู้สูงอายุ พบว่า

ประเทศไทยปัจจุบันกำลังมุ่งไปสู่การสร้างสังคมผู้สูงอายุที่มีคุณวิถีและพัฒนาลั่งท่ามกลางสิ่งท้าทายตลอดจนข้อจำกัดทางเศรษฐกิจและสังคมอย่างมาก เป็นที่แน่ชัดว่าระบบสวัสดิการเชิงเบี้ยหวัดเบี้ยบำนาญและการประกันสุขภาพจากภาครัฐรวมทั้งความพยายามในการสร้างชุมชนที่เป็นมิตรต่อผู้สูงอายุผ่านโครงการใหม่ ๆ โดยความร่วมมือและการสนับสนุนทั้งจากองค์กรปกครองส่วนท้องถิ่นและผู้สูงอายุยังคงเป็นวิธีการที่เหมาะสม ในขณะที่องค์ความรู้ในด้านพัฒนาวิทยาที่ใช้ในการจัดการสังคมผู้สูงอายุซึ่งมีพิธีทางในเชิงการบูรณาการยังคงเป็นกรอบแนวคิดที่ได้รับการยอมรับและใช้ได้ผลซึ่งควรค่าในเชิงการนำมาเป็นบทเรียนหรือการปรับใช้ในประเทศไทย

คำสำคัญ : การจัดการสังคมผู้สูงอายุ ผู้สูงอายุที่มีคุณวิถีและพัฒนาลั่ง สวัสดิการผู้สูงอายุ ชุมชนที่เป็นมิตรต่อผู้สูงอายุ พัฒนาวิทยา

Introduction

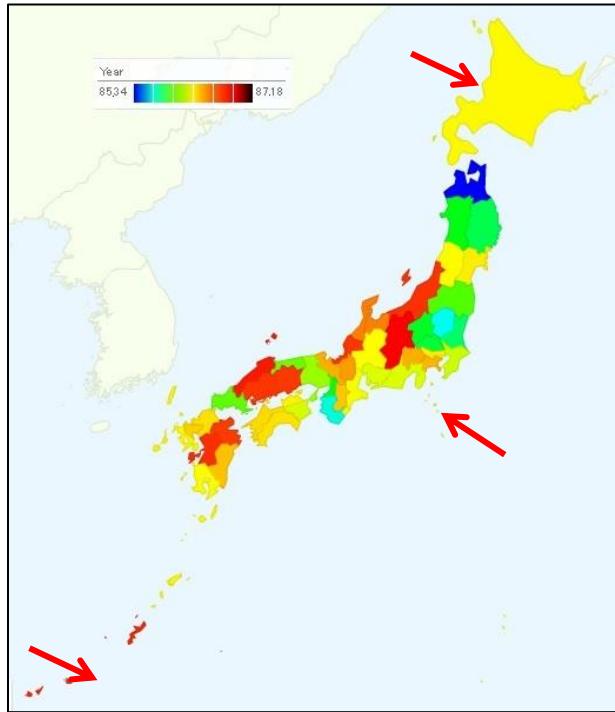
There are some significant trends in the changing of the world's population, growth has been slowing down, together with the decline of fertility, mortality has fallen considerably in most countries over the past decades. In some developed countries, life expectancy at birth for females has already exceeded or is now approaching 85 years and it is not showing any signs of slowing down (Ogawa and Matsukura, 2001). As the forecast from World Watch Institute, by 2025, the worldwide average life-span will be extended by one year per year, and only 15% of deaths worldwide will be due to naturally occurring infectious diseases. (World Watch Institute, 2009)

Thailand, which is the 2nd to Indonesia, the highest ratio of population ageing among 10 countries in the ASEAN will reach the aged society within 2018, for the first time will have more elderly persons than children (under 15 years), and the number of elderly is projected to comprise one-fifth of the total population in that year (Thai Gerontology Research and Development Institute, 2013),, no mention about the Super or Hyper Ageing Society, which the ratio of population age 65 years and over will be 30% of total population which Japan will achieve by 2025.

Today, the situation of elderly people in Thailand still needs to be improved, for instance 1) The ratio of elderly living alone or only with their spouse (from less than 10% ten years ago to 20% as of the 2011 survey), furthermore, the ratio of the elderly living alone in urban or municipal areas was higher than their rural counterparts. 2) Approximately one-third had incomes below the poverty line In the past, Thai elderly could reliably depend on income support from their children. However, the survey data show that the rate receiving income

from their children declined from 52% in 2007 to only 40% in 2011. Fortunately, A National Savings Law was enacted in 2011 which encourages all Thais to open savings accounts with the National Savings Fund with counterpart contributions from the Government. 3) As people grow old, they are at higher risk for illness and injury. The most common health situations are geriatric illnesses and non-communicable diseases (NCD), many of which require close, long-term care. The 2011 survey found that over half of the sample of elderly (53%) reported that they had symptoms of at least one NCD. The most common symptom was high blood press/high Cholesterol, followed by Diabetes, Gout/Rheumatoid Arthritis/chronic pain in the knee, back, and/or neck. Some of the elderly with a chronic illness requiring continuous treatment reported that they could not go for treatment because of inconvenient travel. (Foundation of Thai Gerontology Research and Development Institute, 2013)

It is worthy of studying of long experiences in this matters from Japan. Thai society, has been aware of this evolving situation for some time, but still does not have a clear picture or data on what an aged Thai society will look like in the future. In addition, Japan also has many cultural aspects similar to Thailand, and ASEAN. Besides, I am also interested to learn from the clue found in such areas, such as Okinawa Prefecture which has the world's healthiest and longest-lived people, which is related to the active and quality ageing environment. The overall area of study covered both urban and rural, from the northern region is Hokkaido; the central region is Tokyo Metropolitan Region; and the Southern part of Japan is Okinawa Prefecture.



Map of Japan: research sites selections

Objectives

Pertinent to research objectives, this article aimed to explore three key objectives 1) the situation of Japan ageing society. 2) study of the ageing society management, theoretical and practical, and 3) to conduct evidence-based analysis from academics, the public sector, and the elderly in their context, to assess the extent and shape of institutional and management toward ageing society.

Literature Review

Besides demographics studies, which focuses on the structure of the population, population growth, change and population proportion, familial support ratio, as well as dependency ratio of the country where it's necessary for ageing management planning. In contemporary concepts approach to ageing society management may classify into 3 approaches: 1) The Social Welfare for Elderly 2) The Geriatrics and Health Care of Elderly; and 3) Gerontology. Although each concept access to the same objective, as the benefit for the elderly, but there are some specific differences extent among those. The first approach aimed to Social Welfare for Elderly, and after all heavily depend on the social, economics, and resource-based (Midgley, James and others (eds.), 2000), likewise depending on the ideological or welfare regime, as Gosta Esping-Andersen distinguishes in 1990s as conservative;

continental; and social-democratic, which building on the classification of Richard M. Titmuss in 1974, divided welfare states into three forms: First, Model A The Residual Welfare Model of Social Policy which focus on little role of state, just for relief assistance or in some cases, the rest; Second, Model B, The Industrial Achievement Performance Model of Social Policy , this model depends achievements or abilities to meet criteria, for example, productivity this model fit for capitalism or industrialized countries; and third, Model C, The Institutional Redistributive Model of Social Policy. This model is preferred by states, with a Welfare State ideology which aims to establish redistribution of resource and coverage welfare service provide by government like in Nordic countries (Leibfried and Mau (eds.), 2008)

In Japan, all models as a mixed approach were applied into welfare schemes, while aiming to make benefit for the elderly along with all group of people comprehensively, such as in 2000 the Government launched a national long-term care insurance (LTCI), system to make LTC a right for older adults regardless of income and family availability (Tsutsui; Muramatsu; and Higashino, 2014). However, Japan is under two social safety net schemes, the National Health care insurance and the National Pension Fund scheme, and those who are considered as the poor (by certain definition), will get the benefit as the social assistance or compensation on the basis that is determined by the Government. Second, Geriatrics and Health Care of Elderly is strengthened by using scientific research results to generate its inquiry extent. Some of the inquiries concerning health and healing, emphasize the healthy life, or longevity.

For instance, those studying the Centenarians, as the famous longitudinal study that began in 1975, known as The Okinawa Centenarian Study (OCS), believe that, there are particular characteristics, such as some special genes that prevent or minimize the symptoms of diseases in the personalities of those over 100, which supports the search for the protective genes associated with Longevity. (Suzuki, 2010; Hirose, 2015)

According to the Ministry of Health, Labor and Welfare, population statistics which are based on the year 2010, Okinawa women who were born in 2010 are expected to live to be 87.02 years old. That puts the women in the third place (follow Nagano and Shizuoka) for Japan, and marks the first time that they are not in first place since the statistics were first published in 1975. The rising rate of life expectancy in Okinawa has been lower than national average since 1985, and finally another Prefecture has overtaken its place. One of the reasons is that the number of deaths by diseases associated with adult (especially among 20

to 64 years old) lifestyle habits is increasing in Okinawa. So, the number one place for longest life expectancy for both women and men now is Nagano Prefecture, where women and men are expected to live to 87.18 and 80.88 years old respectively (Ministry of Health, Labour and Welfare, 2014).

Third, Gerontology, which is an interdisciplinary approach to studying ageing, aimed to arrange the social environment and circumstances of an ageing society to promote Active & Quality Ageing. Like in 2007, WHO launched the scheme which focused on supportive environments management or Age-Friendly City (AFC) framework, proposed as a holistic approach for ageing society management worldwide. AFC refers to the city's environment, facilitated living or access for the elderly, as well as to enhance the strength, with elderly people (WHO, 2007). As with the determinants of active ageing, the eight aspects constitutes Age-friendly cities are overlapping and interacting. Respect and social inclusion are reflected in the accessibility of the buildings and space, and in the range of opportunities that the city offers to older people for social participation, entertainment or employment. Social participation, in turn, influences social inclusion, as well as access to information. Housing needs for community support services, while social, civic and economic participation partly depend on the accessibility and safety of outdoor spaces and public buildings. Transportation as well as communication and information interact particularly with the other areas. Without transportation or adequate means of obtaining information to allow people to meet and connect, other urban facilities and services that could support active ageing are simply inaccessible.

As the comprehensive arrangement for society is to consort with the elderly people, the holistic approach, along with emphasis in proactive rather than reactive, this approach becomes more welcomed. In the same way, such approach relevant to Gerontology, which is not a Clinical Gerontology or Geriatrics one, but Gerontology. Its studies emphasize the phenomenon and its impacts arises on an ageing society, and aims to provide the solution from a multi-discipline approach and knowledge including social sciences (Bryan S. Green, 1993).

Research Methodology

Research design: A qualitative research toward Ageing Society Management policy and program, both national and local level was designed. Related literature had been reviewed,

the data had been gathered from key informants covered local government officials; third sector organization pertinent to elderly affairs; entrepreneur; and academics as well as observation made at the research sites.

Area of study : To meet the objective of the research, both rural and urban areas in different regions from Northern to Southern parts of Japan as 1) Hokkaido island which focused on activities in countryside in Kuriyama and Yuni city 2) Tokyo Metropolitan Region which focused on theoretical concepts, Government policy and programmes for elderly from The University of Tokyo, Tokyo Metropolitan University, Edo-open museum, and Tokyo Metropolitan Government Office 3) Okinawa Prefecture, Kitanakagusuku village and Nanjo city, which have long been known as the land of healthiest and longest life in Japan and the world, though in 2012 Nagano Prefecture had achieved the highest life expectancy of both women(87.18) and men(80.88), but Kitanakagusuku village still has the highest Life Expectancy Rate of women in Japan, with 89.3 years old (Kitanakagusuku City, 2015)

Analysis: Narrative, from reading, telling, and listening to informant's accounts of their work-lives and experiences are receiving increasing attention in this research. This way in which they experience their life about Ageing matter and interpret the events that they have lived through are known to influence their behavior or decision We can expect future research to examine how life experiences are filed within the nervous system itself as well as ways of tracing developmental influences on them (Kenyon, Gary; Bohlmeijer, Ernest; and Randall, William L. (Eds.). 2011). Such immersed details together with the fact from contextual observation is interpreted and narratives thru categories of three main research concepts, as Concept Approach to Ageing Society Management in Japan; Ageing Society Management scheme method; and The role of the family and the community toward the Elderly.

Results

Concept Approach to Ageing Society Management

Japan's social security system encompasses both old-age pension plans and medical plans, as well as the Long-term Care Insurance Scheme (LCIS) and other smaller programmes. The share of social security expenditures accounted for by the first two components has changed substantially over time. The major shift toward pension benefits has occurred because of population ageing, the maturation of the pension system, and major changes in

medical plans intended to reduce the rapid growth of health costs. Medical benefits constitute the second major component of social security benefits. Five major plans exist and all the population is covered by one of them since 1961. The Association-managed Health Insurance Plan (AHIP), the Government-managed Health Insurance Plan (GHIP), and the National Health Insurance Plan (NHIP) are the three major plans and together they cover 87 per cent of the population. Employees of large-scale enterprises are enrolled in the AHIP while employees of small or medium-sized businesses are enrolled in the GHIP. Persons not covered by other plans are enrolled in the NHIP. The age structure of members is older in the NHIP than in the other plans, primarily because a large proportion of NHIP members are self-employed owners of small businesses or farmers (Tsutsui; Muramatsu; and Higashino, 2014).

Despite these changes, the public financial resources allotted to medical care services have been rising. As a result, the health status of the Japanese population has been improving, as reflected by the remarkable rise of life expectancy. Furthermore, between 1950 and 2003, the average age at death of the 50 persons dying at the most advanced ages has been increasing steadily for both sexes, and for both sexes that average age has been rising faster since 1973 when the medical care programmes were substantially upgraded, especially by providing free health care to those aged 70 or over. These increases in longevity have prompted people to save more for their longer life after retirement, thus contributing to make the second dividend a reality. In order to curb the rise in medical care costs by reducing the average length of hospitalization, the Government of Japan established in 2000 the Long-term Care Insurance Scheme (LCIS). The LCIS is expected to alleviate the care-giving burden placed on families, especially in regard to the responsibilities of middle aged daughters or daughters-in-law (Ogawa and Matsukura, 2001).

There are various attitudes among scholars in this matter, such as, it's important to establish and strengthening the systems for health care insurance and pension fund systems to secure their life. While some concern toward the attitude from the tax payer, argue on this amount of the government expenditure. Mostly agreed that it is necessary that the elderly will have to help create the productivity or working in a proper way to alleviate such burden, in order to help the country which faces restriction and limitation. Some argued that it's necessary to re-think, some social norms, eg. ties; trust; cohesion; shared value, to bring back

the sense of family; community; and good society that can contribute to ageing society management. All those academics argued in the same way that at the higher or national level, the social security systems need to be strengthened, as well as some law need to be adjusted for more responsible from business sector, the lower or community level also needs to be coordinated among Government sector; Business sector; and Third party, as a collaborative management toward Ageing Society Management, this scheme would provide the public sector or government agency with the opportunity to share and or transfer the risks to the private sector and people as the target group for efficient and effective operation

Ageing Society Management Scheme method and its evidence-based

Although Japan has very high ratio of urban population and almost everywhere are urbanized, all people have been woven into the urban cultural and society, but Japanese people always make a good living place and rich environments. Notably, in Tokyo, which 13.3 million people live in densely area about 6,032/sq.km, in 2014 there are about 4,708 people aged 100 years and over, show some significant factors indicating this age-friendly city (Tokyo Metropolitan Government, 2015). Moreover, the kingship system and traditional culture as well as the rich historical ritual which is elderly-centered, and people in all ages and generations gathering or willing to participate, were established as the institution and are often seen. So, it's common to see the Aged-inclusive culture, like respect to seniority, give priority to the aged in Japan. Hence, the public facilities, social systems and the government management in Japan, are pertinent to the WHO Global Age-Friendly Cities Guide (which identifies eight domains of city life that might influence the health and quality of life of older people), both cities and rural areas can be seen in Japan. There are some aspects which constitute to the collaborative ageing society management in municipality area in Japan as follows:

1. In Hokkaido island which indicate rural area respond to ageing society, the first case is community-based social care network run by young entrepreneur in Kuriyama city, in 2005 the total populations is 14,352, 65 years old and over constituted 30 % of the total, known as “Kuriyama social welfare model” which has 3 principles: community-centred, community-based and universal design. Their concept of business is involving local business & community, by provide services as a personalised care management system, a home repair service using local building companies, trained home care helpers, Voluntary activities for

young people, home stays, Networking events for older people. Another case is Yuni town, the total populations is 6,477, with the same rate of elderly as Kuriyama. In Yuni town has a project name “Excellent Countryside Housing”, designated as all-win or contribute to all party. Such projects are aimed, to prevent the replication of urban sprawl in rural area; relaxation for non-farmer, retirees, and rural in-migrants who want to live in countryside or want to do farming as a hobby which was once prohibited by agriculture laws, city planning law and building regulation to be owned land in rural area. The result from this scheme was observed amongst new residents as a good neighbourly atmosphere and communal activities (such as barbeques) have been built up, but the extent of relationships with existing residents need to be proved. But this process provides arenas for all stakeholders to discuss related issues and to build institutional capacity (shared knowledge, social networks, and mobilisation capacity). Another project is Yuni Garden, which established by Yuni Town in 1997, and open in 2001, over the first 3 years of activities, it has been clear that the heart of ventures such as herb growing is community initiative, by which those who are outside mainstream farming activities, namely women and elder people, and possibly future urban immigrants, might take a lead on promoting new rural businesses mainly has become a major attraction for tourists (150,000 visitors annually) and a centre for local community activities. The garden maintains the biggest variety and number of herbs in Japan (230 varieties),

2. Another positive activity observed from Hokkaido is volunteer (include elderly) for tourism in Sapporo station, likewise, in Tokyo metropolitan Region is the elderly volunteer guide and volunteer agent to sustain and encourage the typical Japanese child's sweets in The Edo Tokyo Open Air Architectural Museum in Koganei Park, as well as volunteer to encourage physical exercise and healthy behavior in Kitanakagusuku Village and Nanjo City, Okinawa Prefecture.

3. Another aspect contributing to population ageing management which has been observed is the promulgation of division or section responsible for such duty with clearly defined of scope of functions and authority, as well as the municipalities body must constitute the ageing management policy program in to account, both short and long-term plan. As experienced from all municipalities from Hokkaido Prefectural Office; Tokyo Metropolitan Government Office at Sinjuku; and in Okinawa Prefecture, for example Kitanakagusuku village

in Okinawa Prefecture envisioning its Life Expectancy would be reached 89 years in 2015 (Kitanakagusuku City 2015). Moreover, the activities as elderly centred via networking arenas has long been implemented. Even social and economics has changed and be sophisticated, still the public facility for elderly has been seen in every municipality area. Some encourage local identities like Okinawa, still strengthening, the leadership of the healthiest and longest life place, by Diet Food Plan, Herbs, vegetable, etc. However, since people are more concerned about a Healthy life, with widespread management and method, it's possible that any place can be replaced Okinawa or Nagano Prefecture to be the first ranking of Healthy and Longevity. The rest, by experiences, in all research sites are the discipline of people, respect to others, generosity and courtesy, sense of security and service from Japanese people as well as never seen or heard of any bad manners, pick pocketing, thieving behavior or aggressive driving, etc. while staying in Japan.

4. Other aspects contributing to elderly people as well as general public, at a glance when getting to the municipality office, are many informative materials published in various forms, like Pamphlet/News Letter or others printed material, audio visual aid, located in Citizen Room or in Public Relations section, Municipality Library, or in front of each division. The substance are, elderly sport day events, employment announcement, professional skills training course, the recommendation & consideration for the elderly when buying a house, emergencies like earthquakes, etc.; the Right of the Elderly Citizens(<http://www.tokyo-jinken.or.jp>); the Promotion local culture and wisdom, Health & Healing, or so on. There are some website like, Senior in Tokyo(<http://www.senior.metro.tokyo.jp>); a magazine/newsletter to promote, hints of an emergency and in the public safety Web site a system to manage the lives of the elderly (<http://www.Tokyo-machidukuri.or.jp>), (<http://www.tmghig.jp>), a health newsletter. Troubleshooting Guide (<http://www.hataraku.metro.tokyo.jp>), various aspects of life. To request a volunteer application skills areas (<http://www.tcsv.tvac.or.jp>), etc.

Besides, there are also municipal offices exhibition boards, to be seen such as the OTOP products, this excellent example at Yuni Town Hall, including various news boards related to the elderly matters, such as job training, career development, job skills enhancement, as well as widespread citizen's matters in the areas where the collaborative management among Government Business and Civil Society will be justified (eg. in Kitanakagusuku village and Nanjo City in Okinawa)

The role of the family and the community toward the Elderly

It's clear that, the socio-economics change always effects elderly, family and community at large, in term of bridge-bond-ties and deteriorating familial support still prevailing however, it is still visible to the stability of family and acceptance in the elderly. Multi-generational households are still fairly common in Japan.

According to the 2001 round of the International Survey of Lifestyles and Attitudes of the Elderly, 22 % of persons aged 60 or over were living in three-generation households in Japan. By contrast, only 2 % of the older population in the United States did so, 1 % in Germany, and less than 0.5 % in Sweden. However, given the rapid demographic shifts that have already taken place in Japan and the rapidly changing lifestyles of both younger and older generations, the percentage of older persons living in multi-generational households has been declining, passing from 37% in 1981 to 32 % in 1991 and probably to under 22 % today.

Although the Government of Japan views the persistence of multigenerational households as an asset that can be tapped to offset the adverse effects of population ageing on the sustainability of the social security system, the validity of this view has increasingly been called into question in view of the trends observed. Because co-residence of older persons with younger relatives facilitates the exchange of resources between generations, the declining trend in the prevalence of multi-generational households has affected various aspects of the post-retirement lifestyle of older persons in Japan. One salient consequence is the changing trend in the place of death of older persons. Whereas in 1965, 86.5 % of the deaths of all persons aged 65 or over occurred at home, by 2001 just 13.5 % did so (Ogawa and Matsukura, 2001). However, in present day Japanese society, they still keep the elderly as the center of family. In some families, the whole family revolves around the elder, which makes them happy and live longer. Once they look after family with devotion, and in turn are loved and admired. Besides that, some family which their ancestors have passed away, the descendant can talk to them, by get to "Butsudan" which is the praying place for ancestors.

Conclusion and recommendation

The approach to Ageing Society Management in this research makes fruitful reading for us, not only theoretical concepts which would challenge our viewpoint, but many innovative

schemes have been learnt from Japan. Although we've long known many good solutions and directions, we did not realize how to make an appropriate scheme.

The research matters is about how well we recognize and synthesize these matters into practical collaborative management, eg. We recommend to the municipality and local government level must play the major role to promote the Age-friendly community by establishing certain organization responsible for this matter, in both research and practical aspects permanently, as well as the national level must play the major role on financial support and investment toward the physical facilities. As the world is always changing, the Ageing Society Management scheme must be concerned, in order to make its attractive and vibrant for the elderly to participate, however the elderly must ready themselves both physically and mentally to contribute to society in the proper way. The system of health care insurance and pension fund scheme still plays the major role, but is not the only way to ensure the necessary and sufficient strengthening of Ageing Society Management for the ultimate goal of "Active & Quality Aging". Thailand must pursue the strengthening of its health and medical services, especially from the Ministry of Public Health, and local government collaboration, together with trying to improve the weakest aspects, eg. the senior employment scheme, social respect to elderly enhancement, and the right of age in society.

The recommendation for academics, It would be more useful to pursue the research on how well-being and longevity of the Age would be achieved, after using those schemes, derived from developed countries.

As the world's population ages this presents developmental challenges for many countries including Thailand and ASEAN. In order to promote health longevity and active quality ageing science & technology together with innovative ageing society management schemes need to be applied, as well as the ability to maintain strong ties in the family-community-society, this is the light at the end of the tunnel. The matter is, we may grow old before growing rich. That is such a valuable, fruitful lesson to be learnt and applied in Thailand.

Acknowledgement

I would like to thank to Prof. Wuttisak Lapcharoensap, President of Ramkhamheang University, for supporting research fund; Prof. Masao AYABE. Chair, Department of Social Anthropology, Graduate School of Humanities, Tokyo Metropolitan University, Host Scientist

in Japan. Persons and institute(in chronological order) : *Hokkaido*: Prof.KOJI Yamazaki, Center for Ainu and Indigenous (CAIS) Studies, Hokkaido University; Mr. Kazuaki IKEDA, Hokkaido Prefectural Government; Mr.Hideyuki SEKINO , Sien Health Care Enterprenue in Kuriyama City; (Staff) Yuni Town Hall; *Tokyo*: Mr.Keiichi KOIZUMI; Mr. Kunjiro NAKAYAMA, The Edo Tokyo Open Air Architectural Museum; Prof. Hiroko AKIYAMA, Institute of Gerontology, The University of Tokyo; Mr. Hirano KATSUNAGA; Mrs. Noriko YAMADA, Tokyo Metropolitan Government Office, Shinjuku, Prof. Taku OKABE, Tokyo Metropolitan University; Prof. Aya ABE, Tokyo Metropolitan University; Prof. Hiroko AYABE, Josai International University, Chiba Prefecture; *Okinawa*: Mr. Kinjo KITARU; Mrs. NAKAZATO; Mr. KINAKEIJI, Kitanakagusuku Village Office; Mr. NAESHIRO ,Nanjo City Hall Mr.Shinjo TSUKISHIRO, Elderly Home Okinawa; Mr. Yoshida OTA and his daughter, Jumbo Tour Co. Ltd., translator and transport facilitator

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