

**RESEARCH ON  
THE AGED SOCIETY WITH  
A DECLINING BIRTHRATE**

**(FINAL REPORT)**

**SUMMARY**

**June 2007**

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Research Committee on  
Aged Society with Declining Birthrate  
House of Councillors

Japan

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Printed in Japan

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## **I. Process of the Committee's Research**

The House of Councillors Research Committee on Aged Society with Declining Birthrate was established on October 12, 2004, during the 161st session of the Diet, to carry out long-term and comprehensive research on the low-birthrate and aged society.

The Committee decided on “The Form of Response to the Aged Society with a Declining Birthrate” as the theme of its research. In the first year of the research, investigations were conducted on matters relating to the reasons for the declining birthrate and its impact on society and the economy. The Committee compiled an interim report and submitted it to the President of the House of Councillors on July 8, 2005. In the second year of the research, investigations were conducted on matters relating to the issues and countermeasures for the aged society with a declining birthrate. The Committee compiled an interim report and submitted it to the President of the House of Councillors on June 7, 2006.

In the third and final year of the research, of the theme of “The Form of Response to the Aged Society with a Declining Birthrate,” investigations were conducted, during the 165th session of the Diet, on the state of countermeasures for the declining birthrate and other efforts, the work-life balance, infertility treatment, and medical aid in reproduction and, during the 166th session of the Diet, on the promotion of a lifelong active society, the livelihood security base in old age, the local community and the elderly, and the housing and living environment in old age.

In the 165th session of the Diet, on October 25, 2006, the Committee heard explanations from government representatives regarding the state of countermeasures for the declining birthrate and other efforts and then asked them questions. On November 8, 2006, the Committee invited three voluntary testifiers to hear their opinions on the work-life balance and then asked them questions. And on November 22 and December 6, the Committee invited three voluntary testifiers and four voluntary testifiers, respectively, to hear their opinions on infertility treatment and medical aid in reproduction and then asked them questions.

In the 166th session of the Diet, the Committee invited three voluntary testifiers each on February 7 and 14, 2007, to hear their opinions on the promotion of a lifelong active society and the livelihood security base in old age, respectively, and then asked them

questions. And on February 28 and April 25, the Committee invited four voluntary testifiers each to hear their opinions about the local community and the elderly and the housing and living environment in old age, respectively, and then asked them questions.

In the light of these explanations from government representatives and opinions of voluntary testifiers, on May 9, 2007, the Committee held free discussions among Committee members toward the compilation of a report.

In the light of the above discussions, as a result of consultations in a meeting of directors, the Committee summarized opinions regarding the issue of the form of response to the aged society with a declining birthrate and came up with 19 proposals, consisting of four pillars, beginning with “Promotion of a Work-Life Balance.”

Also, the Committee dispatched members to Hiroshima Prefecture for two days on February 19 and 20, 2007, in order to conduct a fact-finding survey on the aged society with a declining birthrate.

## **II. Outline of the Committee's Research**

### **A. The Form of Response to the Aged Society with a Declining Birthrate**

#### 1. Hearing of Explanations from the Government and Main Questions and Answers

Regarding the state of countermeasures for the declining birthrate and other efforts, on October 25, 2006, the Committee heard explanations from Senior Vice Minister of the Cabinet Office Katsuei Hirasawa, Senior Vice Minister of Education, Culture, Sports, Science and Technology Yasuko Ikenobo, Senior Vice Minister of Health, Labour and Welfare Keizo Takemi, and the National Personnel Authority and asked them questions. The following is a summary.

##### *Cabinet Office*

According to statistics of the Ministry of Health, Labour and Welfare, for the first time since the beginning of statistics in 1899, there was a natural decline of population in 2005, with the number of births dropping below the number of deaths. Also, the total fertility rate fell to 1.25, the lowest level ever.

The rapid population decline is a serious problem that concerns not only economic, industrial, and social security issues but also the very existence of the state and society. A speedy response is required in the next five years or so, when the second baby-boom generation will be in its thirties.

The government has been promoting a response to the declining birthrate on the basis of the Outline of Measures for Society with Decreasing Birthrate, adopted in 2004, and its concrete implementation plan, the Child and Child Rearing Support Plan, but in June 2006 it decided on the New Countermeasures for the Declining Birthrate aimed at reversing the birthrate's downward trend.

These new countermeasures stipulate 40 specific policies, centered on support by society as a whole for all child-raising families, regardless of whether or not the parents are working; comprehensive support for child-raising families, including easing of the economic burden immediately before and after childbirth and in the period of infancy; promotion of

reform of ways of working from the perspective of child-raising support; and efforts to change attitudes so that society as a whole can share a common recognition of the joy of child raising and the value of the family.

*Ministry of Education, Culture, Sports, Science and Technology*

The main content of countermeasures for the declining birthrate in the fiscal 2007 budgetary requests were as follows:

Regarding support for promoting the independence of young people and the growth of robust children, efforts will be made to promote career education as a means of improving job support for young people, to enhance scholarship projects, to improve programs of long-term stay and other activities in natural settings as a means of nurturing an affluent humanity through practical experience activities, and to definitely raise scholastic ability through the enhancement of scholastic ability improvement action plans as a means of support for children's studies.

Regarding support for a work-life balance and a revision of ways of working, efforts will be made, among others, to support outstanding efforts that can be models for women researchers to balance their work with childbirth, child raising, and so on.

Regarding the promotion of understanding on such matters as the importance of life and the role of the family, as well as the promotion of education relating to the understanding of child raising and so on, new requests have been made relating to the enhancement of education cultivating minds that place importance on life and compassion for others.

Regarding the building of new mutual assistance and cooperation for child raising, efforts will be made to improve education and day care for pre-school children, to improve after-school countermeasures, to enhance home-education support, to promote measures for the prevention of child abuse, to support the health of children, and to ensure the safety of children.

*Ministry of Health, Labour and Welfare*

Bearing in mind the New Countermeasures for the Declining Birthrate, the Ministry of Health, Labour and Welfare is making the following requests and studies:

Regarding the strengthening of child-raising support from the perspective of supporting all child-raising families, efforts are being made, among others, to visit all families

with babies by the time they are four months of age and to establish after-school plans for children in all elementary school zones. Regarding further promotion of the campaign to reduce the number of children waiting to enter day-care centers to zero and the supply of diverse child day-care services, efforts are being made to enhance the day-care program for sick children and post-illness children. Regarding easing of the economic burden in child raising, efforts are being made to create infant additions in the child-support allowance system and expand public assistance for infertility treatment. Regarding the reform of ways of working, labor contract legislation is being studied, the working-hours and other systems are being revised, and efforts are being made, among others, to support the continuous employment and reemployment of women.

Regarding the work-life balance, in recent years the polarization of long and short working hours and other phenomena have advanced. In order to respond to this situation, efforts are being made to correct long working hours by reducing overtime and so on on the basis of the Law on Special Measures Relating to Improvement of the Setting of Working Hours, Etc., which went into effect in April 2006.

Regarding infertility treatment and medical aid in reproduction, a budgetary request has been made for increased subsidies for the special infertility treatment assistance program in order to reduce the economic burden. Also, regarding the problem of surrogate pregnancy, a report was compiled in the Health Sciences Council in 2003 stating that this practice should not be implemented, but the Ministry believes that this is an important issue concerning life ethics and the view of the family and further discussion is required.

#### *National Personnel Authority*

In order to enhance support measures to balance child raising and work, the National Personnel Authority in August 2006 recognized the appropriateness of introducing a system of short working hours and so on for child raising without any consequent increase of personnel expenses or staff and, regarding a revision of the Law Relating to Child-Care Leave, Etc. for National Civil Servants, has reported its opinion to the Diet and the cabinet.

As measures to support the balance of work and family for national civil servants, a child-care leave system was introduced in April 1992, and the age of children for whom this system can be applied was raised to up to three years in April 2002. Also, a child-care leave allowance was established within the mutual-aid association system for national civil servants

in April 1995, and the amount of this allowance was raised from 25/100 to 40/100 in January 2001.

The number of people who took child-care leave in fiscal 2005 was 8,991 persons. Of this number, 4,695 women employees took leave for the first time, representing 92.4% of women staff who became newly eligible to take the leave.

In the light of these explanations from the government, the Committee asked them questions. The following is a summary.

(a) In order to correct long working hours centered on people in their thirties, who are also involved in raising children, it is necessary not only to stipulate guidelines for improving the setting of working hours and so on but also to promote the implementation of action plans by ordinary companies. Also, it is necessary to endeavor to improve workplace conditions for nonregular employment.

(b) As the reasons why 70% of women quit work before they can acquire child-care leave, on top of voluntary retirement, there is the difficulty of balancing work and child raising and the fact that such women are encouraged to retire from the workplace. The revision of the Equal Employment Opportunity Law strengthened the prohibition of discrimination, but it is also necessary to promote the Law for Measures to Support the Development of the Next Generation, family-friendly facilities, and child day-care services.

(c) It is also necessary to introduce a child-care short working hours system for specialist national civil servants, such as doctors, who are said to have difficulty returning to work after child-care leave.

(d) Since the level of Japan's social expenditure in the field of the family is low compared with other major developed countries, it is necessary to quickly carry out social support in order to maintain family functions.

(e) Since the time that Japanese fathers spend with their children on weekdays is extremely short compared with other countries, the establishment of school-participation leave is necessary so that fathers can participate in class-observation days and parents' meetings.

(f) Through the coordination and cooperation of both pediatric departments and obstetric departments, it is necessary not only to endeavor to establish perinatal medical treatment systems in the local community but also to introduce countermeasures so that

pregnant women who are at high risk can feel peace of mind, by ensuring neonatal intensive care units (NICUs); building support systems, including rear-guard support facilities, for long-term NICU patients; and ensuring doctors, nurses, and so on.

## 2. Hearing of Opinions from Voluntary Testifiers and Main Discussions

Of the form of response to the aged society with a declining birthrate, the Committee heard the opinions of voluntary testifiers and held discussions on the work-life balance on November 8, 2006, infertility treatment and medical aid in reproduction on November 22 and December 6, promotion of a lifelong active society on February 7, 2007, the livelihood security base in old age on February 14, the local community and the elderly on February 28, and the housing and living environment in old age on April 25. The following is a summary.

(November 8, 2006)

*Yasuo Suwa, Professor, School of Policy Science, Graduate School, Hosei University*

The issue of the balance between work and life began to be discussed about 20 years ago. As the background to this debate, there was an increase in the number of dual-income households in major developed countries, and achieving a balance between work and life became an important problem concerning the issues of family life, child raising, and the local community.

In Japan, as a result of the declining birthrate, there are concerns about not only a decrease in the quantity of young human resources but also whether the quality is going to be maintained. In countries where the declining birthrate and aging of the population are advancing, a competition is arising over the development of human resources, regardless of whether they are men or women, and such issues have come to be discussed as the continued utilization of developed human resources, ways of working that are not related to age, and the work-life balance.

Amid the decline of the labor force population, it is essential, through the revision of work content, to specify fields with high added value and potential and to carry out a rational review of working hours. The increased flexibility of workplaces is necessary, and the introduction of partial and short-term work at home would be effective, too. In career formation, continuous skills development through lifelong learning is necessary, but it is difficult for adults to have learning opportunities unless a work-life balance is achieved.

*Mika Ikemoto, Senior Researcher, Japan Research Institute, Ltd.*

For the childbirth and child-raising generation, the work environment has deteriorated because of the decrease in the number of regular employees and increase in the number of nonregular employees and long working hours. Child day-care services have been used in the form of support for long working hours, and measures to counter the declining birthrate have not functioned in the direction of bringing happiness to both children and the childbirth and child-raising generation. Rather than emphasizing only the right of women to work, it is necessary to have a way of thinking that guarantees both men and women the right to be involved in child raising.

Looking at the examples of other countries, we see that in Sweden and Norway guaranteed income during child-care leave is high at 80% or even 100% of the leave-taker's salary, and child-care leave periods have been established especially for fathers. Regarding short-time work, Japanese law does not make it obligatory for companies, but in Sweden and Norway it is possible to shorten working hours through the acquisition of child-care leave in units of half a day. Also, besides child-care leave, the right of people with children to have shorter working hours is guaranteed.

It is necessary for Japan also to introduce policies that guarantee the right to raise children. We must consider such issues as increased flexibility in the acquisition of child-care leave, the form of income guarantee, correction of the gap between regular and nonregular workers, and guaranteeing the right to demand a shortening of working hours. In addition, it is necessary to revise the sense of values that emphasizes only wage-earning work and sees child raising as a loss.

*Machiko Osawa, Professor, Faculty of Human and Social Sciences, Japan Women's University*

Because the population structure will greatly change from 2000 to 2050, the issue of ways of working that enable a work-life balance is going to become an important problem. Issues that should be solved in an aged society with a declining birthrate are the formation of a society in which women who want to give birth can do so and revisions toward quality employment, a low unemployment rate, and a sustainable social security system. The countries that have maintained economic growth, lowered their unemployment rates, and achieved a recovery in their birthrates are Denmark, which has shortened working hours; the Netherlands, which has

changed ways of working; and the United States and United Kingdom, which have made it easier to switch between regular and nonregular status.

In Japan, the child-care leave system has been introduced, but 70% of women quit work before or after childbirth, and the ratio of those who continue working is not increasing. In Japan, there has been no system in which regular employees can flexibly choose their working hours, so the only choice for women has been to be either a full-time homemaker or a career woman, to put priority on work or to put priority on life. The introduction of a work-life balance would change this choice for women and make it possible for them to pursue both.

Japan's labor legislation and social security system, such as employment insurance, are both generous toward regular employees and meager toward nonregular employees, and they are an incentive for employers to reduce the number of regular workers and increase the number of nonregular workers. As the direction of reform, it is important not to differentiate between patterns of employment in the application of the social security system, including health insurance, and to revise the payment of insurance fees based on the total paid wage, the nontaxable earnings limit for married women, and the annual income level that makes it obligatory to enroll in social insurance, which are keeping the wages of part-time workers at a low level.

In the light of the opinions of these voluntary testifiers, the Committee held discussions between the Committee members and the voluntary testifiers. The following is a summary.

(a) When thinking about the work-life balance, not only the perspective of the working environment of the parents but also the perspective of making the lives of the children being raised more affluent is required.

(b) From the examples of other countries, it has been pointed out that the introduction of a work-life balance has a positive impact on the birthrate. But in addition to that, it has also been pointed out that there are three other factors at work in countries where the birthrate is improving: equal employment opportunities for men and women, support for child raising by society and companies, and the cooperation of the father in child raising.

(c) The realization of an appropriate work-life balance is important for the career formation of individual workers, but in Japan support measures for skills development are inadequate. Among other things, skills development for workers in nonregular employment,

reemployment training, and the establishment of a support environment for study in adult graduate schools are required.

(d) In order to promote a work-life balance for specialist workers, for whom work sharing is difficult, it is necessary to increase flexibility in workplaces and working hours and to introduce evaluation by results.

(e) As labor policies relating to child-care leave, among other things, it is necessary to enable the acquisition of leave in hourly units, increase the income guarantee ratio during leave for low-income earners, and guarantee the right of regular employees to shorten their working hours.

(f) In order to eliminate the disparities that arise when, as a consequence of the increase in such employment patterns as dispatch labor, people remain for a long time in unstable jobs, it is important to expand employment that leads to human resources development, provide support toward a switch to regular employment, and eliminate disparities between employment patterns in social insurance.

(November 22, 2006)

*Michiko Ishii, Professor, Faculty of Law, Meiji University*

Japan is one country where assisted reproductive technology is active, but apart from a law prohibiting human cloning, there is no law regulating the procedure. When thinking about assisted reproductive technology from the perspective of human dignity, such issues can be cited, in legal terms, as the status of human embryos outside the body, the relationship between reduction surgery in the case of multiple pregnancies and abortion, and the pros and cons of preimplantation diagnosis, such as genetic problems in the embryo. And in addition to these legal matters, important problems also arise concerning how to look after the child that is born, who will be the father, and who will be the mother.

In other countries, there are laws regulating what types of medical aid in reproduction should be permitted and clarifying the parent-child relationships of the baby that is born. In Sweden, UK, and France, artificial insemination with donor's sperm and in vitro fertilization through the supply of ova are permitted. UK is one of the few countries that permit surrogate pregnancy as long as it is not for profit. In Germany and Switzerland, there are strict controls on the supply of ova and surrogate pregnancy.

In Japan, there are only voluntary controls through a recommendation of the Japan

Society of Obstetrics and Gynecology. The state has conducted studies, and a report of the medical aid in reproduction subcommittee of the Health Sciences Council outlines the basic principles that, for example, priority must be given to the welfare of the child that is born and humans must not be treated simply as a means of reproduction, but no legislation has been realized. Studies should be conducted immediately on regulating assisted reproductive technology through legislation, with top priority given to the welfare of the child.

*Ran Kawai, Childbirth Journalist*

A kind of childbirth boom has been taking place since about 2004, with, for example, a notable increase in the number of childbirth-related articles in women's magazines. The issue of most interest to working women in or around their thirties, who are the main readers of these magazines, is until what age they can give birth. According to in vitro fertilization data, egg fertility is relatively high until the age of 33, but women just before this age still do not want to give birth and put off pregnancy. While showing a strong interest in pregnancy and gathering related information, women are trying to postpone the timing of their pregnancy. I call this phenomenon the "unpregnant state."

Because, for that reason, time passes, women who think too much about childbirth often reach the age when infertility treatment becomes necessary. Infertility needs to be treated as a familiar and common occurrence. For that purpose, among other things, it is important to provide public assistance for the basic test expenses involved in infertility treatment to those who desire it and to provide education about infertility at the senior-high-school stage.

It does not follow that a woman will become pregnant if she receives infertility treatment. For women who do not become pregnant, infertility treatment is a rite of passage to a childless life. Similarly, when the state provides support for infertility treatment, it should regard this support not as a measure to counter the declining birthrate but as support for women, couples, and the family.

*Kodo Sato, Director, Department of Integrated Women's Health/Center for Advanced Reproduction, St. Luke's International Hospital*

Even at times when the initial conditions are good, the pregnancy ratio among healthy couples is only about 30%, and the ratio of women who have not become pregnant for 11 months

becoming pregnant in the twelfth month is less than 5%. The cumulative pregnancy ratio over one year is about 80%, but it peaks at that level. The World Health Organization defines infertility as not becoming pregnant for one year despite continuing sexual intercourse. In many cases the cause of infertility is unclear, but recently advanced age seems to have become a major factor.

Ordinary infertility treatment is treatment that does not directly manipulate the sperm or ova; assisted reproductive technology (ART) refers to a method of fertilizing the sperm and ova in vitro and returning them to the womb. By ART, ova are taken out of the ovary, fertilized in vitro, or undergoes microinsemination, and is returned to the womb after cultivation. The number of births by ART has increased rapidly, reaching 17,400 babies in 2003. So the era in which one out of every 50 persons is born by in vitro fertilization is approaching.

With in vitro fertilization, the pregnancy ratio begins to decline rapidly from the age of 32. The average age of outpatient infertility patients that I see is 35 years, and the average age of patients who undergo in vitro fertilization is 40 years. The reality is that women begin infertility treatment at a stage when the pregnancy ratio is already extremely low.

As a social problem relating to infertility itself, it can be said that the people involved suffer mental distress in their relations with those around them. Also, regarding advanced reproductive treatment, there are such problems as technologically it is complex and difficult to understand, insurance cannot be used, and it is very expensive. It is necessary to provide adequate counseling services to address the various anxieties of infertile couples.

In the light of the opinions of these voluntary testifiers, the Committee held discussions between the Committee members and the voluntary testifiers. The following is a summary.

(a) Relaying the fact at an early stage, through textbooks, that the period when women can become pregnant is not so long would have an important meaning.

(b) While it is the responsibility of the state to establish the conditions so that people who want to have children can do so, whether to have children or not is a problem for couples themselves, so the positioning of medical aid in reproduction as a measure of the state to counter the declining birthrate is not desirable.

(c) Because of the advance of globalization, even if legal regulations were adopted domestically to control assisted reproductive technology, it would not be possible to prevent

people from going abroad to receive treatment. Nevertheless, it would be possible to adopt certain limitations, such as by prohibiting domestic profit-making intermediation activities and restricting the involvement of doctors.

(d) Regarding international criteria relating to restrictions on medical aid in reproduction, apart from the prohibition of human clones by somatic cells, the form of regulations differs from country to country, so the compilation of international standards would be difficult. However, the prohibition of surrogate pregnancy and after-death reproduction seem to be international trends.

(December 6, 2006)

*Yahiro Netsu, Director, Suwa Maternity Clinic*

Of the reproductive treatment that I have conducted until now, regarding operations to reduce the number of fetuses in multiple pregnancies caused by infertility treatment and so on, carried out in consideration of the health of the mother and the fetuses, I have come under criticism from the Japan Association of Obstetricians and Gynecologists, formerly the Japan Association of Obstetricians and Gynecologists for Maternal Welfare, that leaving some fetuses comes under the crime of illegal abortion. The logic here is that while it is all right to abort all of the fetuses, it is not permissible to save some of them. This is a logic that is unacceptable in ordinary society.

Regarding in vitro fertilization with donor sperm, I have been expelled from the association for not abiding by its recommendation, which stipulates that the supply of ova by a third party is not permitted. In the present situation in which extracting ova has become a safe procedure, I do not believe the logic that the supply of sperm by a third party is permissible but the supply of ova is not would be accepted in ordinary society.

Regarding surrogate pregnancy, the association recently officially prohibited this procedure in its recommendations. Women without a womb from birth and women who have lost their womb because of cancer and so on have had children through surrogate pregnancy at my clinic.

Technically it became possible to preserve frozen ova a few years ago. My clinic also has personal egg banks, and they are used for patients with leukemia or cancer. In preimplantation diagnosis, in the process of cultivating the fertilized ova, they are investigated for chromosome abnormalities, selected, and returned to the womb. I believe that such

reproductive treatment technology should be applied from now on to infertile women at an advanced age.

*Koji Banno, Senior Director, Ethics Committee, Japan Society of Obstetricians and Gynecologists; Instructor, Faculty of Obstetrics and Gynecology, School of Medicine, Keio University*

Recommendations of the Japan Society of Obstetricians and Gynecologists are discussed in the society's Ethics Committee on the basis of requests from members or the occurrence of a social problem and finally decided at the annual congress. There is no legislation in Japan regulating medical aid in reproduction, but our society, to which about 16,000 obstetricians and gynecologists belong, has indicated a unified view and requests members to voluntarily abide by it.

As of February 2007, there are 13 types of recommendation. Artificial insemination with donor's sperm, or AID, has been carried out for a long time, and our society has recognized the practice through a recommendation. However, at the present time, our society does not permit surrogate pregnancy involving the borrowing of a third party's womb or medical aid in reproduction through the supply of an embryo. A recommendation relating to surrogate pregnancy was adopted in April 2003, and our society has independently confirmed the view that surrogate pregnancy should not be permitted. The reason is that the social environment for giving proper support to the child that is born through surrogate pregnancy, including mental support, does not yet exist.

In reality, however, surrogate pregnancy does take place overseas and in some places in Japan. In our society, there is also the opinion that, under certain conditions, surrogate pregnancy should be permitted if it is the only way that a couple can have a child. So there is a possibility that the opinion of the society could change in response to actual conditions in society. However, since this is a problem that goes beyond the scope of judgment by a single society, a higher organization should make the decision after urgently building a system to protect the children who are born in this way.

*Takashi Utsunomiya, Director, St. Luke Obstetrics and Gynecology Clinic; Director, St. Luke Reproductive Medicine Research Institute*

Unlike ordinary illnesses, infertility treatment has three aspects, i.e. medical and technical

problems, mental care, and social problems. Regarding mental care, since in Japan there is a sense that infertility is something to be ashamed of, infertility patients tend to have unfounded worries. As a social problem, at present it is estimated that there are about 1.2 million infertile couples nationwide, and they are forced to pay exorbitant medical expenses because artificial insemination and in vitro fertilization are not covered by insurance.

The pregnancy rate through artificial insemination is not very high, about 10%, and if the woman does not become pregnant within half a year, the couple moves on to in vitro fertilization. The cumulative pregnancy rate through in vitro fertilization is 80% or 90% up to the fifth or sixth time, but then it peaks at that level. The pregnancy rate drops after the age of 35, and pregnancy is difficult from the age of 40. Patients do not have much understanding of the relationship between age and pregnancy.

Patients sometimes require counseling for their worries, and there is the economic side as well. About half of patients worry about their infertility and become ill as a result. In a questionnaire that our hospital gave to people who had terminated treatment without becoming pregnant, the main reason cited was economic. The incidence rate for infertility is 14% or 15%, which is high compared with ordinary illnesses, and the vast majority of patients want insurance to cover infertility treatment.

As issues from now on, since infertility treatment and high-risk pregnancies are expected to increase, the establishment of a specialist setup relating to medical aid in reproduction and the application of insurance to infertility treatment are desirable.

*Seiichi Ito, Vice-President, Japan Federation of Bar Associations*

The use of medical aid in reproduction involves many people, including not only the couples that use it but also the children who are born, the donors of sperm, eggs, and embryos, and the surrogate women who become pregnant and give birth, and it influences the starting point of human rights, which begin at the birth of a human being. The desire to have a child is natural, but that alone does not mean that the use of reproductive treatment technology should be permitted unconditionally. In some cases, the right to pursue happiness and the right of self-decision must be restricted. The use of reproductive treatment technology should be promoted while protecting the dignity of all the people concerned as human beings, beginning with the children who are born, and maintaining a society that protects human rights.

The Japan Federation of Bar Associations issued recommendations relating to legal

regulation of the use of reproductive treatment technology in March 2000, calling for prevention of the abuse of reproductive treatment technology, protection of the human rights of related persons, including the children who are born, the enactment of a reproductive treatment law, and the coordination of related legislation. Since the announcement of these recommendations, disputes have arisen regarding the legal status of children born through after-death conception or surrogate pregnancy, so the establishment of legislation can no longer be delayed.

Surrogate pregnancy should be prohibited by law. In terms of women becoming merely tools of reproduction, surrogate pregnancy could damage the dignity of human beings. Regarding after-death conception using cryopreserved sperm, the Japan Federation of Bar Associations is currently in the process of forming a consensus. Personally speaking, I believe that the practice should be prohibited by law. In the sense that a desirable environment is not in place for the child that is born, because the child has no father at the time of conception, after-death conception violates the child's welfare.

In the light of the opinions of these voluntary testifiers, the Committee held discussions between the Committee members and the voluntary testifiers. The following is a summary.

(a) Regarding whether or not a preimplantation diagnosis should be conducted at the time of advanced-age childbirth, the patient should make the final decision after the doctor has provided proper information. Regarding the use of technology for the cryopreservation of eggs as well, the choice should be left to the patient after the doctors has fully explained the safety problems and advantages to the patient.

(b) Since the number of cases of young people contracting uterine cancer or cervical cancer is increasing, in order also to prevent advanced-age infertility, it is necessary to include information about receiving uterine cancer tests from the age of 20 in senior-high-school education.

(c) Regarding the risk of infertility with increased age, it is necessary to teach accurate information from a medical perspective in schools in accordance with the children's stage of development.

(d) Regarding the application of insurance to infertility treatment, it should be applied after a public organization has undertaken the examination of facilities in order to ensure a certain level of treatment.

(e) Regarding the handling of human embryos, at present there are no rules on whether they represent life or not, so it is necessary for a higher institution, going beyond the Japan Society of Obstetricians and Gynecologists, to make a judgment after a national debate on the issue.

(f) In the formation of rules for advanced treatment and medical research relating to human birth and fertilized eggs and embryos, a fact-finding survey should be conducted on the state of implementation of reproductive treatment and the handling of surplus embryos, and based on the results of this fact-finding survey, an independent administrative organization should be set up and, in the end, there should be regulation by law.

(g) While it is natural for people to feel that they want a child linked to themselves by blood through surrogate pregnancy, in consideration of the welfare and livelihood of the child to be born, at the present point in time the practice should be prohibited.

(h) Regarding after-death conception, while there is the view that the will of the father before death should be respected, there are doubts as to whether the practice should then simply be permitted. The right of self-decision of the parents should be restricted from the perspective of the welfare and rights of the child that would be born.

(February 7, 2007)

*Shigeaki Hinohara, Chair, Board of Trustees, and Honorary President, St. Luke's International Hospital*

Forty-five years ago, when old people were defined as those aged 65 years or over, the average longevity in Japan was 68 years. In view of the fact that the average longevity has increased by about 20 years since then, the definition of old people should be raised 10 years to 75 and over. I am leading a "New Elderly Movement" that uses the term "new elderly" and accepts people aged 75 or over as regular members.

The power of judgment of the human brain does not decline very much even when people reach old age. One out of every five persons has the dementia gene, but it is difficult for this gene to develop if the person has the right conditions, such as engaging in social activities and consuming good food.

Of elderly people aged 65 or over in Japan, 25% require some kind of care, and 5% are bed-ridden. In order to reduce the ratio of those in need of care from 25% to 15%, it is important to enlighten people so that they can be independent. The objective of the New

Elderly Movement is to realize the ideal of enabling elderly people to maintain their health and be independent. In other words, the goal is to begin an approach so that people do not retire at 65 and can bring out the potential within themselves and, in their third life after the age of 75, can freely display their individuality.

Assuming that life continues until the age of 100, we want people to enjoy a period of crowning glory in their life after 75. It is important not simply to live but to live well. Retirement at 65 is already an anachronism.

*Kiyoaki Miwa, Representative, Neyagawa Ai no Kai (NPO)*

I set about establishing a nonprofit organization because I felt it was a social loss for healthy people to have nothing to do after their mandatory retirement and because I knew about the condition of the local community, such as the difficult financial situation of the local government.

We began our activities with support for the elderly, child raising, and community development, but as we continued our activities, we came to have a sense of mission that we wanted to turn Neyagawa into a warmhearted community through encounters, exchange and interaction, and mutual help. We made the activities nongratuitous, because continuity is important in NPO activities and because it was necessary to cover office expenses and so on, but we adopted a method of having users purchase a local currency in advance and then having our members collect this as payment for the activities.

Apart from mutual-help activities, we have been commissioned to prevent bicycles from being left in the area in front of the railway station and as the designated administrator of the community hall. About 40% of our members are retired men. At present, related NPOs include Chiiki Tsuka Neyagawa, which operates the local currency over the whole of Neyagawa City, and Osaka Genki Network, which supports social entrepreneurs.

The participation of retired persons is essential for the vitalization of local communities. For this purpose, I believe it is necessary to adopt such measures as building a setup to get outstanding human resources of the baby-boom generation to participate as leaders of NPOs or coordinators for residents' associations and clarifying the positioning of remuneration for nongratuitous volunteers.

*Shigeo Hirano, President, MYSTAR 60 Corp.*

Based on the idea that “your age is your uniform number and there is no mandatory retirement in life,” I founded MYSTAR 60 Corp. in February 1990. The number of our employees has increased from 20 at first to about 600, and over the 17 years we have employed a cumulative total of approximately 3,000 persons. At present, the average age is 63 years, and the oldest is 75 years of age.

As the reason for wanting to work among retired persons, there is a desire to prevent the decline of their assets, but more than that, they want to have a meaningful life, including passing on their skills to younger people and being useful to society. They want to work not only to solve economic problems but to gain mental satisfaction from working.

At MYSTAR 60, we have a system whereby employees can choose retirement at 70. At the age of 70, individual employees make the decision by themselves, and it is possible for them to continue working with virtually no set retirement age. In our management, rather than maximizing profits, we want to fulfill the social responsibility of the company by creating employment. We increase motivation by making all of our workers regular employees.

Regarding employment of the elderly, among other things, I would propose that the partial stoppage of pension payments to people under the age of 65 who are working should be relaxed in order to prevent the desire to work from being hindered by a drop in pension benefits and the establishment of an evaluation and certification system in order to award companies and organizations that employ many elderly persons.

In the light of the opinions of these voluntary testifiers, the Committee held discussions between the Committee members and the voluntary testifiers. The following is a summary.

(a) There is a lot of waste in medical treatment in Japan because, for example, medical treatment information is not shared among medical institutions. Also, the so-called three-minute consultation is occurring, because the remuneration for medical consultations is too low compared with that for tests. In order to increase the soundness of medical treatment, it is necessary to switch to medical treatment that emphasizes primary care, train specialist doctors as family doctors, and expand the scope of duties of nurses.

(b) As issues for NPO activities, on the personnel side, incentives are necessary for both leaders and volunteers. On the activity side, for example, liaison should be established with such organizations as the Council of Social Welfare and residents’ associations. Also, on the

financial side, it is necessary to secure stable fund sources, such as by establishing independent financial resources.

(c) Basically local currency is a mutual-help ticket. Local currency is created as a form of remuneration for users and residents. It vitalizes the community and, as a result, has an effect on shopping districts. But the idea of using local currency in order to vitalize shopping districts is not appropriate.

(d) The reason why MYSTAR 60 chose a corporate setup despite the fact that its purpose is not to make profits is that it judged that rather than advancing projects through volunteers, the method of working through contracts and the involvement of money was more suited to a capitalist economy.

(February 14, 2007)

*Nobuaki Takahashi, Professor, College of International Relations, Ritsumeikan University*

According to an estimate of Japan's future population announced by the National Institute of Population and Social Security Research in December 2006, the ratio of elderly people aged 65 or over to the total population, which exceeded 20% as of 2005, will exceed 30% in 2030 and 40% in 2055. However, the advance of aging in Japan is even more serious than these figures suggest. Until now aging has progressed centered on the 65–74 age group of early elderly, but from now on the number of late elderly aged 75 or over is going to increase.

From 2005 until 2030 the number of elderly people is going to increase by about 11 million persons, but of them, the number of elderly aged 80 or over is going to increase by about 8 million persons, so the absolute aging of the population is going to advance. At the same time, a relative aging is going to advance as well, since the ratio of elderly people to the total population is going to rise as a result of a decline in the population. The total fertility rate in 2050 is forecast to decline from a 1997 estimate of 1.61 to a 2006 estimate of 1.26. If social security is to be supplied at the same level as it has until now, the per capita burden for future generations will increase by 30%.

Elderly persons, who have come to account for a large share of the total population, should no longer be seen as a special existence. Discrimination or favorable treatment for the reason of age should basically be abolished, the elderly should be redefined as those aged 70 and over for the time being and 75 and over in the long term, and countermeasures should be adopted.

*Takashi Oshio, Professor, Graduate School of Economics, Kobe University*

In the latest population estimates, the total fertility rate will drop from 1.26 in 2005 to hit the bottom in 2013 and then recover. However, there is still a serious scenario that the level of 2055 is only going to maintain the level of 2005. In 2005 there were 3.28 active-age persons to support one elderly person, but in 2055 the figure will be 1.26. It will be difficult to maintain the present social security setup, in which the working generation supports the elderly generation.

Regarding the present social security setup, the first problem is that the burden is being postponed for future generations. The ratio of social security payments to gross domestic product in Japan is low compared with other major developed countries, but the government's net debt amounts to 90% of GDP, so the burden is being put on hold for future generations. The second problem is that social security payments are leaning heavily toward the elderly. The ratio of payments to the elderly to total social security payments is at an extremely high level of about 70%, whereas the safety net for people in the first half of their lives, such as child-raising support and job support for young people, is meager. The third problem concerns poverty among the elderly.

As the basic policy of system reform, first, it is necessary to balance the benefits and burden in the same generation. In consideration of the disparities among generations, it is necessary to design a system that does not place an excessive burden on the young generation. Regarding medical treatment and care as well, I believe total volume control is needed for the portion that relies on income transfer from the working generation.

Second, in consideration of the fact that disparities are expanding among the elderly, even more than before it is necessary to adopt measures to support the low-income group and avoid the aging of poverty. A setup is necessary to directly support the low-income group, such as tax exemptions in the form of refunds.

*Akihiko Noda, Senior Economist, Research Department-Public Policy, Research Headquarters, Mizuho Research Institute*

Reverse mortgages are loans to elderly persons with housing assets as collateral, and the special feature of them is that repayment can be deferred until the time of death. According to a survey by the Cabinet Office, about half of elderly persons think that they do not have adequate savings for old age. Two-thirds of the assets possessed by elderly persons aged 70 or

over are physical assets, such as houses. Realizing physical assets is difficult, so they are not utilized very much as a means of obtaining funds for living. The scale of the latent market for reverse mortgages is estimated to be ¥10 trillion.

Looking at the situation overseas, we see that implementing entities in the United States can be divided into three categories: the Federal Department of Housing and Urban Development, the Federal National Mortgage Association, and the private sector. Among them, the Federal Department of Housing and Urban Development is the implementing entity in quite a large number of cases. In UK, the private sector is the implementing entity, and the government is following with regulations.

In Japan, reverse mortgages were first introduced by Musashino City in 1981. The long-term livelihood support funds loan system, established by the Ministry of Health, Labour and Welfare in 2002, is used most often in Japan; it targets low-income households for whom, roughly speaking, the resident's tax is exempted. In the private sector, a few companies provide reverse mortgages as well.

As an issue from now on, there is the problem of how to deal with the situation if the value of the property falls below the amount of the loan due to three major risks: long life, a rise in interest rates, and a drop in housing prices. Regarding the risks of long life and a rise in interest rates, a response is possible through the utilization of financial technology and so on. But regarding the risk of a drop in housing prices, a response through some kind of public intervention is essential. With regard to condominiums, at present condominiums are permitted as collateral in only a few cases, but the development of measures for livelihood-protection households that will make condominiums eligible for reverse mortgages as well, which the Ministry of Health, Labour and Welfare is scheduled to introduce in fiscal 2007, will deserve attention.

In the light of the opinions of these voluntary testifiers, the Committee held discussions between the Committee members and the voluntary testifiers. The following is a summary.

(a) The guarantee of lifelong learning is important in aging-society countermeasures. It is necessary to conduct education from a young age so that people can have educational and cultural opportunities throughout their lives and to establish forums for information exchange among the elderly.

(b) If, as a revenue source for social security expenses, the consumption tax is turned

into a special-purpose tax for welfare, the regressiveness of the consumption tax must be solved. For that purpose, support for low-income groups through the introduction of income tax exemptions would be necessary.

(c) Revision of the share of social security payments that goes to the elderly would be difficult, since it would lead to a lowering of benefits. However, in consideration of the fact that today's children are going to be the source of social security revenue in the future, it is necessary to place more priority than now on policies to counter the declining birthrate and provide job support for young people.

(d) The pension revision of 2004 raised the insurance rate to 18.3% and stipulated that the income substitution rate should not fall below 50%, but these two goals cannot both be achieved. If we consider the increased burden on the active working generations, it is inevitable that the income substitution rate will fall below 50%. The shortfall in old-age livelihood security should be dealt with within that generation.

(e) There is no optimum level for the national burden ratio, and the form of benefits and burden should be left to the people to decide. However, it is important that the burden should be settled within each generation and not passed on to the next generation.

(f) Overseas, reverse mortgages are being provided as a product to meet the needs of elderly persons who want to enjoy a comfortable life in old age. In Japan, their character as a welfare policy is strong, but the use of reverse mortgages in order to cut down on the welfare budget should be avoided.

(February 28, 2007)

*Shinya Matsuda, Professor, Department of Preventive Medicine and Community Health, School of Medicine, University of Occupational and Environmental Health*

The characteristics of medical treatment for elderly people are that, among other things, they visit the hospital very often, they visit multiple medical departments, and their medical treatment needs and care needs are mixed. As the trend toward at-home services gains momentum, it is necessary to think about how at-home nursing-care services can be guaranteed.

Looking at the situation in other countries, we see that in UK there is a setup in which nurses take the initiative to promote at-home care. In France, at-home care is guaranteed through a variety of services, such as the provision of treatment by independent doctors in the

community and an independent nursing system that provides at-home services for elderly people 24 hours a day.

The role of the family doctor is important in primary care. France has introduced a setup whereby everyone aged 16 or over selects their own family doctor, and they have to pay an additional fee in addition to the fixed medical payment if they see a specialist without going through their family doctor. Also, in Britain, a setup is being established in which groups called social care trusts, consisting of family doctors, nurses, social workers, and so on, treat local residents.

In order to solve the problem of medical treatment and care, first of all it is necessary to discuss what to do about livelihood security in old age. Regarding income security, since the early elderly in Japan have an extremely strong keenness to work, the building of an environment in which the elderly can continue working is an issue. Also, countermeasures are necessary to sever the vicious circle in which a decline in mobility skills leads to a decline in a sense of purpose in life, volition, and interest. Communities are required to make efforts to build urban environments in which it is easy for the elderly and others to go outside, form compact cities, and so on.

*Akihiro Igata, President, Nagoya University of Arts and Sciences; President, Japan Society for Dying with Dignity; President, Japan Society of Care Management*

There is a gap between the average life expectancy and the healthy life expectancy. On average, men and women experience a period in which their quality of life declines after illness of seven years and nine years, respectively. At present, there are about 300,000 people in Japan with qualifications for care management involving care in this period, and around 80,000 of them are actually working. In the revision of the Long-Term Care Insurance Law in 2005, the introduction of care prevention and the enhancement of community care were stipulated, and these care managers were given even greater responsibility as the standard-bearers of comprehensive regional support centers. Everyday training for care managers is being adequately carried out, but the establishment of care management courses in universities and provision of full-fledged training are desirable in order to further standardize quality and raise the status of the occupation.

While aware of the approach of death, all elderly people wish to continue living healthy lives and, when the time comes, to die peacefully and without suffering. However, as a result

of the progress of medicine, and in particular of life-prolonging techniques, situations are arising in which life alone can be prolonged regardless of the will and pain of the person concerned.

In the United States, after the court ruling in the Karen Ann Quinlan case in 1976, legislation on dying with dignity has been enacted at the state level. And in Europe, for example, the Vatican has recognized dying with dignity by the will of the person concerned. So it can be said that the concept of dying with dignity has taken root socially.

In Japan, the legislation of dying with dignity has still not been realized, and legislation is highly desirable. The Ministry of Health, Labour and Welfare has announced guidelines on dying with dignity, so legislation could be realized simply by stipulating that criminality would not be questioned as long as these guidelines were followed. Peaceful death is the key phrase for the aged society.

*Minoru Kamata, Honorary Director, Suwa Central Hospital*

We have been practicing medical treatment that does not abandon or turn away patients right until the end for 32 years in Chino City, Nagano Prefecture. At present, while having one of the longest average life spans in Japan, Nagano Prefecture has the lowest elderly medical expenses in the country. And among cities in Nagano Prefecture, for the past five years Chino has had the lowest per capita elderly medical expenses and the lowest per capita national health insurance medical expenses.

Centered on hospitals that offer emergency treatment and advanced treatment, comprehensive community care has been provided by special nursing homes for the elderly, geriatric health services facilities, rehabilitation wards for the recovery period, convalescent wards, and a 24-hour system of at-home care. At-home medical treatment has given elderly people reason to live and curbed local medical expenses. One of the reasons why medical expenses are low in Nagano Prefecture is that people have a purpose for life and work even in old age.

In order for elderly people to live vigorous lives, a universal health insurance coverage is necessary, and emergency treatment and advanced treatment cannot be neglected. If the restrictions on medical expenses continue in their present state, the treatment that supports the elderly and hospital treatment in the regions will collapse. It is necessary to raise the medical expenses of ¥32 trillion by ¥2 trillion and enhance cancer treatment, obstetrical departments,

pediatric departments, at-home medical treatment, and palliative treatment.

*Kayoko Soman, President, Day Service Kono Yubi Tomare (NPO)*

Kono Yubi Tomare was opened in Toyama City in July 1993. The impetus was appeals by elderly people that they wanted to die on the tatami mat in their own homes. The philosophy of Kono Yubi Tomare is that “everyone lives together in the local community.” When elderly people who have dementia are together with children, they become happy and cheerful, carrying babies on their back and otherwise taking care of them. Their desire for self-realization is fulfilled by playing some kind of useful role.

The characteristics of homes for the elderly like Kono Yubi Tomare is that they are small-scale, multifunctional, and rooted in the local community. They are multifunctional in the sense that elderly people can visit, stay, or live there and the staff visit the homes of the elderly. Everyone from children to the elderly, disable persons, and disabled children are accepted. Because systems are divided according to the type of user, what we have been doing so far has clashed with seven systems. Previously, if systems were different, they were required to have different entrances to the building and different bathrooms. However, after 10 years had passed, our activities received recognition from the central government for the first time as part of a structural reform special zone, and from October 2006 they were recognized as a system by law.

Many homes for the elderly are NPOs; if they make a profit, they have to pay tax at a rate of 40%. In consideration of the fact that social welfare corporations are exempted from tax, the lowering of the tax rate by about half would be desirable. Also, since there are prefectures and cities around the country that have scant understanding of the small-scale, multifunctional, Toyama-style system, it is necessary to promote the spread of related information.

In the light of the opinions of these voluntary testifiers, the Committee held discussions between the Committee members and the voluntary testifiers. The following is a summary.

(a) Regarding the form of housing and living for the elderly, based on the idea that the elderly should live in the community of their choice and the home of their choice, it is necessary to build care-compliant housing in the community and, in order to support this way of living, to set in place treatment resources and care resources, such as back-up hospitals that

enable emergency responses, nurses who provide 24-hour services, and family doctors.

(b) Introducing a fixed payment remuneration system would be difficult while continuing the policy of curbing medical expenses. First of all, it is necessary to raise the ratio of medical expenses to GDP to about the level in other major developed countries belonging to the Organization for Economic Cooperation and Development.

(c) In order to review care benefits and the policy of curbing medical expenses and enable people to receive the care and medical treatment that they need, a national debate is necessary on how much tax money should be injected into medical treatment and welfare, and after that the allocation of the consumption tax as a financial resource should be considered.

(d) Japan's medical treatment, which keeps medical expenses at 8% of GDP while guaranteeing free access through universal health insurance coverage, is wonderful, but acute-phase hospitals face a critical situation with doctors quitting one after the other because of the heavy work load and other factors. In consideration of the fact that the baby-boom generation is reaching old age and the number of patients requiring acute-phase treatment is going to increase, generous financial support for acute-phase hospitals is required.

(e) The reduction in the number of hospital beds for convalescing patients is going to exert a serious impact on at-home care from now on. If we think on the premise that the number of convalescent hospital beds will be reduced, then we should place emphasis on how to develop the functions of nursing care and activities of daily living (ADL) that convalescent hospital beds have in the local community.

(f) In order to entrench the concept of the family doctor in Japan, doctors who can handle general treatment should be evaluated highly in society, and hospitals and university hospitals should train such doctors and assign them to hospitals.

(g) Dying with dignity should ultimately be recognized, but in the present situation matters relating to life and death are all left to the people engaged in medical treatment. Since the problem of dying with dignity will not move forward unless national understanding regarding death advances, it is necessary to deepen the debate.

(April 25, 2007)

*Seizo Sasaki, Mayor, Aomori City*

Aomori City has a population of about 320,000 and covers a wide area of 824 square kilometers, and it is the only prefectural capital in which the whole administrative area is

designated as a special heavy snowfall zone. In 2005 the elderly ratio was 20.4%, and the total fertility rate was 1.25. These figures were both near the national average, on the other hand the ratio of single households of people aged 65 or over, 8.1%, and the vacant housing ratio, 12.5%, were both higher than the national average. As a result of aging and the declining birthrate, the hollowing of the region is advancing, and this has become a serious issue in terms of city planning.

Promoting sustainable city planning in response to such issues as the large snow-removal and snow-elimination expenses is the starting point of the compact city concept. The objectives include curbing new administrative and financial demand caused by expansion of the urban area and efficient and effective urban development that utilizes existing stock.

One of the directions of the compact city is the vitalization of the central urban area. In February 2007 Aomori City's Basic Plan for the Vitalization of the Central Urban Area received the first authorization from the prime minister on the basis of the revised Law on the Vitalization of Central Urban Areas. The plan aims to create a high-quality living space that enables residents to easily walk around and live there and has three targets: the planning of a city of enjoyment, the planning of a city of exchange, and the planning of a city for living.

Downtown residence that requires almost no response to snowfall is the symbol of the compact city. Through the construction of municipal housing with elderly housing functions for the elderly, the building of condominiums by private companies, and so on, the population of the central area has gradually recovered, and it has now returned to the pre-1985 level. Also, through our program to support downtown resettlement, we are responding to latent demand from, for example, people who have houses in the suburbs who want to move to the central area and child-raising households that want to move to more spacious housing.

*Takehiko Hobo, Professor Emeritus, Shimane University*

The characteristic of rural areas is the isolated and dispersed distribution of housing. Because of the special features of agricultural work, it is difficult to separate residential land from farming land.

According to a survey of villages in depopulated areas and so on carried out by the Ministry of Land, Infrastructure and Transport, there are about 2,600 villages that are facing the danger of extinction. The issues in these mountainous villages include the establishment

of mutual-aid-type local communities, the drafting of policies through the implementation of a nationwide survey of municipalities in depopulated areas, the building of loose communities through the linkage of small villages, the raising of the minimum amount of pension for people engaged in agriculture and the exemption of tax on income from the sale of agricultural products by elderly people, financial support from the central government for urgent countermeasures to ensure drinking water, means of transportation, and so on, and ensuring the livelihood rights of elderly people through a financial system that matches the actual conditions of mountainous regions.

*Moriyuki Oe, Professor, Faculty of Policy Management, Keio University*

Countries that have experienced modernization have experienced a demographic transition from many births and many deaths to few births and few deaths. In Japan also, a demographic transition occurred from 1925 to 1950. The extremely fast pace of this change and the gap led directly to the present problem of aging.

A large decline in the birthrate also occurred toward the end of the demographic transition. Until 1950 it was standard to have four or more children in a family, but after that two children became the standard, and the family structure changed considerably. In other words, in the demographic-transition generation, it was common for the eldest son to live with the parents in the countryside, while the other children moved to the large cities and formed suburban nuclear families. Since the post-demographic-transition generation, which was born and brought up in the suburbs of large cities, has become the driving force behind the declining birthrate through their late marriage, as a result the trend is gaining momentum for the demographic-transition generation to live as elderly couples or alone in their old age. The suburban population increased until 1995, but since then it has been declining. The concentration of elderly and stagnation of generational change are becoming manifest in planned development areas and areas where the means of transport are poor.

Two countermeasures for this situation can be cited. The first is group living for elderly people. The second is the building of community bases, as seen in the case of a complex of apartment buildings in Totsuka-ku, Yokohama City. Starting as an independent group activity to provide child day care for residents, the organization launched a meal-distribution service in the 1990s and then developed into an NPO that operates a salon for elderly people. It is hoped that, through the promotion of such activities, moves by residents to remodel the local

community themselves will spread in suburban areas where aging has advanced and the young generation has disappeared.

*Ikuko Koyabe, Professor, Department of Housing and Architecture, Faculty of Home Economics, Japan Women's University*

The problem of the housing environment in an aged society with a declining birthrate requires consideration not only of old age but also of the healthy social development of children, who will be the leaders of the next generation. From this perspective, one of the options available is collective housing, which is a symbiotic-type multiple-generation apartment house.

In 1932 the Swedish sociologist Alva Myrdal forecast that collective housing would become a universal type of housing in the future along with the detached house and multi-unit housing. At that time collective housing was housing that incorporated a communal setup for household work, such as childcare and meals, but since the 1970s the democratic participation of residents has been emphasized, and there has been a change to modern collective housing that carries on the living culture built up by the parent generation.

In Japan, the idea of collective housing was taken up in the temporary housing set up after the Great Hanshin-Awaji Earthquake in 1995 in an effort to reconstruct the lives of people who had lost their communities and families.

In 2003 Kankan Mori, a full-fledged, private-sector, multiple-generation rented housing model, was constructed in Japan. Kankan Mori is located on the second and third floors of a large-scale housing complex and has separate entrances. It is composed of various types of housing and common space, which includes dining, living, kitchen, and laundry rooms.

Collective housing not only widens the quality of life and living possibilities of individuals but also, while providing individual housing, is a local community stock with a social meaning from such perspectives as local security, environmental symbiosis, and disaster prevention. In order to bring about such housing, the existence of business entities and experts and comprehensive policy and administrative support for community building seem to be necessary.

In the light of the opinions of these voluntary testifiers, the Committee held discussions between the Committee members and the voluntary testifiers. The following is a summary.

(a) As assistance for provincial areas, support relating to the operation of means of

public transportation, such as bus services, support for the utilization of housing stock, such as vacant houses, enhancement of the regional housing grant system to match the needs of the regions, the establishment of a system to enable the priority admission of child-raising households to public housing, and so on are desirable.

(b) As a reason why the depopulation of the regions is becoming so serious, it can be said that the positioning of rural villages in food-supply policy was ambiguous. It is necessary to have a proper discussion at the level of national politics about how to position rural village areas in national land plans from now on.

(c) Group living by the elderly is an independent effort by the residents themselves, but from now on, since the generation that supported Japan's high economic growth will be reaching old age, it will be important, in order also to utilize citizen power, to build models in which people, while residing communally, can live through their own efforts. An issue from now on is the provision of assistance by the administration to organizations that support these efforts.

(d) Collective housing is a way of living in which, instead of the administration taking the initiative, the residents themselves build relations between people and between people and the community. Since collective housing leads to the independence of the elderly and the saving of welfare finances, such support could be considered as lending fixed-period leaseholds for public land to business operators and dispatching experts.

### 3. Free Discussions Among Committee Members

In the light of the explanations by government representatives and the opinions of the voluntary testifiers, on May 9, 2007, the Committee held free discussions among Committee members regarding the form of response to the aged society with a declining birthrate toward the compilation of a report. The following is a summary of the opinions given in those discussions.

(a) In Japan, since there are few systems in which regular employees can flexibly choose their working hours and balancing work and family is difficult, 70% of female workers retire before or after childbirth. This trend is the same for women doctors, so systems are strongly required that enable the selection of flexible working hours not only for ordinary workers but also for specialist occupations.

(b) Regarding the medical and physical fact that there is a suitable age for pregnancy and childbirth, enlightenment activities are necessary so that the young generation can understand this fact.

(c) From the perspective of building a setup to support the birth of life, it is necessary, among other things, to train obstetricians, of which there is a shortage; to eliminate their uneven distribution; and to improve conditions so that women doctors can return to work after childbirth.

(d) In order to establish a setup in which women can give birth to children without anxiety, it is important to address the shortage of obstetric and pediatric doctors. Also, since the number of babies being hospitalized in newborn intensive care units (NICUs) for babies with low birth weight, caused by the increase of multiple pregnancies due to the spread of infertility treatment and so on, is increasing and NICUs are always full to capacity, improving setups for providing medical treatment, including ensuring NICUs and back-up support facilities, is an urgent requirement.

(e) Apart from regulations on human clones, there is no law regulating assisted reproductive technology. Since this delay in a legal response is giving rise to such problems as surrogate pregnancy, the speedy enactment of legislation is necessary.

(f) Regarding the baby hatch set up at a hospital in Kumamoto, since a newborn life might be saved, this cannot be denied, and recognition from the perspective of the rights of the child might be considered.

(g) Regarding the present situation of children born out of wedlock and so on, discussion of this issue will be necessary in Japan from now on. Regarding the children who are born in this manner, equal rights should be guaranteed, but caution should be taken in handling this issue within the category of measures to counter the declining birthrate.

### **III. Proposals on the Form of Response to the Aged Society with a Declining Birthrate**

In 2006 the total fertility rate recovered for the first time in four years to the 1.3 range, but future population estimates announced in December of that year outlined severe prospects, with the total fertility rate remaining at a low level and registering the 2005 level of 1.26 even in 2055, 50 years hence. Meanwhile, the ratio of elderly people aged 65 years or over to the total population is expected to double from 20.2% in 2005 to 40.5% in 2055. This further advance of the aged society with a declining birthrate could shake the social and economic foundations of Japan and poses issues that should be solved toward the ensuring of employment and the maintenance of a sustainable social security system.

Regarding the declining birthrate, the government so far has been promoting various countermeasures, in June 2006, in order to drastically expand and strengthen measures to counter the declining birthrate toward a reversal of the downward trend, it decided on the New Countermeasures for the Declining Birthrate and is now promoting such efforts as providing support to all child-raising families by society as a whole. Regarding measures to counter the declining birthrate, while such measures as support for young people's permanent employment and easing of the economic burden on the child-raising generation are required, the building of an environment in which, through reasonable ways of working, people can experience the joys of child raising is an essential factor. Therefore, it seems important to revise ways of working and realize a work-life balance. Also, while assisted reproductive technology is a blessing for couples who are worried about infertility, since in recent years the problem of surrogate pregnancy has arisen, the time has come to consider the problem from a variety of viewpoints and then reach a conclusion on the issue of legal regulations on assisted reproductive technology.

Regarding aging, the number of late elderly aged 75 years or over is likely going to increase rapidly from now on, so it will become even more important to ensure a livelihood security base, including pensions, and to encourage meaningful and healthy lives and preventive care. In order to respond to the critical state of hospital treatment due to the shortage of doctors caused by the excessively heavy work load and other factors and the reduction of medical expenses in recent years and to promote efforts toward medical

treatment and care befitting old age, it seems necessary to review the framework of medical expenses as a whole in Japan. Also, in solving the problem of medical treatment and care for the elderly, it is important to enhance livelihood security. Efforts are required to build an environment in which the elderly can continue to work and be active in the community even if they have disabilities.

In European countries where the birthrate is picking up, it is pointed out that the ratio of children born out of wedlock is high. Since this problem concerns such factors as the marriage system and rights of children in Japan, it is necessary to promote a wide discussion on the issue from now on.

Under the research theme of “The Form of Response to the Aged Society with a Declining Birthrate,” in the first and second years the Committee conducted research mainly on the declining birthrate. In the third and final year, we held wide-ranging discussions and endeavored to understand the issues of, regarding the declining birthrate, the work-life balance, infertility treatment, and medical aid in reproduction, and regarding aging, the promotion of a lifelong active society, the livelihood security base in old age, the local community and the elderly, and the housing and living environment in old age.

As a result of our activities over the last three years, the Committee makes the following proposals regarding immediate issues.

The Committee requests the government and also companies to understand the purpose of these proposals and make efforts to realize them.

## **A. Promotion of a Work-Life Balance**

1. In Japan it is said that 70% of female workers retire before or after childbirth. In order to create an environment in which women can continue working, it is important not only to enable them to take child-care leave but also to rectify long working hours for both men and women and guarantee flexible working hours that make it possible for people to balance work and family. In order to guarantee the choice of flexible working hours by workers, it is necessary to consider making it obligatory for employers to adopt related measures. In addition, for specialists as well, who find it more and more difficult to return to work the longer the blank period due to leave becomes, it is necessary to guarantee work form that make it easy for them to continue work.

2. Child raising is an important task socially as well, so it is crucial to deepen understanding among companies and the public so that the value of child raising is appraised properly in the same way as the value of working. In particular, in order to realize the active participation of men in household work and child raising, it is necessary to continue making efforts to reduce the gap between income during the period of child-care leave and income before leave and also to introduce a system that allocates part of the period of child-care leave to men, ensure time spent together with children through the promotion of a work-life balance, create a class observation leave system so that fathers can attend class-observation days, and otherwise establish a setup that enables people to truly feel the joys of child raising.

3. In European countries where the trend toward a recovery of the birthrate is evident, efforts have been made to establish a social environment that enables a work-life balance and to improve economic support for child raising. In Japan also, it is necessary to promote a work-life balance and further enhance child- and family-related benefits in order to ease the economic burden involved in child raising.

4. For Japan, where a decline of the population is unavoidable from now on, maintaining and improving the quality of human resources are urgent matters. As well as ensuring opportunities for learning and skills development by working adults through the promotion of a work-life balance, expanding the eligibility for and size of public assistance for studies and abilities development should be considered.

5. The income disparity between regular employees and nonregular employees widens with age. Since the entrenchment of disparities between employment patterns throughout people's lifetimes is undesirable also from the perspective of marriage and family formation, it is necessary to eliminate the wage disparities between regular and nonregular employees and ensure opportunities for the stable employment of young people by promoting training and occupational skills development. Also, since the present social security system is a mechanism that, from the point of view of personnel expenses, could force employers to opt for nonregular rather than regular employees, it is necessary in its application to eliminate the gaps between employment patterns as much as possible.

## **B. Improvement of Environment for Pregnancy and Childbirth**

1. Because of increasingly late marriage and late childbirth, the age at which women give

birth to their first child is delaying, but it has been pointed out that the risks accompanying childbirth increase with age and that the success rate for infertility treatment gets lower, too. Childbirth is a matter of individual choice, but it is necessary to actively promote publicity and enlightenment, through school education and so on, regarding the medical fact that there is an appropriate age for childbirth.

2. Despite the fact that uterine cancer exerts an impact on pregnancy and childbirth, the ratio of women undergoing examinations remains low. As well as making efforts to increase the ratio, for example by offering examinations in the evening and on holidays, it is necessary to spread awareness through health education from an early stage regarding the fact that the incidence rate of cervical cancer in the young generation is on the rise.

3. As the concerns of patients in infertility treatment, in addition to the social problem relating to infertility itself, it has been pointed out, among other things, that the economic burden is heavy, the medical technology is difficult to understand, and information disclosure on the results of treatment is inadequate. In order to respond to these concerns among patients, it is necessary to consider the form of public assistance and application of health insurance for infertility treatment, the enhancement of counseling services, and the form of information disclosure.

4. Because legal regulations relating to medical aid in reproduction do not exist, such problems as surrogate pregnancy and after-death conception using cryopreserved sperm are arising. Since medical aid in reproduction is a problem that involves, among other things, an individual's life ethics and view of the family, it is necessary for a systemic framework to be quickly indicated while achieving a national consensus and bearing in mind the perspective of the child's welfare.

5. Since the full occupancy of neonatal intensive care units (NICUs) and residency are occurring due to such factors as an increase in the number of babies with low birth weight as a result of multiple pregnancies, it is necessary to provide support toward the improvement of perinatal treatment networks in all prefectures and promote the ensuring of NICUs and the improvement of rear-guard support systems for long-term inpatients. Also, in order to create an environment in which women can give birth safely and without anxiety, efforts should be made to utilize midwives and to ensure and train obstetricians, who are in short supply.

### **C. Improvement of Environment Toward Enhancement of Medical Treatment and Care**

1. Hospital treatment is in a critical situation due to the heavy work load on doctors caused by the higher concentration of patients and the shortage of doctors brought about by their retirement. In order to improve this situation, it is necessary to make efforts to divide the functions of hospitals and independent physicians by turning independent physicians into family doctors and, in order to train doctors who can provide comprehensive consultations, review the form of doctor training, including the trainee system.
2. A sharp increase is expected in medical expenses centered on acute-phase treatment as a result of aging, so it is necessary to make efforts toward the increased transparency of medical information through the standardization and computerization of medical expense statements and, in order to support and maintain local treatment, while giving consideration to the national burden, provide adequate responses toward the improvement of obstetric and pediatric departments, cancer treatment, at-home medical treatment, and palliative treatment.
3. For the reorganization of hospital beds for convalescence and the improvement of at-home care, a setup to guarantee nursing care services at home is important. It is necessary to establish a system in which nurses can play the leading role in providing care in the local community, such as the expansion of 24-hour nursing care services. For this purpose, improvement of the quality of nurses is required. It is necessary to polish their skills so that they can be active in the local community by expanding training to heighten their specialization after graduation.
4. In order to support at-home care for the elderly, it will be important to expand small-scale, multifunctional, and community-based facilities that can respond to the various needs of elderly people in the local community. Since at present the significance of such facilities is still not properly understood, it is necessary to spread awareness of the so-called Toyama-style system, which accepts everyone from children to the elderly regardless of whether or not they have a disability and to consider a reduction of the tax burden on the nonprofit organizations that are the main operators of such facilities.
5. Everyone wishes to live healthy and zealous lives and in the end to have a peaceful death without any suffering. Regarding the concept of dying with dignity, which means not receiving life-prolonging treatment and leaving things to the course of nature on the basis of the person's own will, since a social consensus has not been formed regarding the conditions

for halting life-prolonging treatment and the definition of the terminal period, the present situation is that it is the medical practitioner, such as a doctor, who bears responsibility for terminal care. A deepening of the people's understanding of the terminal-period problem is required, so it is necessary to promote further discussion.

#### **D. Improvement of Livelihood Security Base and Housing and Living Environment**

1. Pension plays an extremely important role in supporting people's livelihood security base in old age. Since the people's distrust concerning pension is increasing because of social problems relating to pension benefits, it is necessary to strive to eliminate this distrust and also to dispel concern about the sustainability of the system as a result of the advance of aging and the declining birthrate.

2. Regarding reverse mortgages, which are loans to the elderly using housing assets as collateral, they can be seen as one means of responding to the needs of the elderly who want to lead a comfortable life in old age. Since the recognition of this system is still low, however, it is necessary to make efforts to supply appropriate information. Also, in the spreading of reverse mortgages, concern about polarization of the use of the system as a result of the disparity in the value of assets between the urban area and the regions and the response to the risk of a drop in housing prices are considered to be important issues. Since it would be difficult to cover the risk through the self-help efforts of the private sector alone, while taking note of examples in other countries, it is necessary to consider a new framework.

3. In order to make effective use of medical treatment and care resources in the local community, it is necessary to promote compact-city efforts. In addition, since the decline of mobility skills among elderly people could lead to a decline of their sense of purpose in life, volition, and interest, it is necessary to promote local community-planning efforts that make it easy for people to go outside and also to spread awareness about the choice of meals and appropriate exercise so that elderly people can lead independent lives.

4. New forms of housing in the aged society are appearing, such as elderly group living supported by the local community and collective housing, which is a symbiotic-type multiple-generation apartment house. Such forms of housing contribute to the continuation of independent living by elderly people, and it is necessary to consider support for the building of such housing, the training of experts, and so on.

## Appendix

### List of Members of the House of Councillors Research Committee on Aged Society with Declining Birthrate

(As of June 8, 2007)

<i>Chairperson</i>	Kayoko Shimizu	(LDP)
<i>Directors</i>	Kenji Ogiwara	(LDP)
	Yoriko Kawaguchi	(LDP)
	Soh Nakahara	(LDP)
	Shinya Adachi	(DP-SR)
	Chiyako Shimada	(DP-SR)
	Yoko Wanibuchi	(NK)
<i>Members</i>	Haruko Arimura	(LDP)
	Hiroshi Okada	(LDP)
	Yasu Kanou	(LDP)
	Tetsuo Kutsukake	(LDP)
	Yukiko Sakamoto	(LDP)
	Tadashi Taura	(LDP)
	Tsutomu Yamazaki	(LDP)
	Mieko Kamimoto	(DP-SR)
	Ryo Shuhama	(DP-SR)
	Yuichiro Hata	(DP-SR)
	Kumiko Hayashi	(DP-SR)
	Shimpei Matsushita	(DP-SR)
	Yuko Mori	(DP-SR)
	Renho	(DP-SR)
	Kanae Yamamoto	(NK)
	Tamotsu Yamamoto	(NK)
	Mieko Kobayashi	(JCP)
	Hiroko Goto	(PN)

Note: LDP Liberal Democratic Party  
DP-SR The Democratic Party and The Shin-Ryokufukai  
NK New Komeito  
JCP Japanese Communist Party  
PN The People's New Party