

# ASIA-PACIFIC SOCIAL SCIENCE REVIEW

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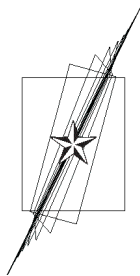
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## From the Editor

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### Learning About Ageing in Japan—Health as a Cultural Fixture Due to Quality Life

At Hokkaido University (HU) in Sapporo, Japan, two short courses—under the auspices of the Japanese government’s Sakura Science Program—are held each year. These courses are country-level knowledge-sharing forums centered on critical health issues. The participants comprise contingents of early-career teachers and graduate students—and their mentors—from a consortium of higher educational institutions that include HU, De La Salle University (DLSU) in the Philippines, Seoul National University in South Korea, University of Peradeniya in Sri Lanka, and Mahidol University in Thailand. I participated in the courses as a mentor, resource person, and facilitator, during which I helped in the discussion of the course’s mainstay topics, such as population aging. Let me share the general drift of our course focus on aging for whatever purpose the information may serve our regional readers.

We had discussed aging at the course because we wanted more countries to begin or to continue their efforts to assist their respective elderly population in terms of their health. To date, very few countries in the Asia-Pacific have relevant systematic efforts, reasoning that their national population is not yet that old, which is really true. For instance, the proportion of citizens aged  $\geq 65$  years in the Philippines, South Korea, Sri Lanka, and Thailand is relatively small to date (<15%). We argued among ourselves, though, that our countries do not have to wait for the elderly population to burgeon to a critical level before we could act on the sector’s needs. Even now where only a handful of our citizens are elderly, we feel that there is already a need for us to systematically institute our corresponding resources, to learn from the process and the experience, and to augment our subsequent implementation of pertinent efforts so that when the moment of aging comes, we would be more than prepared. Thus we called for a pro-active rather than a reactive action on aging—and certainly, a pathway to steer ourselves towards adopting that stance is by gaining first-hand experience in Japan. As to be later stressed in this discussion, Japan is the best source of premium knowledge on aging in the Asia-Pacific.

At the course, before we were kept abreast of Japan’s aging, we—the country representatives—were first asked to prepare and to present a national accounting of our relevant country-level resources. These resources refer to national policies, programs, structures, as well as current and projected proportions of our national elderly population, based on the United Nations data sets. In our accounting, we had invariably described our country-wide social, economic, and political ramifications of aging; followed by our bullet-listing of the elderly’s biological, medical, and sociopsychological conditions (e.g., depression, dementia, Alzheimer’s, glaucoma, cardiovascular disease, diabetes, cancers, and arthritis); and then, we stressed the need for interventions. The accounting was a stocktaking exercise where we became cognizant (the first time for most of us) of our respective country’s elderly-related resources or lack thereof.

Overall, our reporting and discussion of our own country-level accounting information were highly instructive, not to mention that these processes specifically helped us to somehow imprint aging—both as a social and personal

issue—into our consciousness. Unfortunately, because most of those at the course were very young (<25) and were non-aging specialists, the whole group was inclined to over-generalize and over-simplify the facts. For example, by simply enumerating the illnesses affecting the elderly (e.g., diabetes), we were, in turn, giving the impression that those <sup>3</sup>65 years of age were all suffering from diabetes or other illnesses on the list. This is not true. The fact is, as published data after data would suggest, the elderly population is not monolithic—some are chronically sick, others are only moderately sick, whereas many or some others are, in fact, disease-free. For instance, among South Korea's elderly persons, just three of every 10 have diabetes, which means that a rather large number of them are healthy. Any discourse has to be very cautious in making a stereotypical description of the elderly population because not all are ill.

Following our country-level accounting, we were given a lecture on the aging population of Japan. Several points were made, many of which are wide public knowledge, hence familiar (a great deal has already been published on the subject). Let me rewind some points. Japan is aging, given that its elderly population is growing apace (nearly 30% to date) and is heading for further growth in just the near term according to projections. The Land of the Rising Sun seems unworried about the health of its elderly population, which is rightly so because many of them are, in fact, healthy, having several more years or decades of life ahead of them. According to data, the Japanese have the longest life expectancy in the world—about 90 years for women and some few years off for men. In this respect, Japan effectively illustrates this one less known but crucial fact about aging—old age does not equate to being ill and dying. In explaining the enviable healthy aging of Japan, the lecture, as well as the published sources, would point to the role of multiple factors. Upon closer examination, these factors would all revolve, in one way or another, around the quality of care and support that the Japanese receive throughout their entire lifespan. This means that from infancy through childhood, adulthood, and middle age until old age, the Japanese have only been getting the best quality of life from their motherland.

Beyond the lecture hall, we easily verified the truthfulness of the claim regarding the best quality of life in Japan and of the Japanese. On our way to the course's off-campus activity—comprising a visit to an elderly home facility and a specialist-organization for elderly-related technologies—we experienced the operations of and the action at the broader Japanese society, where facets of the country's best quality life were unfolding one after another right in front of our very eyes. We had observed, to name a few, that: the streets, as well as the air, were clean, the surrounding was lined with trees and other greens, water canals were crystal-clear, buses and trains were running on-the-dot, pedestrians and drivers alike were obeying the traffic rules, healthy food was widely available, our van driver was neat looking and neatly dressed, our van was freshly cleaned, there were no unleashed dogs let alone cats found roaming the streets, and no beggars were in sight.

Our visit to the elderly home facility further confirmed the truth about the country's best quality of life. The elderly home was very clean, had a good structure, and was equipped with modern appliances. Additionally, the facility personnel were noted for their professionalism in their focus, dedication, and service. The elderly residents—on account of our conversations with some of them—expressed contentment with the quality of their current accommodation and the care services they received. Some residents reported having ailments and ongoing medication and treatment, whereas others indicated not being sick. Moreover, our visit to an elderly-related technology-making organization, where we also interacted with its personnel, similarly affirmed our view regarding the truthfulness of the best quality of life claim. The organization's office was squeaky clean, orderly, and modern in terms of equipment and facilities. We found the personnel performing their responsibilities very professionally: not only were they so much engrossed with their work—that is, had zero time for idle talk—but that they were sharply focused as well on perfecting their products. Most importantly, we tested the organization's completed technologies ourselves (e.g., robots), and we found them functional at the highest level. As we further learned, the organization continues to devise more technologies to serve the needs of the elderly with special needs, such as those living alone and in a faraway location.



On the whole, the module on Japan's aging was the most impactful among our course activities. We did not just listen about the facts, but we also saw, experienced, and evaluated their veracity. Indeed, the elderly's healthy condition and best quality life in Japan are far from being sporadic phenomena but are a cultural fixture and a way of life, which was the one big lesson that we—Filipinos, South Koreans, Sri Lankans, and Thais—had carried with us as we headed back to our countries.

As one theory says, we become healthy not by chance but by design. In other words, our health condition at older ages is a product of what we—including our loved ones—had done or failed to do throughout the younger phases of our lives. For example, our engagements in excessive and risky lifestyle activities at adulthood deserve due attention because of their most damaging and irreparable consequences at later ages. Although we can seek medication and treatment for the health consequences, the results, particularly for grave morbidities, are less certain, not to mention that the costs would be more than catastrophic. Thus, it is important for the national government, social institutions, social groups, and our individual selves to act in tandem to prevent and control the occurrence of morbidities among us—the earlier our action, the better it would be. Among others, the government can make the larger environment broadly conducive for health (e.g., clean streets, healthy food); families and individuals can strengthen their cognitive and attitudinal resources so that they can exercise more self-control, for instance, over their food choices and intake. Like in Japan, health must be broad-based, permeating every nook and cranny of our lives, a core concern for all of us, 24/7/365. The suggested norm-to-action movement has to be rightfully informed by science—not by common sense or opinion regardless of the source, but by science, where data from rigorously-designed systematic studies are collected, analyzed, and applied to effect the needed change. Generated systematic data can then be shared among intra- and inter-country stakeholders, such as those participating in short courses like those at HU. Data sharing can be done as well through this journal, the Asia-Pacific Social Science Review (Scopus). The more people who get to read about our scientific findings, the better it would be for the region.

Here is the most recent milestone for all of us—APSSR is now on ScholarOne! If you have research articles in the social sciences, submit these at <https://mc04.manuscriptcentral.com/apssr>. Our journal's home remains at <https://apssr.com>.

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**Romeo B. Lee**  
*Editor-in-Chief*  
[romeo.lee@dlsu.edu.ph](mailto:romeo.lee@dlsu.edu.ph)

