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IMPLICATION OF POPULATION TRENDS
FOR PLANNING SOCIAL WELFARE SERVICES

by

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Preface

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This reprint is not for the general publication, but for the reference to the National Research Institutions, Ministries, and Agencies of the Japanese Government.

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I. INTRODUCTION

Difference in characteristics of demographic change and different stages of economic and social development corresponding to the change present varied implications of population trends for planning social welfare services conducted by the Government and non-governmental organizations.

The demographic change taking place in Japan since the end of the World War II has been an extraordinary rapid one corresponding to the rapid economic and social changes and one may regard this change as a specific case peculiar to Japan. However, Japan has the basis on Asiatic economic and social institutions and cultural patterns and her demographic as well as economic and social changes naturally have their basis on these factors. Because of this fact, the changes experienced in Japan can be regarded as an attention-drawing experiment in Asia, which may provide us with various points for consideration concerning the economic and social implications of the demographic trend. From this viewpoint, this paper is a presentation of a case study focusing on the post-war experiences in Japan.

The scope of the social welfare services to be pointed out in this paper may be somewhat different from the conventional scope, because the paper has the primary concern over the implications of demographic change to such services and the description will be limited to such fields of social welfare services to which such implications are particularly noteworthy. With the intension to avoid overlapping with other papers to be presented, the items to be referred here will be, family planning, maternal and child welfare, welfare for the aged, welfare for the workers in small and medium scale enterprises, recreation, rehabilitation, public assistance and social security, and community development.

In Japan, a sign of demographic revolution was already clearly seen around in 1920 when her "economic take-off" was coming to a settling point, and after the War, the revolution developed in such an extreme speed as what we do not see a similar example in other countries in any period of history.

The crude death rate which was 17 per thousand population in pre-war times has dropped to 7.5 in recent years and since 1958, retardation tendency has been occurring.

In 1962, the expectation of life at birth became 66.2 years for male and 71.2 years for female against the pre-war figures of 47 years for male and 50 years for female.

The pre-war level of crude birth rate was 31 per thousand population. During the three-year period of post-war "baby boom", the rate rose to 33-34, but since 1950, the faster decrease than what was ever experienced took place to reach the level as low as 17 in 1962 and in the past few years, retardation sign has also been recognized.

Gross reproduction rate for female became 0.94 in 1962 which was 2.12 in pre-war times. As to crude natural increase rate, in spite of the lowered death rate, the drastic drop of birth rate effected the rate down to 9.5 per thousand population in 1962 from pre-war level of 14. The pre-war net reproduction rate for female of 1.50 came down to 0.89 in 1961. The pre-war reproduction survival rate which was 70% then is recently 95%.

During the period from 1945 to 1950, the population grew with the annual average increase rate of as high as 2.9% because of the baby boom, the decreasing mortality rate and the net gain by repatriates. However, during the same period, the real gross national product (at

average price level in 1934-36) dropped to 60-70% of the pre-war level and the real national income per capita dropped to half of the pre-war level. Since 1950, however, the population growth rate has been increasingly well controlled on one hand, and economic growth rate has risen on the other, and in 1955, the real national income per capita restored the pre-war level, and today it has been raised twice as high as the pre-war level. Incidentally, nominal national income per capita for 1962 was around US \$500.

The rapid change expected during the period from present through the near future in age distribution of population caused by the rapid progress of post-war demographic revolution is considered to have a grave influence upon economic and social development. Because of the decrease in the number of births since 1950, the child population under 16 years will follow a decreasing trend for some time to come. The improvement of mortality rate introduced the rapid increasing trend in the aged population. Also, the sudden decline in fertility is causing the swift aging trend of the Japan's population. At present, the productive age population, particularly that

in younger age, is showing sharper increase than that in any other period of time because baby boom is coming into the productive age, but when the birth decline that started since 1950 comes to affect the productive age population, which will be after 1965, the annual increase of productive age population will necessarily face the conspicuous decline. In some sectors of industry, the shortage of labour force is already happening today.

This is partly due to the fact that more numbers of those who have completed the compulsory education at the age of 14 proceed to the higher-grade schools these days and they are not immediately available in labour market.

According to a survey conducted by the Ministry of Education, while 60% of those completed compulsory education became employed in 1950, this shrank to 39% in 1962. On the other hand, there are extremely numerous small and medium scale enterprises in Japan which rely on young labour force. According to the Census of Manufacture conducted by the Ministry of International Trade and Industry in 1960, in the field of manufacturing industry, establishments with less than 10 workers occupy as high as 71% of the total establishments and 15% of the total

workers are employed by these establishments. And, establishments with 10-199 workers are of 27% of the total numbers of establishments, employing 50% of the total workers. Modern establishments with 1,000 or more workers occupy only 0.1% and 17% of the total workers are employed here. A survey by the Ministry of Labour reveals that although 100% of those who sought jobs at public employment security offices directly after completion of the compulsory education were employed in 1962, this provided only 30% of the labour demand. The Government's 1960-1970 "National Income Doubling Plan" aims at the modernization of small and medium scale industry, but the sudden decrease in annual increase rate of productive age population after 1965 suggests a serious problem in this field. According to the result of 1% sample tabulation of 1960 Census, labour force participation ratio for the population of 15 years and over was 85% for male and 51% for female, but complete unemployment ratio was extremely low where it was 0.8% for male and 0.6% for female against the total labour force. However, it should be noted that in 1960, among the employed population of 15 years and over, 26% of male engage in primary industry, 35% in secondary industry and 39% in tertiary industry and for female 44% in primary, 20% in secondary and 36% in tertiary

industries, and also that in the same year, 11% of male are family workers and 62% are employees while for female 45% are family workers and 42% are employees. If we look at these figures, we can assume that although Japanese industrial structure is progressing, it has not as yet reached the highly developed stage. Experts admit that there are still not a few under-employment or disguised unemployment because of the widely prevailing wage system and employment system of non-modern nature particularly among as numerous small and medium scale enterprises as mentioned above, although they are gradually being modernized. The declining trend in annual increase of productive age population can be considered to present one of the most important factors for the promotion of the evolution of economic and social structure in Japan. On the other hand, in order to realize the increased consciousness in the need for the increase of labour productivity through manpower development, it has been clearly conceptualized that improvement in social welfare services is one of the fundamental problems. In Japan, accordingly, this concept has become one of the important leading principles emphasized for the promotion of social development including social

welfare services.^{1/}

If the results of 1960 Census and 1955 Census are compared, depopulation is noticed in 26 prefectures among the total 46 prefectures. Among 20 prefectures in which population increase occurred, there are only 6 prefectures including large cities which showed higher increase rate than the national population increase rate. Also, depopulation is occurring in three fourths of 3,511 minor administrative divisions (cities, towns and villages). The result of 1955 Census revealed that 48.6% of total population lived in cities with the population of 50,000 and over, while according to 1960 Census, the percentage was 52%. In 1960 Census, "densely inhabited districts" were newly established and their average population density was 10,563 per km²,

^{1/} - Office of Program Planning and Evaluation, Minister's Secretariat, Ministry of Health and Welfare (ed.), White Paper on Health and Welfare - Demographic Revolution, 1962 edition, 15 February 1963

- Economic Council, Economic Planning Agency (ed.), Problems and Measures in Human Ability Development for Economic Development, 10 March 1963
- Population Problems Inquiry Council, Ministry of Health and Welfare, Opinions on Items for Special Consideration in Regional Development from the Standpoint of Population Problems, 17 August 1963

including 43.7% of the total population. 1960 Census also indicates that the inter-prefectural migration volume during one-year period from October 1959 to September 1960 was as high as about 3% of the total population and that in minor administrative divisions was 5.6%. The number of in-migrants to five prefectures of Tokyo, Osaka, Kanagawa, Aichi and Hyogo was as many as half of the interprefectural migration volume. Approximately 60% of the migrants belong to the young productive age population between the ages 15-20. Recent rural-urban migration in Japan is not comparable to any previous experience in terms of its size and speed. Such rapid urban concentration of population inevitably creates a number of new problems in social welfare both in urban and rural communities.

II. FAMILY PLANNING AS SOCIAL WELFARE SERVICE

The drastic aggravation of the level of living right after the War firstly stimulated a strong desire to limit their family size among the mothers between the ages 30 to 34. In Japan, informations on contraception were imported at the end of 19th century, but its

practice was limited to the white-collar class in large cities in pre-war times and the dissemination of family planning was still in premature stage. Thus, even during the period of the baby boom, a number of wives practised illegal induced abortion which was prohibited by the Criminal Law. Then in 1948, the Eugenic Protection Law was enforced, providing not only for sterilization as an eugenic policy, but for fundamental provisions for national family planning policy. Further, the Law provides for the operation carried out by designated gynaecologists under prescribed conditions to prevent the danger of illegal induced abortion.^{2/} Thus, the dissemination policy in family planning has been taken up as a national policy in Japan not as a simple population policy but with a purpose of protection of material and child health, and enhancement of family welfare.

Population Problems Research Council of the Mainichi Newspapers has been conducting regular public opinion survey

^{2/} Minoru Muramatsu, "Some Facts about Family Planning in Japan", The Population Problems Research Council of the Mainichi Newspapers, Population Problems Series, No. 12. 1955

on family planning once in every three years since 1950.^{3/} According to these surveys, as shown in Table 1, married couples who practised contraception in Japan at the time of the survey in 1950 occupied only 19.5% and the figure was 29.1% even after including those who ever practised it. However, family planning spread year after year and in 1963 survey, the percentage rose to 44.0% and 63.0% including those who ever practised contraception.

As can be seen in Table 1, difference in dissemination rate between 6 big cities, other cities and rural areas is gradually decreasing and 1963 survey is noteworthy in its reveal that the dissemination rate in rural areas was higher than that in 6 big cities. What is also to be noted here is that the ratio of 60.7% of those who answered in.

^{3/} Sample size is 3,000-4,000 couples for each time where age of wives is under 50 years and sample ratio is about 1/4,000 of the eligible couples. In each time, schedules were distributed to husbands and wives separately to capacitate the comparison between husbands' answers and those of wives. But since the answers became not significantly different between husbands and wives these years, 1963 survey was applied only to 3,600 wives.

In the similar survey in 1954 by the Ministry of Health and Welfare, sample size was about 94,000 and sample ratio was about 1/100 of the eligible couples.

TABLE 1

Year	Surveyer	Whole country	6 big cities	Other cities	Rural areas
1950	The Mainichi	19.5%	23.7%	23.6%	17.4%
1954	Ministry of ^{3/} Health & Welfare	33.2	37.2	—	30.4
1955	The Mainichi	33.6	37.7	34.0	31.9
1963	The Mainichi	44.0	43.0	42.5	46.0

favour of contraception in 1950 rose gradually to about 70.4% in 1961. In 1963 survey, the question was asked not on contraception but on family planning to which 88.0% answered that "it is a favourable thing". This shows that contraception or family planning is being increasingly spread supported by public opinions. These public opinion surveys as well as other surveys reveal that family planning is more rapidly and extensively spreading through people hand in hand with the modernization of traditional family system which enabled more rational approach to the elevation of the level of living in small family unit, relieving mothers from excessive domestic work, giving opportunities for more thorough education to adequate number of children, and further

stimulating clearer consciousness of the need to enjoy highly cultural way of life.^{4/} While around 1950-1955, the economic trouble occupied the majority in the reasons of starting contraception, the afore-mentioned 1963 survey shows that 43% of mothers answered "to give better education by limiting the number of children", 29% "to protect maternal health", 12% "economic reasons because of small income", and 9% "to enjoy her own life". What draws our attention here is that the major interest of mothers has turned from the economic trouble to the education of children.

The number of cases of induced abortion reported by the Eugenic Protection Law followed the increasing trend since the enforcement of the Law, but making 1955 as the peak, it changed to a considerably rapid decreasing trend. According to the public opinion surveys after 1952, "the

^{4/} -Tatsuo Honda, "Fifth Public Opinion Survey on Birth Control in Japan", The Population Problems Research Council of the Mainichi Newspapers, Population Problems Series, No. 16, 1959

-Minoru Noda, "Sixth Public Opinion Survey on Family Planning and Birth Control - A Preliminary Report", Population Problems Series, No. 18, 1962

-Shigemi Kono, "Factors Affecting Fertility in Recent Japan", Asahi Journal, Vol. 5, No. 36, 8 September 1963

opinions in favour of artificial termination of pregnancy have been declining steadily. This does not immediately mean that the opinions in disfavour have been increasing. But, it might be considered that people are entertaining doubts about the safety in frequent uses of artificial termination of pregnancy."^{5/} In 1963 survey, the psychological reaction to the operation for artificial termination of pregnancy was for the first time questioned to mothers who received such operations. As the result, 33% answered "felt sorry for the embryo", 27% "felt guilty", 5% "afraid of the possible sterility after the operation", and 19% "did not care anything". This would mean that 65% of mothers who received such operations had some kind of psychological anxiety. The decreasing trend of the number of cases of induced abortion since 1955 can be considered to have been effected by the dissemination of family planning on one hand, and the offensive feeling raised against induced abortion on the other.

It is estimated that the pre-war average number of children ever born per ever-married Japanese woman of 15 years and over was about 4 persons. If the result of 1950 Census is standardized in terms of the age-

^{5/} Tatsuo Honda, op. cit., p.33

distribution of mothers of 1960, the average number of children ever born per ever-married Japanese woman is 3.73 persons. However, this number in 1960 Census decreased to 3.22 persons. Looking from the age of the ever-married women, the average number of children to mothers of 30-54 years is tremendously decreasing. Thus, as a whole, family has been modernized, the opinion and attitude toward family planning have turned favourable, the number of children in a family has decreased, and the level of living has been elevated. However, it should not be overlooked that although in the class where the monthly average income is US \$83 and over, the ratio of currently and ever practised contraception was around 67%, the ratio for the class whose income is under US \$83 was 59%. In order to cope with this above-mentioned low figure in low-income class, the emphasis in pursuing family planning has come to be placed on the promotion of dissemination of this activity for low-income group of people and workers in small and medium scale establishments as well as on the promotion of maternal and child welfare. In family planning activities, many non-governmental organizations have their respective programmes set up with keen cooperative attitude, and what requires special attention

is the Foundation Institute for the Research in Population Problems, Inc. The Foundation Institute established a new programme in 1953 named "New Life Movement", coordinating all the efforts in rationalizing the content of family planning and daily life and in building the new standard of human relation, with the purpose of adjusting families to rapid social changes and to promote family welfare.

This movement was at first applied to a modern big establishment as a model case which later included increasing number of enterprises which wished to participate in this movement. At present, 62 modern big enterprises and 320 other enterprises are participating in this movement and the programmes are successfully being carried out to 3.2 million households. As the matter of fact, Japanese family planning policy is showing the tendency of being closely interwoven, though gradually, in social welfare services in the broad sense of the term.

In this connection, it is the characteristics to be noted as peculiar to Asia which can not be noticed in other regions that there are some countries where family planning is taken up as a national policy. Some are preparing for pilot projects, or, if it is not carried out as a national

policy, the government is assisting or at least not prohibiting the family planning dissemination programmes conducted by non-governmental organizations.

III. MATERNAL AND CHILD WELFARE

The sudden drop of the number of births since 1950 is affecting the decreasing trend of child population under 15 years at present to continue through the near future. The percentage of child population under 15 years against the 15-64 productive age population is also rapidly decreasing. (TABLE 2)

TABLE 2

Year	Proportion to total population			Ratio of dependent population		
	under 15	15-64	65 and over	total	under 15	65 and over
1930	36.6%	58.7%	4.7%	70.4%	62.3%	8.1%
1950	35.4	59.6	4.9	67.5	59.3	8.3
1955	33.4	61.3	5.3	64.7	56.1	8.6
1960 ¹⁾	30.0	64.2	5.8	55.7	46.7	9.0
1965 ²⁾	23.7	70.0	6.3	43.0	33.9	9.0

Source: Bureau of Statistics, Census Reports.

- 1) 1% sample tabulation
- 2) Future population estimate by Institute of Population Problems, Ministry of Health and Welfare

According to Vital Statistics Reports of the Ministry of Health and Welfare, the maternal mortality rate which was 23 per 10,000 births in 1940 dropped to 16 in 1950, remained at about the same level in 1955, and gradually decreased since 1955 to come down to 12 in 1960. What is to be noted in the decreasing trend of maternal mortality is that it is one of the slowest decreasing trends among mortality rates by causes of death. If we classify the maternal mortality rate by causes of death for the data of 1960, puerperal fever is relatively low being 0.6, but the high percentages of toxæmias of pregnancy at 4.5, haemorrhage at 2.8 and ectopic pregnancy at 1.6 are characterizing a status of maternal mortality rate in Japan.

The vital statistics also show the pre-war level of infant mortality rate as 110 per 1,000 live-births. This rate started to decline rapidly after the end of the War and in 1950 it was 60, 40 in 1955, 31 in 1960 and in 1962 the rate became 26.5 to provide the lowest rate ever experienced in Japan. As shown in Table 3, distinguishable decrease in the rate of infant deaths caused mainly by infectious diseases and accidents after birth is seen and also relatively slow decrease can be read in deaths before and at birth caused by congenital malformations, diseases

peculiar to early infancy, and immaturity.

TABLE 3

Causes of death	1950	1955	1962*	Index number for 1962 (1950 = 100.0)
Total	60.1	39.8	26.5	44.0
1) mainly before and at birth	25.9	19.4	13.3	51.2
2) mainly after birth	27.5	16.0	10.6	38.6
3) others	6.7	4.4	2.6	38.6

Source: Ministry of Health and Welfare, Vital Statistics Reports

- 1) Includes B3, B41, B42 and B44 of International Classification.
- 2) Includes B1, B2, B9, B14, B17c, rest of the items in B1-B17 and other infectious diseases B23, B30, B31, B32, B38, B43a, B43b, B43c, BE47, BE48 and BE50 of International Classification.
- 3) Includes B18, B19 and B35.

* Preliminary.

Neo-natal mortality rate dropped from 27.4 per 1,000 live-births in 1950 to 22.3 in 1955, 17.0 in 1960 and 16.5 in 1962. This decrease is considerably slower compared with the decrease of infant mortality rate.

Table 4 shows the rapid decline in child mortality rate of 1-4 years. However, the rate is still twice or three

times higher than that in highly developed countries. The mortality rate of 5-9 years is decreasing with considerably slower speed than in 1-4 years and it is still much higher than that in highly developed countries. The top cause of death for the mortality rate of 1-14 years is the accident.

TABLE 4

(per 1,000 population by each age group)

		1935	1950	1955	1960
1-4	Total	20.0	9.3	4.1	2.5
	Accident	0.8	0.8	0.8	0.7
5-9	Total	4.0	2.1	1.3	0.9
	Accident	0.3	0.3	0.3	0.3
10-14	Total	3.0	1.2	0.7	0.5
	Accident	0.1	0.1	0.1	0.1

Ministry of Health and Welfare, Vital Statistics Reports, and An Analysis of Deaths by Accident, 1962

The demographic change as described in preceeding paragraphs and corresponding rapid social change are presenting many problems to be solved in maternal and child welfare. What is most noteworthy among them is the increasing trend of juvenile delinquency. Table 5 shows

the number of those who were arrested under Juvenile Criminal Code. It is important to mention that the increasing trend is distinguishable in lower age group. The increase of children in middle schools is especially remarkable. Juvenile delinquency acts of children in lower and middle classes are dominating in number in 1961, where the percentages are 54% in lower income households, 41% in middle class, 4% in the poorest households, and 1% in upper income households.

TABLE 5

Year	Under 14	14-17 age	18-19 age	Total
Real Number				
1941	10,198	22,731	19,870	52,799
1945	8,717	30,246	15,532	54,497
1950	29,617	73,075	55,734	158,426
1955	24,797	50,490	46,466	121,753
1960	48,783	85,933	61,966	196,682
1961	57,572	96,126	62,758	216,456
Index Number				
1941	100	100	100	100
1945	86	133	78	103
1950	290	321	280	300
1955	243	222	234	231
1960	478	378	312	373
1961	565	423	316	410

Source: Safety Bureau, National Police Agency, Juvenile Delinquency, 1962

In order to cope with the increase of juvenile delinquency caused by demographic change and social change, the Central Child Welfare Council submitted a reply to the inquiry by the Minister of Health and Welfare on "positive measures for the improvement of quality of juvenile population for their healthy development" in July 1962 and at the same time, the Population Problems Inquiry Council submitted to the Minister of Health and Welfare a "resolution concerning the population quality improvement policy", strongly demanding the extension and completion of maternal and child health and welfare.

In the field of maternal and child health programmes, in addition to the health guidance to pregnant mothers and babies, pregnancy registration and the issuance of the mother and child handbook which had been practised, the measures against toxæmia was initiated in 1962 and under the instruction of physicians, midwives and nurses started to visit homes of pregnant women to give guidance in baby care and daily living. Also the measures for immature babies were strengthened by giving guidance in bringing up immature babies, renting simple incubator, and planning appropriate location of designated care institutions.

In 1961, the nation-wide simultaneous health examination of the 3-year old children was carried out in order to stimulate the interest in early detection of problem children and in general health of infants. As of 1962, there are 802 health centers throughout Japan and in such areas where the health center is geographically apart, 187 maternal and child health centers are established. At present, 1,100 target areas are designated throughout the country, planning the increased number of such centers to be established.^{6/}

It has become increasingly important to prevent the accidents and delinquent acts of children and to enhance their healthy development. For this purpose, the strengthening of consultation and guidance services is promoted.

^{6/} Office of Program Planning and Evaluation, Minister's Secretariat, Ministry of Health and Welfare, op. cit.

Yuichi Saito, Planning, Organization and Administration of Social services, Paper presented to UN Regional Conference for Asia and the Far East on "Organization and Administration of Social Services", New Delhi, India, 16-28 November 1959

Japanese National Committee of the International Conference of Social Work, prepared under the supervision of Ministry of Health and Welfare, Social Welfare Services in Japan, 1962, 1962

in present 126 child welfare centers which are the central organs for child welfare case-work; in over 1,000 social welfare offices which are the overall front-line organs in social welfare, and of about 127,000 volunteer workers in social and child welfare who cooperate in the services of the social welfare offices, with the emphasis on early detection and early treatment. Also being useful for the enrichment of emotional life of children are children's halls and children's playgrounds to provide healthy play facilities for children and the importance of the role played by children's clubs and mothers' clubs as the nuclei of community organizations is emphasized. According to a survey conducted by the Children's Bureau of the Ministry of Health and Welfare, there are 176 public and private children's halls, and 825 children's playgrounds as of 1962 and expansion and better facilitation of them are being planned. The children's clubs as organizations in community for children's development number 103,000 in total with the membership of over 5.9 million under the leadership of leaders counting 313,000. Mothers' clubs are 21,000 in number and the membership is 693,000 and there are also 7,500 volunteer child guidance organizations

with the membership of 203,000 and emphasis is being placed on the strengthening and expansion of these organizations in community. According to the provisions of Child Welfare Law, all juvenile delinquents under 14 years and a part of them of the age-group 14-18 are accommodated in Homes for Juvenile Training and Education. As of 1962, the number of such homes are 58, admitting 6,074 persons. The number of such institutions are still in short and the facilities and services need further improvement. Also, in order to render psychological treatment and living guidance to minor-degree emotionally disturbed children, so that it would help preventing delinquent acts by adjusting them socially, three short-term treatment centers for emotionally disturbed children were established on trial basis and as they proved to play important functions, their increase and strengthening are being planned.^{6/} Additionally, the National Social Welfare Council conducts censorship of publications, movies, stage-plays, etc. by recommending superior cultural products, and mass communication media also started various voluntary efforts to satisfy the high social need to banish inferior cultural products.

In August 1961, the Children's Bureau of the Ministry

Department of Health and Welfare conducted the survey on maternal and child households, revealing that the number of such households being over 1 million or 4.4% of the total ordinary households. As the reason to have fallen into the maternal and child households, 77% are deaths of husbands, out of which 14% are due to the War, 17% are separation and 6% are others. 64% of these households are composed of mothers and children under 19 years and 56% of them are of mothers and children before completion of compulsory education. Their average monetary income is by far lower than that of ordinary households, and the percentage of recipients of public assistance is 4 times as high as that of ordinary households. Although it is needless to say that the promotion of welfare of these maternal and child households is necessary, the need is emphasized for the promotion of health and welfare of children in such households as it is the children who bear the responsibility of rehabilitation. As a maternal and child welfare policy, Maternal and Child Welfare Fund is loaned to help these families to become self-supportive and 932 maternal and child health counsellors are appointed to give guidance and consultation to maternal and child

households. It is also so arranged as to give priority to such families in management of sales-stands in public facilities. As of 1962, there are 643 Mothers' Homes with the capacity of about 14,000 households to admit such maternal and child households which need protection. By 1961 fiscal year, the Government built 3,139 maternal and child houses, and maternal and child welfare centers are established which facilitate consultation for daily living and various kinds of training courses for the promotion of living standard of these families. According to the provisions of the National Pension Law, Maternal and Child Welfare Pension is provided (as of July 1962, about 190,000 cases) and for those who are not eligible for this welfare pension because they were separated and their husbands are living, the Child Rearing Allowance System was started in January 1961.^{6/} However, as the benefit level of these welfare pensions is low and insufficient, pertinent authorities are gradually realizing and strongly demanding for the establishment of child allowance or family allowance scheme within the framework of social security. The fact that the Council on Social Security System

emphasized the need of initiating the child allowance system in their "reply concerning the fundamental policy on general coordination of social security system and the recommendation concerning the promotion of social welfare system" represents such demand.

Because of the rapid urban concentration of population and increase of working parents, more number of children became left alone after they come back from school. After the group living became popular along with the rapid popularization of apartment houses, those who are left alone outdoor with the latchkey hanging around the neck until their parents come back from work, or what is called "latchkey children" are increasing rapidly. Table 5 is an example of the result of pilot survey conducted by Kanagawa Prefecture, adjacent to Tokyo, in 1963 for 2 big cities in the Prefecture. Kawasaki City is a typical industrial city. The living guidance to these children was started to be given in mainly 6 children's halls in Kawasaki City and by designating 10 elementary and middle schools as experiment schools in Yokohama City. In farmer households, number of fathers or brothers and sisters who commute to work in other industries in close-by cities increased while mothers are

TABLE 6

School age	Yokohama City		Kawasaki City	
	Children surveyed	Percentage of latchkey children	Children surveyed	Percentage of latchkey children
Elementary school				
Total	131,842	10%	53,134	20%
1-3 grade	63,842	7	24,838	16
4-6 grade	68,000	13	28,296	24
Middle school	73,685	14	30,754	26

busily occupied in domestic and on-the-farm works, and as the result, more number of children came to be left unattended. On the other hand, similar surveys started in rural villages and also this activity of living guidance for children came to be included in the programme of the organizations in communities, chiefly in elementary schools and children's halls. Thus, both in urban and rural districts, the need for the care of children of working parents became great, and for pre-school children, the extension of day nurseries (10,000 day nurseries as of the end of 1961), and infant homes (130 homes as of the end of 1961) especially for cities are demanded.

IV. WELFARE OF THE AGED

The ratio of the aged population both against total population and against productive age population in Japan is still low compared with that of highly developed countries, although the increase of the aged is notably rapid. During the period of 1955-1960, the annual average increase rate of the population of 65 years and over reached as high as over 3% compared with 0.9% rate of total population. As previously mentioned, it is expected that the increase rate of the aged population will become higher and that the aging of population will continue with rapid speed.^{7/}

In pre-war times, the aged people had been cared under pre-modern families. During the years immediately following the War, the economic disorder lowered monetary value and made the people's savings made for the life in advanced

^{7/} Sadamu Watanabe, Population Structure and the Elderly in Japan, the Gerontological Association of Japan, Inc., 1963

Sadamu Watanabe, Old People in Transitional Japan, with Activities of the Japan Socio-Gerontological Society, The Gerontological Association of Japan, 1963

age valueless, for which the present individual aged people can not be blamed. And the shortage of houses which is still prevailing today is compelling the aged to live with their children and other relatives whether the aged wish it or not. And also the economic development and urbanization progressing rapidly has been disorganizing and changing the old patriarchal family into modern family.

According to the results of the Basic Survey for Health and Welfare Administration in 1958, only 21% of the aged people of 65 years of age and over can earn their income enough to support themselves, 2% are living on public assistance, and the remaining 77% are dependent on their filial or other support. Around 83% of those supporting themselves is receiving their income from their works, 12% from pension, and 6% from their property. About 86% of the above-mentioned 77% dependent aged people are receiving support from their sons and daughters.

Many of the working aged people engage in primary industry, and they are the self-employed of small scale enterprise or family workers. Income of aged workers is generally extremely low. In many of the modern big

enterprises, the retirement age is usually 55 and this relatively low retirement age is applied to around 35% of the total workers. As people become eligible for public pension in most cases after they reach 60 or 65 years of age, the problem lies in the gap between that and the retirement age and another problem is the very low benefit level of public pensions. Recent percentage distribution of labour force status of aged people is as shown in Table 7. After all, aged people have the desire to work as much as physically possible. According to the "Public Opinion Survey on Welfare of the Aged" conducted by the Counsellor's Office of the Prime Minister's Secretariat in May 1960, 13% of male and 25% of female answered "it is better to enjoy easy and free life after becoming old," but 80% of male and 65% of female answered "it is better to work as long as possible even after becoming old." However, in Japan where the economic and social change is very speedy, experiences and technical capabilities of the aged have become scarcely useful and their employment is becoming increasingly difficult.

If the percentage distribution of households with the aged by type of members included in the above-mentioned

TABLE 7

Labour force status	Total	65-69	70-74	75-79	80 and over
male					
total	100.0	100.0	100.0	100.0	100.0
at work	50.1	63.3	47.2	31.1	18.6
not at work	49.9	33.7	52.8	68.9	81.4
not necessary to work	22.1	15.5	23.2	30.9	33.2
unable to work	18.0	11.1	19.4	27.9	35.9
others	9.0	7.1	10.2	10.1	14.5
(confining to bed)	4.5	3.0	4.3	6.4	8.5
female					
total	100.0	100.0	100.0	100.0	100.0
at work	21.1	29.5	20.4	12.4	6.4
not at work	79.8	70.5	79.6	87.6	93.6
not necessary to work	40.4	38.3	40.6	43.1	42.0
unable to work	24.2	16.2	22.3	30.5	40.0
others	15.2	16.0	16.7	14.0	11.6
(confining to bed)	4.0	2.1	2.8	5.2	9.2

Source: Ministry of Health and Welfare, National Survey on the Aged, 1961

National Survey by the Ministry of Health and Welfare is examined, the number of the aged living together with their children's couples is dominating, as shown in Table 8. However, the above-mentioned public opinion

TABLE 8

Type of household	Total	Urban	Rural
all household	100.0%	100.0%	100.0%
the aged living alone or with spouse	12.0	14.5	8.9
the aged living together with their children's couples	65.7	60.8	71.1
the aged living together with their unmarried children	15.9	18.4	12.8
the aged living together with their son's wives	2.9	2.3	3.7
the aged living together with their grand children	2.2	2.5	1.8
the aged living together with others	1.3	1.5	1.0

Source: Ministry of Health and Welfare, National Survey on the Aged, 1961

survey reveals that only 16% of the aged people surveyed wish to be admitted to a home for the aged, even if such home is to be established in neighbourhood and about 60% strongly protested such admittance. By generalizing the results of many small-scale specific surveys, we see that although the aged people are presently forced to live together with grown-up children or married children,

because of economic difficulties and shortage of houses, lack of privacy and independence of the individuals, or rapid lessening of authority of parents or elders and of respect of them by younger generation often results in various conflicts in the family. Thus, the problem of housing of aged people presents many confusing and difficult problems in social welfare.

According to the result of the National Survey on the Aged by the Ministry of Health and Welfare in 1960, households of only those who are male of 65 years or over or female of 60 years or over, or of those to which children of less than 18 years of age are added are 618,000 in number and they occupy 2.6% of the total ordinary households. Out of these 618,000 households of the aged, over one half of them are composed of one aged person maintaining a household. The level of income of the household of the aged is lower than one half of that of the ordinary household. Social Affairs Bureau of the Ministry of Health and Welfare investigated that although the recipient households of public assistance were showing slow decreasing trend in spite of repeated hikes of assistance standard, the number of public assistance recipient

households of the aged was enormously growing and such households which occupied 19% of the total recipient households in 1955 increased to over 22% in 1961.

Table 9 shows morbidity prevalence by sex and age calculated from the results of the said 1960 National Survey on the Aged by the Ministry of Health and Welfare. As a matter of course, morbidity prevalence rate becomes higher as the age advances, but the rate is higher in Japan generally compared with that in highly developed countries. If classified by the kind of diseases, rates of high blood pressure and apoplexy are particularly high and in general chronic diseases which require long-term care and treatment are often cited.

TABLE 9

(per 1,000 population)

Age	Male	Female
total	179	190
65 - 69	149	163
70 - 74	184	188
75 - 79	212	219
80 and over	241	227

Source: Ministry of Health and Welfare, Survey on the Ages, 1960

In this way, because of the sudden social change occurred with the rapid increase trend of the aged population and disorganization of family system, a number of social problems for aged people have suddenly come to attract attention in Japan. First problem to be taken up here will be that of security for income of aged people. At present, Japan's income security schemes are most complicated and in rough classification there are National Pension, Health and Welfare Pension Insurance, Seamen's Insurance, Pension of the Mutual Aid Associations for Central and Local Public Servants and pensions for members of various mutual benefit associations. In April 1961, the Contributory National Pension was initiated and, in principle, those who are 20 years and over and younger than 60 years are covered under some public pension system or other without exception. After April 1971, all those who reach 60 years will start to receive contributory pensions. For those who are already old and who are not entitled to receive the pensions, non-contributory old-age welfare pension is provided. In other systems than the National Pension, in most cases one is eligible to draw pension after 20 years of

contribution and from the age of 60. By 1962, recipients counted more than 3 million which is about 40% of the population of 60 years and over. Over 70% of the recipients are those of non-contributory old-age welfare pension which starts the benefit from 70 years of age. The reason for the extremely small number of contributory pension recipients is that the history of this system is still short and there are still not many who completed the required 20 contribution years. Main types of medical care security are Health Insurance and National Health Insurance. Many of the aged people are insured as dependent members of the family in Health Insurance or directly in National Health Insurance Pension System and the amount of contribution and benefit differ considerably in different schemes, but it can generally be said that the benefit level is low. Pension for public service personnel provides relatively favourable amount but in other pension schemes, the benefit level is around one-fourth of the average wage of several years immediately preceding the eligible age of the pension. In medical care security system, the beneficiaries must bear one half of the medical care expense. It casts a problem to the aged people if systematic unification of pension system, the elevation

of benefit level, lower age qualification to start drawing pension benefit and introduction of sliding scale system to correspond to rising price are not attained.

The Law for the Welfare of the Aged was enforced on 1 August 1963. This Law establishes the principles of the welfare for the aged, and with the purpose of realizing necessary measures to secure physical and mental health and stabilized living of the aged, provides for responsibility to be born by central and local governments for the promotion of welfare for the aged. As institutions provided for in the Law, there are welfare homes for the aged which admit those aged people of 65 years or over who have difficulty in receiving care at own homes for physical, environmental or economic reasons, special welfare homes for the aged for those who require attentive care because of major-degree deficiencies in physical or mental health and who are not able to receive such care at own homes, low-rent homes for the aged which accommodate the aged with reasonable charge, and welfare centers for the aged which give consultation services for the aged and assist in promoting health, cultural pursuit and recreation. At present, the number of these institutions is still too

small to meet the need and the increase is now being planned. There are also a few paying homes of private management but they are expensive. These private homes are also under the supervision of the Law. The Law also provides for the national subsidy to the home helper system which assists such aged people who need assistance for day-to-day living. This system, however, is still at the initial stage of development, although it progressed since the War. What attracts attention is the fast development of old people's clubs which are the voluntary gatherings of aged people to alleviate loneliness, enjoy common hobbies and recreational activities, elevate the cultural lives and to participate in social welfare activities. In 1951, there were 112 such clubs and recently there are over 20,000 of them with 1.1 million membership. National Government decided to grant subsidy to appropriate ones of these clubs. A few prefectures have rest homes for the aged and they are becoming increasingly popular. The social need is strongly felt for the government to take up housing for the aged people as national project. The Law for the Welfare of the Aged further designates 15th of September as the "Old-Age Day" on which central and local government organs are to sponsor suitable activities in order to

stimulate people's general interest in the welfare of the aged and also provides for nation-wide health examinations for those who are 65 years and over.

An additional point to be referred in this connection is the recent more positive way of thinking gradually developing regarding welfare for the aged, that is, not only the protection of the already aged, but assurance of stable and happy life in advanced ages so that people can work comfortably and fully during the productive age are important.

V. REHABILITATION

In the field of rehabilitation, the emphasis so far has been placed on the protection of the physically and mentally handicapped, but in recent years, the more positive need for social rehabilitation has grown and correspondingly, systematic programming in rehabilitation as social welfare service has come to be emphasized.

In July 1960, Social Affairs Bureau of the Ministry of Health and Welfare conducted a survey and as shown in Table 10, only those physically handicapped covered under the categories of the Table rated 10.2 per thousand

population. Among them, majority is the physically handicapped in limbs at 60%, followed by the handicapped in sight at 23%. Among the physically handicapped of 18 years and over, as much as 5.4% need rehabilitational treatment to restore working ability, 3.8% have need of accommodation in rehabilitation institutions for training, 31.6% need special care. As to the employment situation of the physically handicapped of 15 year and over, 45.8% are employed and 54.1% are not employed. The income level of these people is low and 7.5% are receiving public assistance which is 4 times more of national average assistance rate.

TABLE 10

Disorder	Total	Under 18 years of age	18 years and over
total	950	120	830
disorder in sight	220	18	202
disorder in hearing*	163	22	141
disorder in limbs and trunks	566	80	486

Source: Ministry of Health and Welfare, Survey of the Physically Handicapped, July 1960

* Includes the disordered in voice, speech and equilibrium function.

The top cause of deaths in Japan is apoplexy and one of the characteristics of the mortality rate of population of 55 years and over is the fact that mortality rate by apoplexy is the highest and naturally the number of the disabled by apoplexy is very many. According to the Basic Survey on Health and Welfare Administration in 1958, there are 305,000 apoplexy patients which is 33.5 per 10,000 population. Mortality rate by tuberculosis dropped to 15% of the pre-war level in recent years, and according to the estimate made by the Ministry of Health and Welfare,^{8/} the disabled by tuberculosis number 250,000 and if those in convalescent periods are included, the number is estimated to be about 400,000.

1954 survey by the Ministry of Health and Welfare reveals, as shown in Table 11, the number of mentally handicapped as 1.3 million or 15 per thousand population, among whom 36% are considered to be requiring institutional care. According to the Survey of Mentally Retarded Persons conducted by the Public Health Bureau of the same Ministry in October 1961, the mentally retarded of 15.5

^{8/} Office of Program Planning and Evaluation, Minister's Secretariat, op. cit., pp.24-25

years and over are 343,000 in number or 5.3 per thousand population, and 63% of the total are those to whom institutional and other care is required. 52.5% of the total mentally retarded surveyed suffer physical or mental disorders in addition to mental deficiency like speech disorders, psychoneurotic disorders, abnormal formation, etc., 39% are regularly employed, 17% are temporarily employed, 20% are helping family work, and 25% are doing nothing.

TABLE 11

Kind of disease	Total	In need of institutional care	Others
total	1,300	470	830
psychosis	450	240	210
mental deficiency	580	130	450
others	270	100	170

Source: Public Health Bureau, Ministry of Health and Welfare, Mental Health Survey, 1954

As rehabilitation institutions, there are mainly rehabilitation institutions for the physically handicapped, child welfare institutions, rehabilitation institutions for

the mentally retarded and protection institutions in accordance with the provisions of the Law for the Welfare of the Disabled Persons, Child Welfare Law, Law for the Welfare of the Mentally Retarded Persons, Daily Life Security Law, Social Welfare Service Law, etc. In any case, the number of these institutions is very small, regional distribution is not adequate and professional personnel is in short. Take rehabilitation institutions for the physically handicapped for example, while 32,000 need institutional treatment and training for social rehabilitation, there are only 90 such institutions, public and private combined, and accommodation capacity is only over 4,000. Same is true with the mentally retarded persons, and though there are around 220,000 of them who need institutional care, there are only 19 institutions or capacity of 1,330 persons. Besides the increase of these institutions, policy is now taken to promote community activity, making mental health centers as the center, in order to improve mental health services, to give treatment to the mentally disordered and to realize their social rehabilitation. Presently, there are 59 mental health centers but they are not enough to

meet the social need.^{8/}

VI. RECREATION

Great need for recreation is being raised in all classes of people as the progress takes place in improvement of consumption level, shortening of working hours, and lessening of domestic labour, and as the modernization of family and urban concentration of population proceed. This trend is verified in the results of Regular Survey on Estimating Consumption Patterns by Economic Planning Agency and the upward tendency of the number of people utilizing facilities of national parks and quasi-national parks. Efforts are being paid to meet these needs which have been relatively disregarded.

Ministry of Health and Welfare is making efforts to improve the facilities of national parks and quasi-national parks so that every person, including low-income class persons, can enjoy recreational activities, and also to extend the present People's Recreation Villages and People's Recreation Cottages. Establishment of People's Recreation Villages was started in 1961 fiscal year under the cooperation of the Government and National Recreation Village

Association with the purpose to facilitate people with restful places with reasonable charge in rich natural environment, and by the fiscal year of 1965, 22 such Villages are planned to be built. People's Recreation Cottages are the facilities in which people can comfortably stay over-nights with reasonable charge, built by local public authorities, and the national government loans the deposits of national pension premium or of health and welfare pension insurance premium. By 1962, 68 such Cottages were completed.^{9/}

VII. PUBLIC ASSISTANCE^{10/}

According to the provisions of the Daily Life Security Law (enforced in 1946), public assistance is composed of 7 types of aids; living aid (general relief), housing aid, education aid, medical aid, maternity aid, occupational aid, and funeral aid. As the recent trend of the number of households and members receiving

^{9/} Ibid.

^{10/} Japanese National Committee of the International Conference of Social Work, op.cit.
Office of Program Planning and Evaluation, Minister's Secretariat, op. cit.

public assistance, as shown in Table 12, in spite of the fact that the standard of assistance was raised 27 times since the enforcement of this Law to meet the improvement of the average level of living of the general population, the number of recipients and the ratio in medical aid are showing upward trend, though the total ratio of recipients are showing slow decreasing trend. According to the National Survey on Recipients of Public Assistance conducted by Social Affairs Bureau of the Ministry of Health and Welfare on 1 July 1961, the size of public assistance recipient households is small, its average being 2.9 persons per household, and those households of 1 and 2 persons occupy 50% of the total. By age of recipients, it is important to note that although

TABLE 12

(Monthly average)

Year	Recipient households	Recipients	Ratio of recipients*
1957	579,000	1,624,000	17.8%
1958	592	1,627	17.7
1959	614	1,669	18.0
1960	611	1,628	17.4
1961	613	1,643	17.4

Source: Ministry of Health and Welfare, Statistical Report, 1962.

* Ratio against total population.

children of under 5 years of age are decreasing, 39% of the recipients or 652,000 are children of under 14 years of age, and those of 60 years of age and over are increasing. Households whose heads are employed are decreasing and those which have no working persons are increasing. Among the total of recipient households, 37% are the ones where heads are working, 16% are the ones where some members of the households are working, 53% are those which include some working persons, and 47% are the ones in which no working person is present, as of the data in 1961. Many of the working persons are either daily or seasonal workers, labourers in small scale establishments or family workers, and only 3.4% of the recipients have relatively stable job. The cause of becoming involved in the recipient households as shown in the Monthly Report on Public Assistance by the Ministry of Health and Welfare shows the disease or injury of members of households as the cause of constantly over 50% of recipient households.

Though it is the policy to keep families self-supportive in own homes, the Daily Life Security Law prescribes following six types of public assistance

institutions for those who need special care: homes for the aged, relief institutions, rehabilitation institutions, institutions for public medical care, sheltered workshops and protective lodgings. (Homes for the aged are now transferred to be covered under the Law for the Welfare of the Aged as of 1 August 1963.) As of the end of April 1962, there are 1,228 such institutions and the capacity is 71,000. Since 1956, the number of institutions and their capacity are decreasing except for homes for the aged and relief institutions.

There are still much room for further improvement in present public assistance. Firstly, in spite of the repeated times of raising of assistance standard, it needs further raising if comparatively considered to the general elevation of levels of living, and also the employment assistance to the members of recipient households must be adequately given. Further, though it is decreasing, children under the compulsory education completion age are many in recipient households, and their health and welfare must be protected, as they are the source of power to rehabilitate these households. Generally also, "the defect and inadequacy of the programmes in social security system has placed heavy

burden upon public assistance programme."^{11/}

Further to this connection, there are various serious problems in social security system in Japan. As already mentioned, the history is young, coverage is not extensive enough, benefit level is generally extremely low and there are disparities in benefit levels between different schemes. Office of Program Planning and Evaluation of the Health and Welfare Minister's Secretariat reported that the ratio of social security expenditure in national income in Japan was 6.2% in 1955 and 5.5% in 1960 showing extremely low ratio, and the ratio is even in decreasing trend in recent five years.

There is much room for further development in social security schemes in Japan, but as one of the fruitful turnouts, the national pension system was established to meet the needs rising from the aging of population and the national health insurance scheme to cover the total population has been improving its practical methods of application since its start. What is at present actively under careful deliberation is the initiation of family allowance which has been a lacking point in Japanese social security system and which is vital for the

^{11/} Japanese National Committee of the International Conference of Social Work, op. cit., p.4

furtherance of maternal and child welfare. When the sudden shrink in annual increase of younger productive age population expected to occur after 1965 is taken into consideration, which will inevitably cause the disorganization of small and medium scale establishments, the need for the social security system to cope with the frictional unemployment of the middle age group should again be emphasized.

VIII. PROBLEMS ON SOCIAL WELFARE IN URBAN AND RURAL DISTRICTS

The active rural-urban migration is causing various social problems both in urban districts and in rural villages. In present big cities where the in-migration is rapid, all the "movement systems" are paralysed because the city planning can not keep up with the rapid flow of in-migrants, resulting in various hindrances to health and social welfare services like water shortage and aggravation of public nuisance. If a few points are to be made here in relation to social welfare, they will be as the following. In large cities, population in the central part of the city is decreasing and rapid sprawling to periphery is occurring. In peripheries, city planning is extremely insufficient and adequate planning is lacking especially in social welfare services.

While the emphatic efforts are being made for redevelopment planning in central parts of cities, slum clearance is coming to be an urgent task in view of slums still existing in the area. Also, social need has been increasingly felt for the younger labour forces from rural villages employed in numerous medium and small scale industries. Social welfare services to meet their needs have been greatly under-developed, but the shortage in younger labour force necessitates the development in social welfare services for them. For instance, necessary are construction of their apartment houses, life guidance to adjust them to urban life, healthy utilization of leisure time, and social education.

In order to adjust the enormous migration stream from rural villages to big cities, a number of regional plannings have been made and efforts are being paid for their realization. As the result of such regional plannings, new nuclear cities economically self-supporting will be created. In such new cities, the emphasis is placed on planning of balanced economic and social development including social welfare services, with the purpose of preventing possible hindrances to social

welfare, rather than of treating already risen problems as being practised in social welfare services in present big cities referred in the preceding paragraph.

In rural villages, burden upon wives and old people of farming and domestic works became acceleratively heavy as the result of voluminous younger labour force emigrating to big cities, creating more intensive need in the extension of maternal and child health and welfare service and welfare services for the aged.

In rural villages, while the traditional community consciousness broke down on one hand, the modern consciousness is increasingly lessening. In such regions where new heavy or chemical industries have come through rapidly, the sign of community disorganization is particularly distinguishable and extreme social tension is being effected in not a few such regions. Here, modern community consciousness should be cultivated and new community development programmes must be promoted. The Government has now established community development plans and is subsidizing private voluntary organizations such as the National and Local Councils of Social Welfare, and the National Council for the Promotion of Community Health and Welfare Programs

established in 1959.^{12/}

It has been increasingly drawing keen attention that in case of regional development planning as well as in national planning, too much emphasis has been tended to be placed on economic development planning and social development planning^{13/} including planning of social welfare services was relatively poor. Thus, "balanced development" planning is now called for with increasing emphasis. The post-war rapid demographic change is apparently one of the important factors for such changes.^{14/}

^{12/} The National Council for the Promotion of Community Health and Welfare Programs, An Outline of the National Council for the Promotion of Community Health and Welfare Programs - An Aspect of Community Development in Japan, 1963

^{13/} Hideo Ibe, Japanese Experience in Social Development Planning, ECAFE, Group of Experts on Social Development Planning, SDP/Working Paper No. 5, 15 March 1963, "III. A Case Study : Japanese Experience in Social Development Planning", ECAFE. Economic Bulletin for Asia and the Far East, Social Development Planning, Vol. XIV, No.2, September, 1963

^{14/} Population Problems Inquiry Council, Resolution on Planning of Manpower Development, 12 July 1962

IX. NECESSITY OF STATISTICAL DATA AND TRAINING OF PERSONNES

In planning social development including social welfare services and its implementation, the lack in social research and statistical data is undeniable and the need for these is increasingly felt. As one of the basic data in social planning, not only economic indices to indicate the level of living, studies are being made to make social welfare indices by regional basis coordinating various indices as demographic indices, health indices and social welfare indices, and already in 4 prefectures, pilot studies are being made as one of the important trials to fill up the gap of statistical data.

The need is also urgent for securing adequate numbers of personnel, their training and re-educational programmes for the future development in planning and implementation of social welfare services.

X. SOME CONCLUSIVE REMARKS

The implication of rapid progress of post-war demographic revolution along with the corresponding rapid social changes for planning social welfare services is a

complicated but nonetheless important one.

The rapid shrink of demographic growth rate, and the decrease of children's population expected to occur from present through near future, increase of the aged population, clear speed-down of the increase of productive age population in the near future will constitute, in the long run, important factors to help promoting high-level modernization of transitional economic and social structure in Japan. Particularly, in this country which has been characterized by institution of "over-employment", shortage of labour forces is extraordinarily acute as the sudden introduction of technical innovation took place, and therefore, fuller utilization of manpower or moreover, manpower development is strongly needed. In this relation, it has come to be clearly conceptualized that the fuller utilization of manpower and manpower development fundamentally depend on the promotion of social welfare in order to adjust to rapid social changes. Defect has been realized in the heretofore national planning which has been too much inclined to economic development, resulting in clear retardation in social development, and efforts started to correct the

imbalance to achieve balanced economic and social development. Thus, unprecedented emphasis is being placed on planning social welfare services closely interwoven in social development planning.

This paper is, as it is evident, a report of a case study in Japan. However, if Japan's cultural, social and economic structure common to that of other Asian countries is considered, the implication of her drastic demographic change and corresponding phenomenal social change for planning social welfare services may serve, right or wrong and sooner or later, as useful reference experiences or warning for Asian countries.

