

AGING AND THE PROBLEM OF CARE OF ELDERLY PEOPLE IN SLOVAKIA AND JAPAN

Tsukiko Kobayashi

Faculty of Education Gifu University, Japan

Abstract: There are some differences in situation with ageing of population between Slovakia and Japan. The problem of care of elderly people has already become serious in Japan. It may also become serious in Slovakia. In this paper, we describe and analyse the advantages of a community care service system for the elderly people in a small village in Gifu Prefecture, Japan. It may show one of the possibilities for an aged rural community to survive.

Keywords: ageing, depopulation, problem of care of elderly people, community care system, nursing home, home-visit service, working opportunity

1. INTRODUCTION

Ageing is a world-wide trend in the 21 century. Almost all societies undergo various social changes caused by ageing. One of the most serious problems in aged and ageing societies is „care of elderly people“. There have been many attempts to solve the problem in aged societies. Every society has to find the most suitable way of solving this problem.

2. AGEING IN SLOVAKIA AND JAPAN

2.1 What is the aged population?

A society with the percentage of aged population (65+) over 7 is called „ageing society“. And a society with the percentage of aged population over 14 is called „aged society“. In societies with the percentage of aged population around 10, problems with

providing the elderly people with nursing care arise as an important social issue. Slovakia and Japan have the different age group categories. In Slovakia, the aged population includes males aged 60 and over, and females aged 55 and over. In Japan, it includes males and females aged 65 and over.

2.2 Ageing and the problem of nursing care

The percentage of the aged Slovak population in 1995 and 2000 (by Slovak categorisation) was 17.5 and 18.1 respectively. The percentage of the aged Japanese population in 1995 and 2000 (by Slovak categorisation) was 23.7 and 27.1 respectively. On the other hand, the percentage of the aged Slovak population in 1995 and 2000 according to the Japanese categorisation was 10.5 and 11.5 respectively. And the percentage of the aged Japanese population in 1995 and 2000 according to the Japanese categorisation was 14.6 and 17.4 respectively (Fig. 1, Fig. 2, Tab. 1). The Slovak society may soon confront the problems concerned with providing care for the elderly people, just as the Japanese society is struggling with. In October 2000 in Japan, there were 2.47 million aged people who were officially approved to use nursing care. It means that at least 11.2% of the aged Japanese population needed nursing treatment. If we could apply the percentage of 11.2 to the Slovak aged population in 2000, there would be 69,393 aged people in need of nursing care. Nursing care is one of the most important problems in the aged and ageing societies. Every ageing society has to decide who, when, where, how and to whom will provide nursing care.

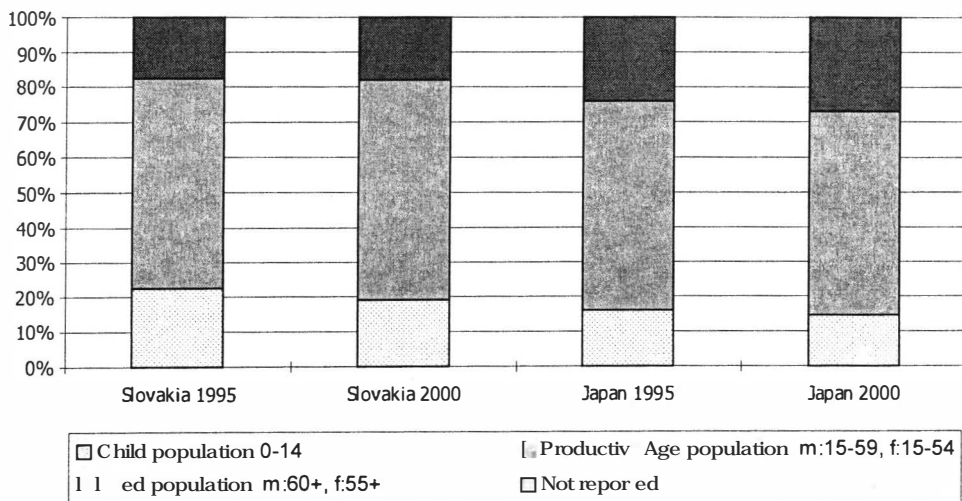


Figure 1 Population by 3 age groups (as per Slovak categorisation) in 1995 and 2000

Source: Statistical office of the Slovak Republic (2001), Statistics Bureau & Statistics Center (2001)

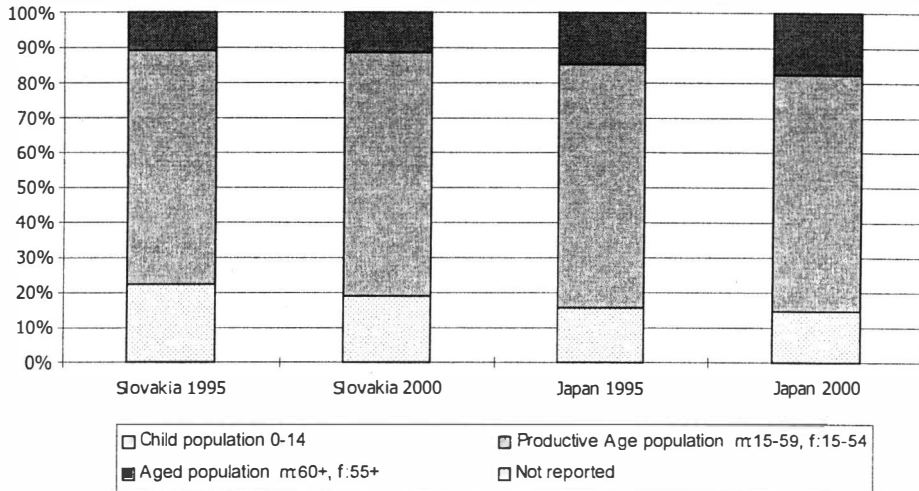


Figure 2 Population by 3 age groups (as per Japanese categorisation) in 1995 and 2000
Source: Statistical office of the Slovak Republic (2001), Statistics Bureau & Statistics Center (2001)

2.3 Ageing in Japan

According to the population projections for Japan for 2001 – 2050, aged population will reach 35 million (35.7%) in 2050 (The National Institute of Population and Social Research 2002). It means that 35.7% of all Japanese people will be aged 65 and over (Fig. 3). Further, the proportion of aged population varies by prefecture and municipality. The most aged prefecture in 2000 was Shimane-Ken, where the proportion of aged people was 24.8%. The youngest prefecture was Saitama-Ken, where the proportion was 12.8%. In 2015, there will be 4 prefectures with 30% and more of aged population, and in 2030 the number of such prefectures will grow to 35 (Fig. 4).

Tab. 2 and Fig. 5 show life expectancy at birth 1950 – 2000 in Slovakia and Japan. Slovak life expectancy at birth in 2000 was 65.19 (males) and 77.23 (females). Japanese life expectancy at birth in 2000 was 77.64 (males) and 84.62 (females). Both Japanese males and females have longer life expectancy at birth in 2000.

3. KUZE-MURA AND IBI COMMUNITY MEDICAL CENTER

3.1 Kuze-Mura and Ibi-Gun

Kuze-Mura is a small village with 1511 inhabitants (in 2000). It is located in the western edge of Gifu-Ken. Total area is 94 km², 94% of which is covered by mountains. The population density is 17 persons per km². Kuze-Mura belongs to Ibi-Gun (Gun is the administrative unit larger than Mura or Cho, but smaller than Ken). Ibi-Gun comprises 8 municipalities.

Table 1 Population of Slovakia and Japan 1995, 2000

	Slovakia (31. 12. 1995)		Slovakia (31. 12. 2000)		Japan (1. 10. 1995)		Japan (1. 10. 2000)	
	male	female	male	female	male	female	male	female
0-4	179097	170972	146414	139148	3070015	2925239	3022521	2881577
5-9	204973	196258	178916	170859	3349827	3190844	3083431	2938358
10-14	226783	217205	204879	196209	3826968	3650837	3353150	3193462
15-20	242033	232211	226573	217242	4385775	4172183	3833984	3654181
20-24	222092	215077	241053	232031	5041228	4853773	4307242	4114218
25-29	186836	181265	221131	215046	4452125	4336016	4965277	4825032
30-34	197834	193413	186117	181268	4113849	4012606	4436818	4339792
35-39	209012	204120	196534	193084	3945809	3876412	4096286	4018579
40-44	211726	211466	205794	203170	4527352	4478720	3924171	3876048
45-49	171694	177301	206026	209533	5328335	5290031	4467772	4448236
50-54	125741	141233	163854	174569	4421787	4500131	5210038	5231952
55-59	107713	127999	116804	137764	3906621	4046859	4290239	4443933
60-64	100247	126043	96209	122736	3611948	3863161	3749528	3986305
65-69	88087	121831	84529	117342	2998706	3397372	3357281	3748658
70-74	71306	110072	68432	107822	1941558	2753609	2670270	3230306
75-79	31367	52017	48864	88400	1260411	2028656	1625822	2524778
80-84	24104	44819	18595	35869	824492	1476273	915268	1699421
85-	13066	30776	15337	34394	479086	1100659	653475	1579873
Not reported	0	0	0	0	88506	42467	148191	80370
All ages	2613711	2754078	2626061	2776486	61574398	63995848	62110764	64815079

Source: Statistical office of the Slovak Republic (2001), Statistics Bureau & Statistics Center (Japan) (2001)

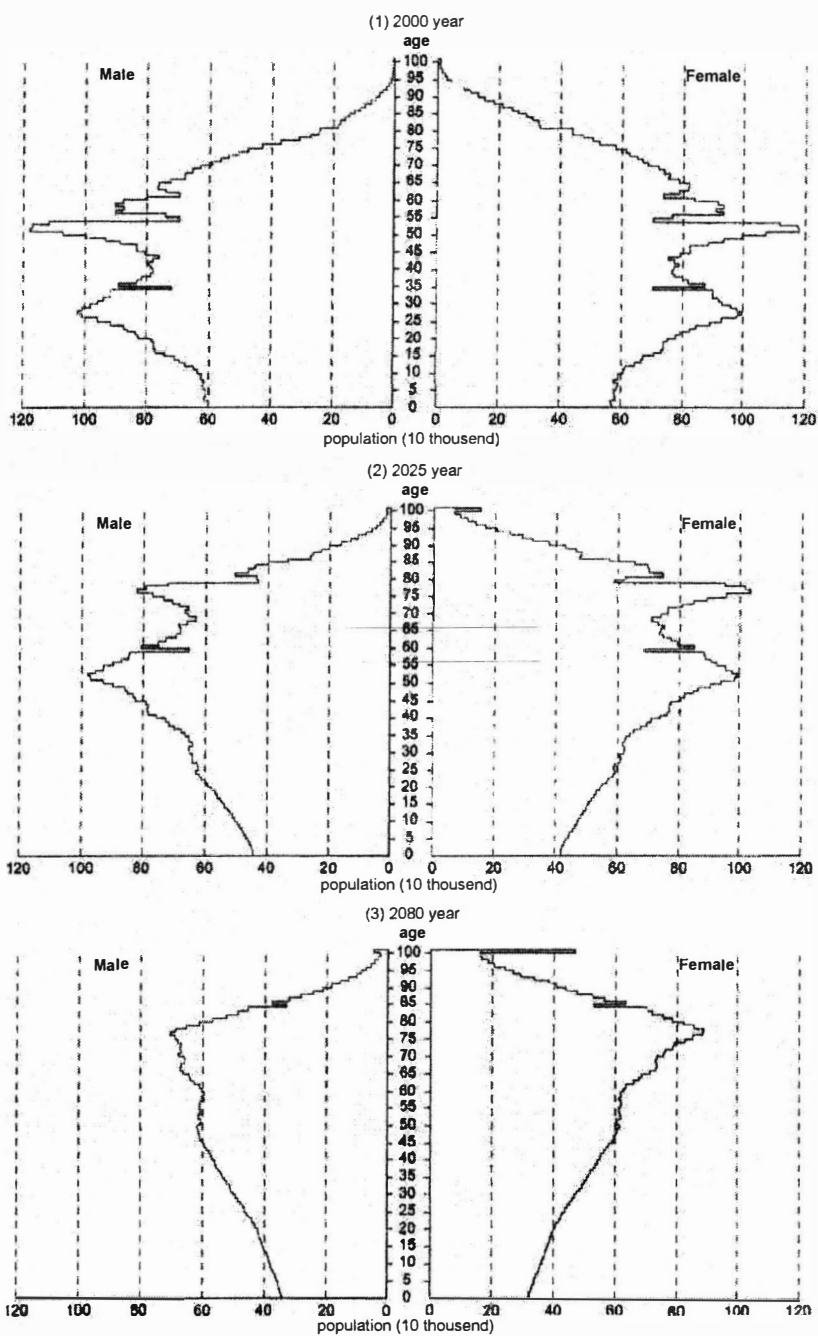


Figure 3 Population pyramid of Japan: the medium variant

Source: National Institute of Population and Social Security Research 2002, Population projections for Japan 2001 – 2050

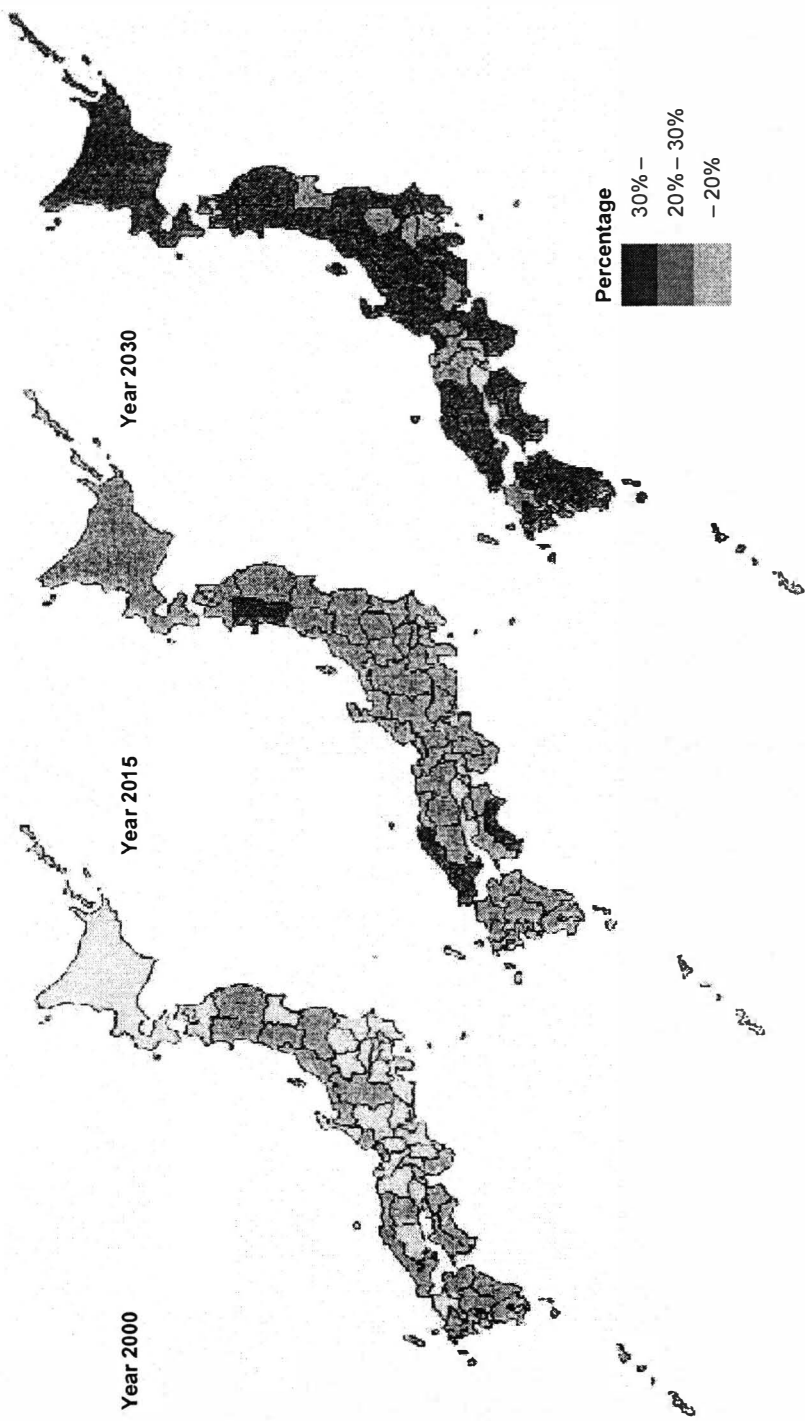


Figure 4 Proportion of aged population by prefecture in Japan (2000 – 2030)

Table 2 Life expectancy at birth 1950 – 2000 Slovakia and Japan

	Slovakia		Japan	
	male	female	male	female
1950	58,94	62,76	59,75	62,97
1955	65,33	69,76	63,60	67,75
1960	67,61	72,12	65,32	70,19
1965	67,86	72,80	67,74	72,92
1970	66,67	72,88	69,31	74,66
1975	66,79	73,81	71,73	76,89
1980	66,75	74,24	73,35	78,76
1985	66,92	74,73	74,78	80,48
1990	66,65	75,43	75,92	81,90
1995	68,39	76,33	76,38	82,85
2000	69,14	77,22	77,64	84,62

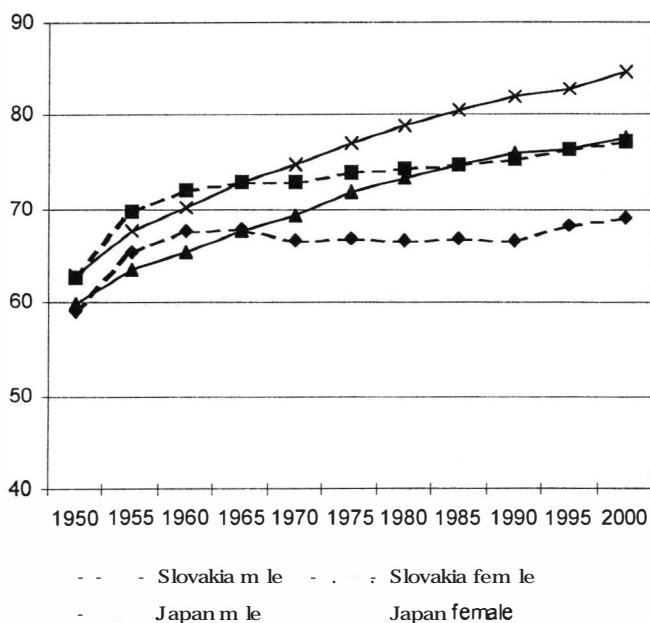


Figure 5 Life expectancy at birth in 1950 – 2000 in Slovakia and Japan
 Source: INFOSTAT (2001), Naikakufu (2002)

Depopulation process is under way in Kuze-Mura. It had 3170 inhabitants in 1955, but in 2000 there remained only 1511 inhabitants. 607 inhabitants out-migrated during 10 years from 1990 to 2000, while 474 persons in-migrated during the same period. Fig. 6 and Fig. 7 show in-migrants and out-migrants in 1996 – 2001 by the age group. The number of out-migrants exceeded the number of in-migrants.

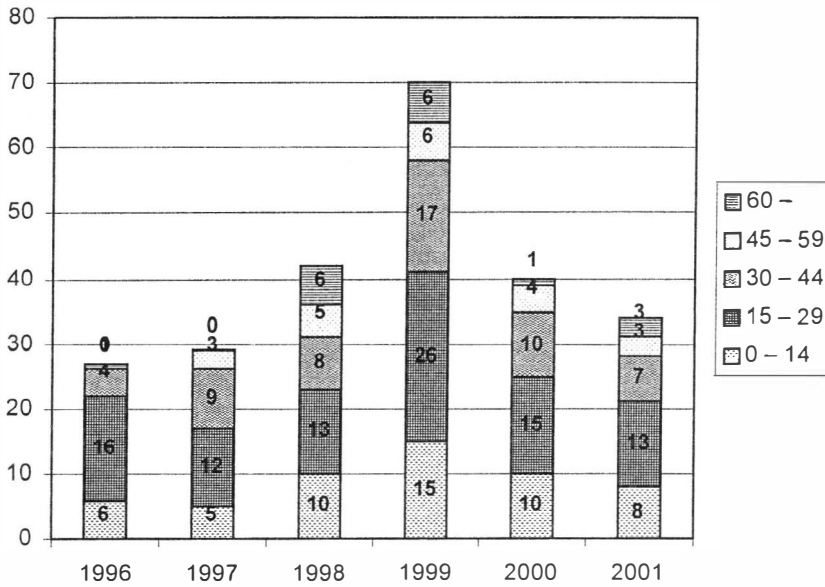


Figure 6 In-migrants by age groups (Kuze-Mura)

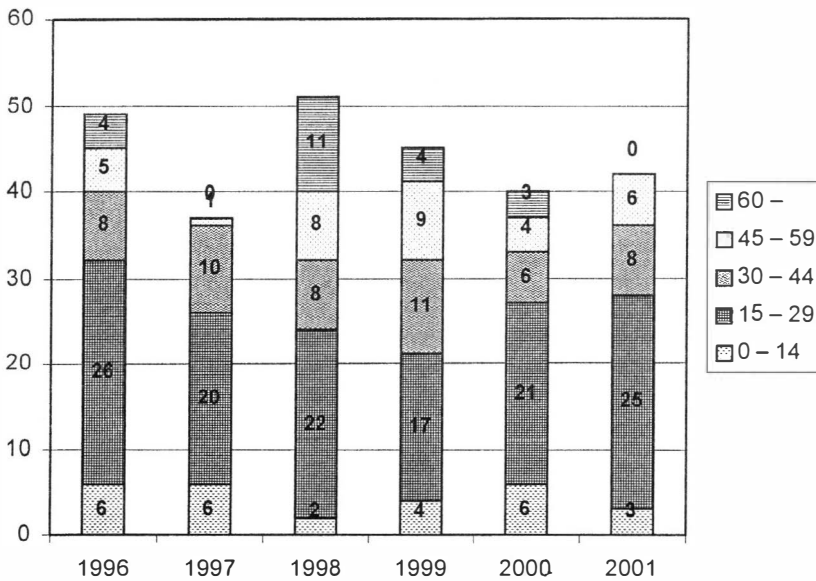


Figure 7 Out-migrants by age groups (Kuze-Mura)

Kuze-Mura is rapidly ageing. The percentage of aged population in 1955 was 8.1. In 2000, it grew up to 37.4. In 2000, there were 565 aged people (65+), 291 of which were aged 65 – 74 and 274 were aged 75 and over. The average age was 50.2 and the median age was 54.8. The population pyramid of Kuze-Mura in 2000 is depicted in Fig. 8.

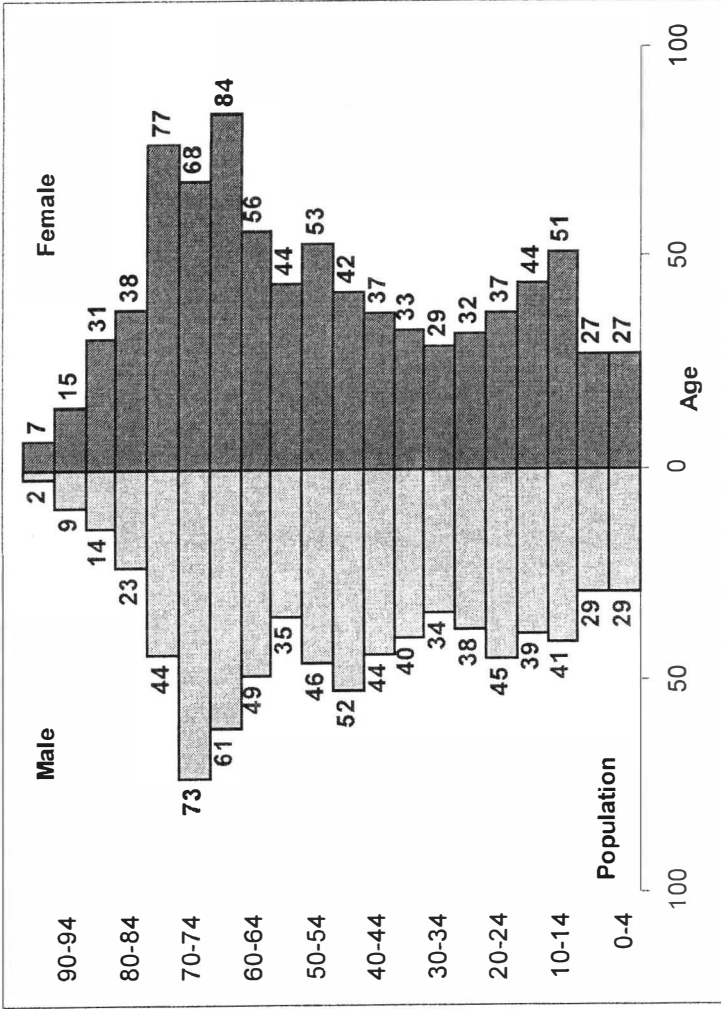


Figure 8 Population pyramid of Kuze-Mura

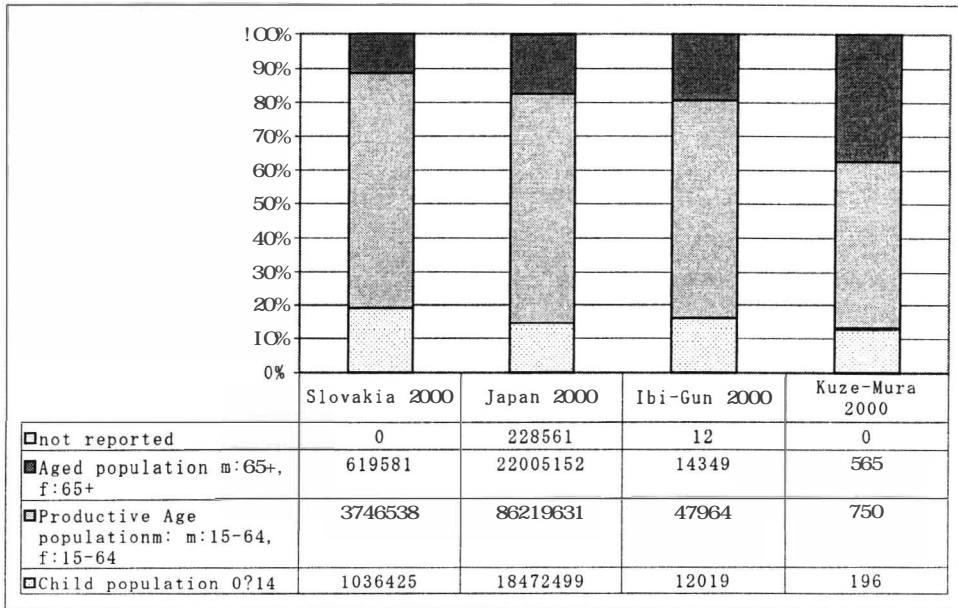


Figure 9 Population of Slovakia, Japan, Ibi-Gun and Kuze-Mura by 3 age groups as per Japanese categorisation

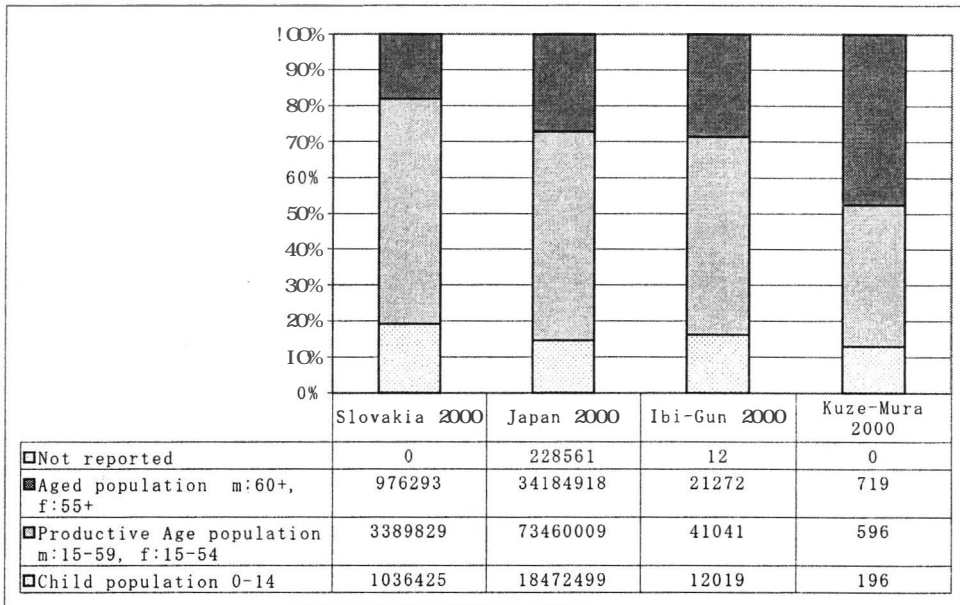


Figure 10 Population of Slovakia, Japan, Ibi-Gun and Kuze-Mura by 3 age groups as per Slovak categorisation

The percentage of aged population in Kuze-Mura and neighbouring 3 villages in 2000 was very high. Sakauchi-Mura with 48.6% had the highest percentage of aged population (Tab. 3). We can compare the population of Slovakia, Japan, Ibi-Gun and Kuze-Mura in 1995 and in 2000 (Tab. 5, Tab. 6, Fig. 9, Fig. 10). Fig. 11 and Tab. 4 show the decrease of population and the increase of proportion of aged people in Kuze-Mura.

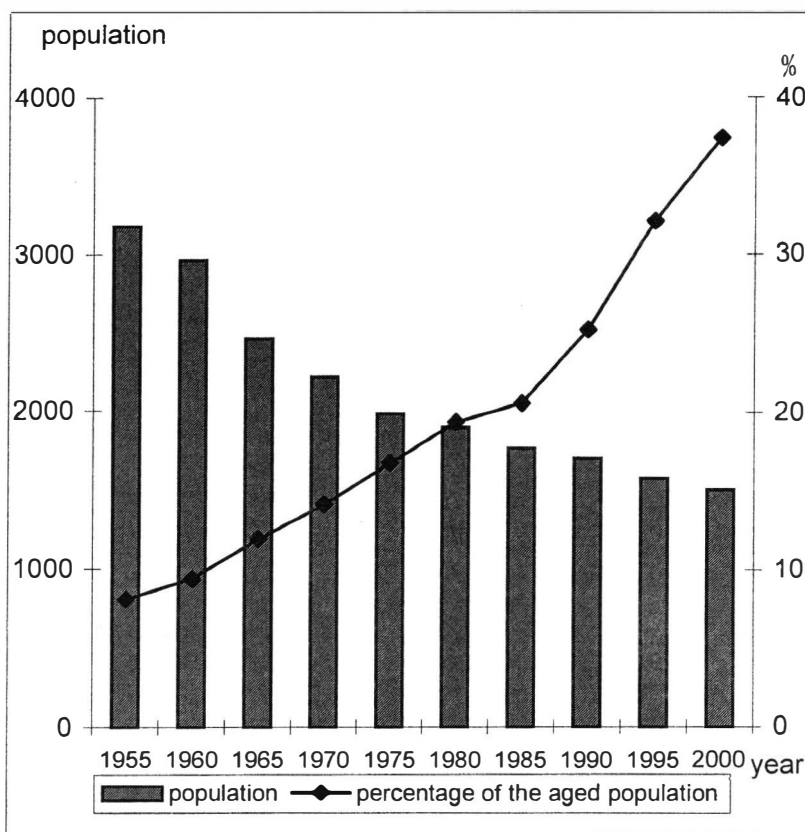


Figure 11 Population and ageing trends in Kuze-Mura

Source: <http://www.ref.gifu.jp>

Table 3 Population and the percentage of the aged in 4 villages (2000)

	population	% of the aged
Kuze-Mura	1511	37,4
Kasuga-Mura	1722	38,6
Fujihashi-Mura	502	26,5
Sakauchi-Mura	663	48,6

Source: <http://www.pref.gifu.jp/s11111/>

Table 4 Trend of population and aging in Kuze-Mura

Year	Population	Percentage of aged population
1955	3170	8,1
1960	2958	9,4
1965	2462	11,9
1970	2218	14,1
1975	1983	16,7
1980	1897	19,3
1985	1766	20,5
1990	1702	25,2
1995	1578	32,1
2000	1511	37,4

Source: <http://www.pref.gifu.jp/s11111/>**Table 5** Population of Ibi-Gun and Kuze-Mura 1995, 2000

	Ibi-Gun (1. 10. 2000)		Kuze-Mura (1. 10. 1995)		Kuze-Mura (1. 10. 2000)	
	male	female	male	female	male	female
0-4	1825	1741	19	28	31	24
5-9	2025	1992	38	38	27	32
10-14	2265	2171	41	50	37	45
15-20	2276	2228	43	43	37	37
20-24	2118	2320	33	29	23	26
25-29	2440	2494	23	27	32	27
30-34	1998	2192	34	30	25	31
35-39	2237	2214	44	38	34	29
40-44	2210	2241	50	43	44	36
45-49	2592	2650	45	47	50	44
50-54	3119	3152	35	47	43	44
55-59	2560	2542	53	55	34	51
60-64	2119	2262	66	88	50	53
65-69	1993	2279	83	72	62	85
70-74	1847	2047	58	81	77	67
75-79	1133	1655	31	43	42	79
80-84	648	1135	23	39	27	37
85-	474	1138	17	45	28	61
Not reported	8	4	0	0	0	0
All ages	35887	38457	736	843	703	808

Source: <http://www.pref.gifu.jp/s11111/>**Table 6** Percentage of aged population in Slovakia, Japan, Kuze-Mura in 1995, 2000

	in Slovak category		in Japanese category	
	1995	2000	1995	2000
Slovakia	17,5	18,1	10,9	11,5
Japan	23,7	27,1	14,6	17,4
Kuze-Mura	44,4	47,6	31,2	37,4

3.2 Ageing and the problem of care of elderly people

With the increase of aged population, the problem of care of elderly people has become serious. If the elderly people become helpless or need some support in their daily life, it is quite difficult for them to continue living in Kuze-Mura, especially when they live alone. That is why some aged people have already left Kuze-Mura. They chose to live with their children. Some decided to live in the facilities for aged people. There even appeared elderly persons who tried to commit suicide. Tab. 7 and Tab. 8 show the situation of in- and out-migrants aged 60 and over from 1996 to 2001. Both tables show persons aged 60+ who really out-migrated from or actually in-migrated to Kuze-Mura. According to Tab. 7, there were 15 out-migrants within those 6 years. 10 people left their home village because they needed to be cared by someone outside Kuze-Mura (No. 2, 4, 5, 6, 7, 8, 9, 13, 14, 15). 80% of them were females. 67% of all out-migrants lived alone before their out-migration. The age groups of out-migrants at the time of out-migration were as follows: 80 – 89 (46.7%), 70 – 79 (40.0 %), 60 – 69 (13.3%). Two thirds of all out-migrants lived alone before they left Kuze-Mura. 53% of all out-migrants started to live in composite families, and 47% began to live in care facilities. No one remained to live alone (in private household) after out-migration (Tab. 9-1, Tab. 9-2, Tab. 9-3, Tab. 9-4, Tab. 9-5, Tab. 9-6). According to Tab. 8, 3 out of 7 in-migrants have had the reasons related with „care“ of the elderly person (No. 1, 3, 4).

„To live and die in my own home“ is what almost all the elderly inhabitants of Kuze-Mura were hoping to achieve. To realise their dream, it was necessary to create a community care system, which could support the elderly people in their daily activities.

3.3 Foundation of Ibi Community Medical Center (ICMC)

Before 1997 there were only three doctors and five nurses in 4 villages (Kuze, Kasuga, Fujihashi, Sakauchi). These doctors usually left villages having worked there for two or three years. Inhabitants of these villages were willing to get doctors who would live in Kuze-Mura with them. So, in 1998, the Ibi Community Medical Center was founded in collaboration with 4 villages (Kuze, Kasuga, Fujihashi, Sakauchi). Today (2002), it employs 49 staff including 5 doctors, 10 nurses, 21 care workers and other supporting personnel. They are responsible for health care of inhabitants, especially for keeping activities of daily life of elderly people in 4 villages.

3.4 Activities of ICMC

ICMC consists of 3 sectors:

1. Clinic: 60 – 70 patients come to see the doctor daily.
2. Nursing Home: there are 50 beds for „long stay“ and 20 beds for „day-care“.
3. Home-Care Center: there were 55 users of its services in 2002. 17 elderly people from Kuze-Mura have used a home-visit service. Home-helpers and physical therapists often visit patients at home to help them in daily life in Kuze-Mura.

Table 7 Out-migrants (60+) in Kuze-Mura (1996 – 2001)

No	Year	Age	Sex	Reason of out-migration	Place of Destination	Household members at the time of out-migration	Household members before out-migration	Household members after out-migration
1	1996	76	F	Living condition	Ibi-Gun	Herself + son's wife + grandchild	Herself + son's wife + grandchild	Herself + son's wife + grandchild
2	1996	88	F	To be cared	Ibi-Gun	Single	Single	Single (in Elderly care facility)
3	1996	71	M	Living condition	Ibi-Gun	Himself + grandchildren	Himself + grandchildren	Himself wife son + grandchildren
4	1996	73	F	To be cared	Ibi-Gun	Single	Single	Single (in Elderly care facility)
5	1998	78	F	To prepare for future care	Ibi-Gun	Single	Single	Herself +son's family
6	1998	72	F	To prepare for future care	Ibi-Gun	Single	Single	Herself +son's family
7	1998	80	F	To be cared	Gifu-Ken	Single	Single	Single (in Elderly care facility)
8	1998	83	F	To be cared	Outside Gifu-Ken	Single	Single	Herself +son's family
9	1998	70	M	To be cared	Gifu-Ken	Single	Single	Single (in Elderly care facility)
10	1999	65	F	Living condition	Gifu-Ken	Herself + mother + daughter	Herself + mother + daughter	Herself + mother + daughter
11	1999	88	F	Living condition	Gifu-Ken	Herself + daughter + granddaughter	Herself + daughter + granddaughter	Herself + daughter + granddaughter
12	1999	82	F	Housing condition	Ibi-Gun	Herself + sister's family	Herself + sister's family	Herself + sister's family
13	2000	83	F	To be cared	Ibi-Gun	Single	Single	Single (in Elderly care facility)
14	2000	88	F	To be cared	Ibi-Gun	Single	Single	Single (in Elderly care facility)
15	2000	62	M	To be cared	Ibi-Gun	Single	Single	Single (in Elderly care facility)

Source : Research data (2002)

Table 8 In-migrants (60+) in Kuze-Mura (1996 – 2001)

No.	Year	Age	Sex	Reason of in-migration	Place of last previous residence	Household members at the time of in-migration	Household members before in-migration	Household members after in-migration
1	1998	84	F	to be cared in facility	Ibi-Gun	single	single(in Elderly care facility)	single(in Elderly care facility)
2	1998	81	F	housing	Ibi-Gun	herself + son's family	herself + son's family	herself + son's family
3	1999	89	F	to be cared by daughter	outside Gifu-Ken	single	single	herself + daughter's family
4	2000	67	F	to take care of mother	outside Gifu-Ken	single	single	herself + mother
5	2001	64	M	to live in his hometown after retirement	Ibi-Gun	single	single	single
6	2001	63	M	to live in his hometown after retirement	outside Gifu-Ken	married couple	married couple	married couple
7	2001	61	M	to live in his hometown after retirement	Gifu-Ken	married couple	married couple	married couple

Source: Research data (2002)

Table 9 Out-migrants from Kuze-Mura aged 60 and over (1996-2001)

By age	By sex
60 – 69	male 3
70 – 79	female 12
80 – 89	7
By reasons of out-migration	By place of destination
to be card (urgent +not so urgent)	Ibi-Kun 10
living condition	Gifu-Ken 4
housing condition	Outside Gifu-Ken 1
Household members before out-migration	
single (private household)	10
composite family	5

Source: Research data (2002)

3.5 Users of the Nursing Home

Care service in the Nursing Home is available for aged people requiring daily support. From April 2001 to May 2002 71 persons used services of the Nursing Home. 60% of them were females. As to the age, 24 (36%) were at the age of 80 – 89, 18 (28%) at the age of 90 – 99, 16 (25%) at the age of 70 – 79 and 6 (9%) at the age of 60 – 69. The eldest was a 100- year old person. 55 (78%) of all users stayed more than 3 months and 13 (18%) stayed less than 3 months. According to the place of the current residence 26(40%) of all users were from Kuze-Mura, 31 (48%) lived within Ibi-Gun, 11 (17%) lived within Gifu-Ken, 2 (3%) lived outside Gifu-Ken (Fig. 12 a – e).

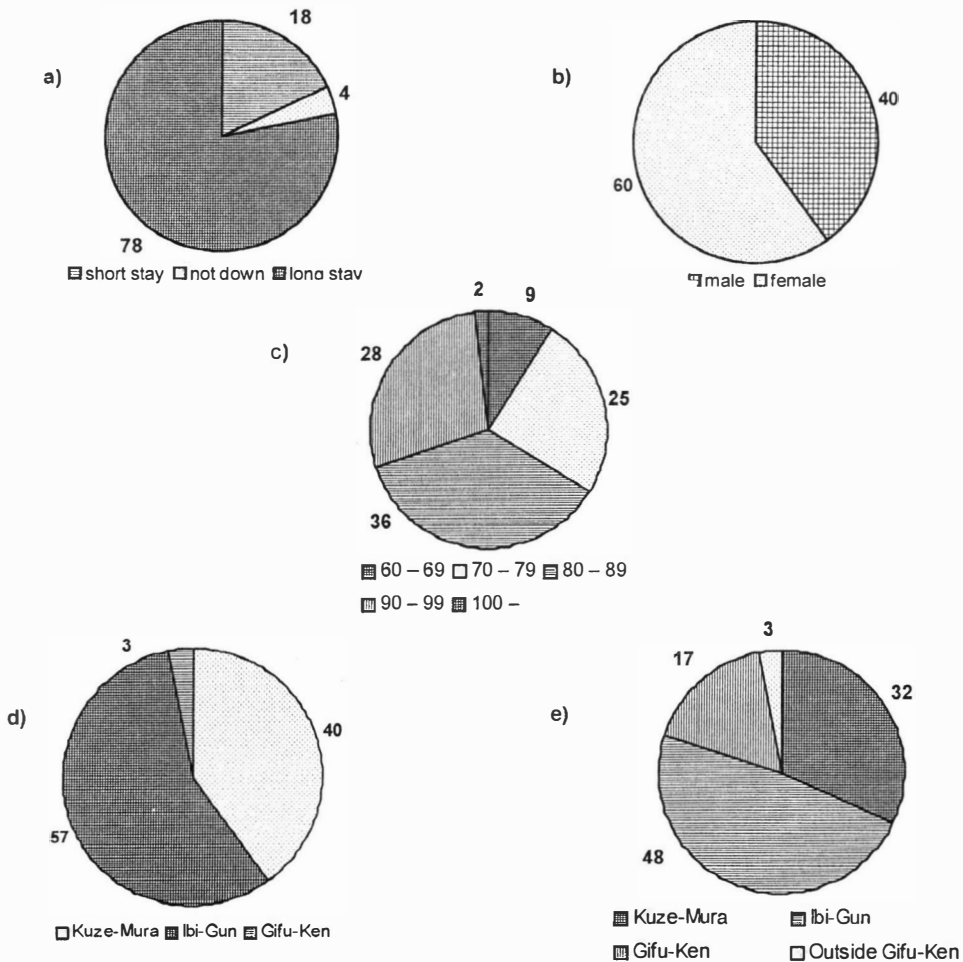


Figure 12 Users of the Nursing Home (Apr.2001– Mar.2002) a) by staying period, b) by sex, c) by age, d) by place of current residence, e) by place of current residence of user's family

Source: ICMC(Ibi Community Medical Center)

3.6 Users of the home-care services

The following services are included to home-care services: 1. the home-help service, 2. the home-visit nursing service, 3. therapy at home and 4. the home-visit nursing management and guidance. In 2002, 55 elderly inhabitants have used home-visit service in 4 villages. The number of users in Kuze-Mura was 17. 14 out of 17 users (82%) were females. As to the family situation, 7(41%) were single elderly people and 3 (18%) were elderly couples. They received home-visit services from helpers and nurses. They also used physical therapy and counselling at home. Due to these services they could survive and live normally in Kuze-Mura. Without these services what would happen to them? According to the medical assessment made by doctors, 6 out of 17 (35%) would not be able to live solely in Kuze-Mura. In 4 cases (24%) their family relations would be destroyed. We can conclude here, that home-visit services have enabled them to live in Kuze-Mura (Fig. 13 a – c).

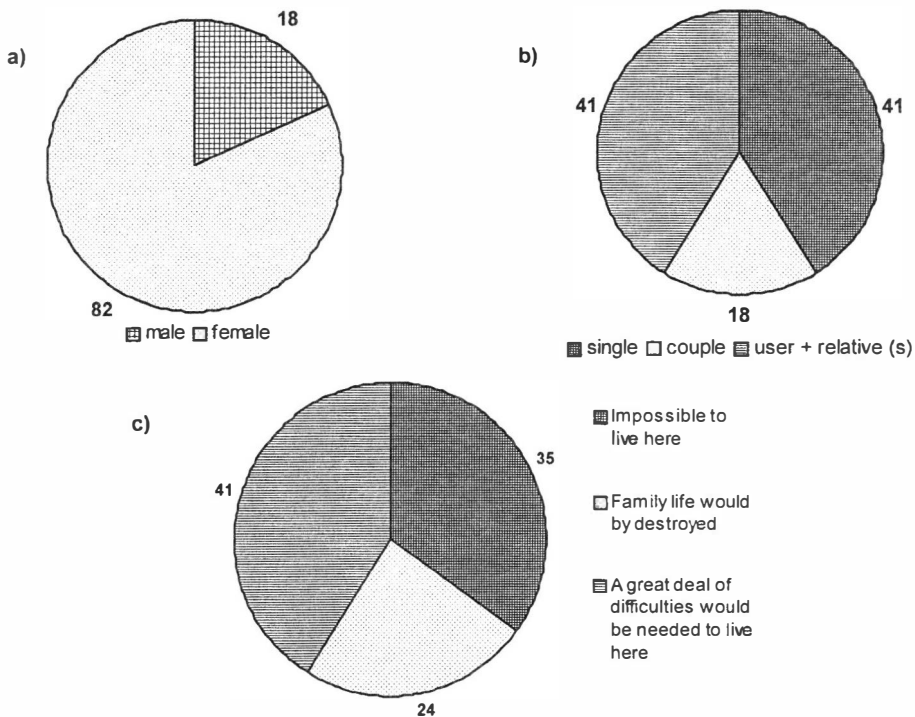


Figure 13 Users of home-visit service in Kuze-Mura (65+), July 2002 a) by sex, b) by household members, c) Without home-visit services, what would happen to users
Source: ICMC

3.7 ICMC staff

There is 49 staff in the ICMC. By profession it is as follows: 5 (10%) doctors, 10 (20%) nurses, 21(44%) care workers, 2 (4%) physical therapists (PT) and 7 (14%) office workers. 10 (20%) workers are males and 39 (80%) are females. The age structure of

workers is as follows: 20 – 29 (27%), 30 – 39 (29%), 40 – 49 (30%), 50 – 59 (10%), and 60 – 69 (4%). The workers' current places of residence are as follows: Kuze-Mura (53%), Ibi-Gun (33%) and Gifu-Ken (14%). ICMC provides not only medical service but also care services for the aged people in 4 villages. Its activities are indispensable for them.

According to the census, there were 504 employed workers in Kuze-Mura in 2000. ICMC personnel make almost 10% of all employed workers in Kuze-Mura (Fig. 14 a – d). ICMC provides the new working opportunities in a small and depopulated village.

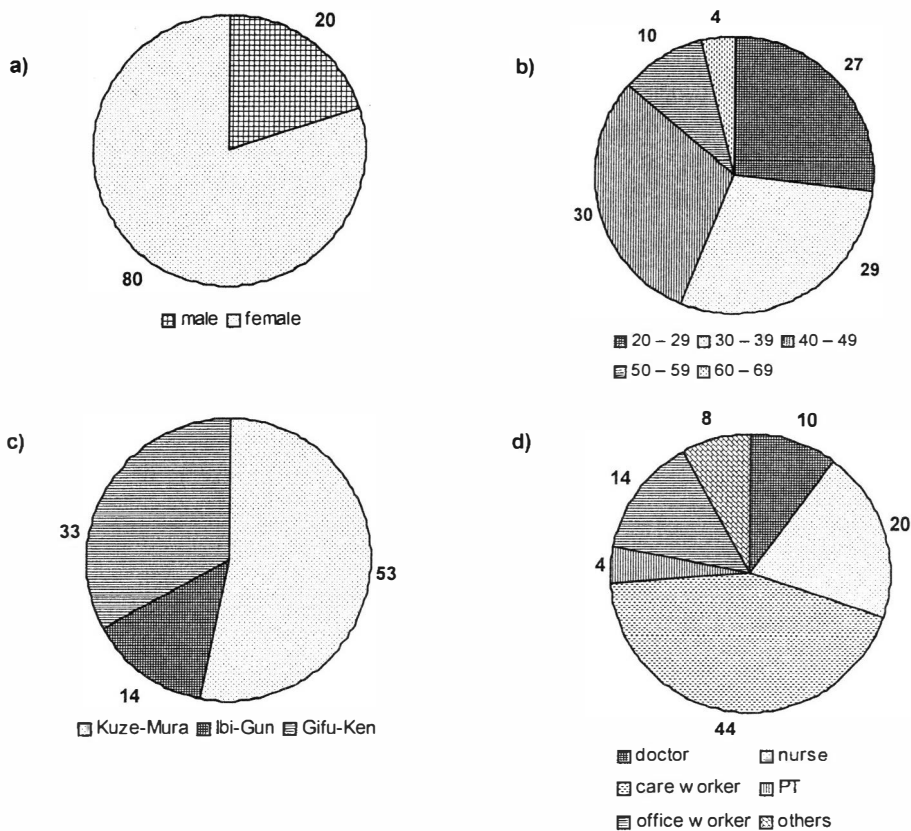


Figure 14 The ICMC staff (2002) – a) by sex, b) by age, c) by place of current residence, d) by profession

Source: ICMC

4. BEHAVIOUR AND RESPONSES OF THE ELDERLY SLOVAK PEOPLE SHOWN IN THE SURVEY CONDUCTED IN MAY 2002

„The Demographic Terrain Research in Some Selected Regions of Slovakia“ was carried out by Comenius University in 2 towns nearby Bratislava in May 2002. The number

of interviewed was 629. It included 102 persons aged 60 and over. Our findings that seem to be useful for understanding behavioural and response patterns of elderly Slovakian people may be expressed as follows:

1. They change their permanent residence quite seldom.
2. Most of them did not change their permanent residence in the last 10 years.
3. Most of them do not want to move far. They hope to stay in their hometown.
4. They have no plans to change their permanent residence in the nearest 3 years. According to the survey, 98 (96.1%) did not plan to change it.
5. „Family and social relations“ are the most important bonds connecting them with the municipality.
6. They consider that „health care“ is one of the most serious problems. 32 (31.4%) of the respondents have answered so, while younger people think that „unemployment“ is the most serious problem. For the elderly Slovakian people, the health care is the most serious problem to be resolved in order to achieve the better quality of life.
7. They want to live in their own houses after retirement. 56(54.9%) want to live with the family (with children and grandchildren), 43(42.2%) in another flat or household. Very few (2.9%) prefer to live in the aged people’s home. It seems that the elderly Slovaks will need various home-visit or home-care services to support their life.

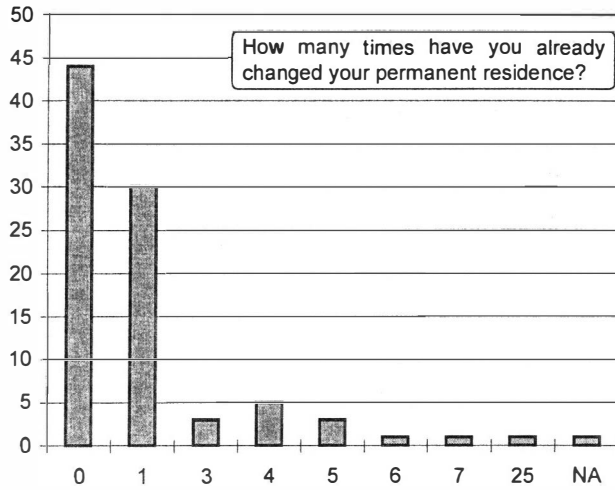
Many Japanese people are anxious about the nursing care that should be provided for them. According to the White Paper on Health, Labour and Welfare (2001) almost half (48.3%) of Japanese population (aged 60 and over) worries about this problem. Japanese people also prefer to live in their own houses after retirement, not in the elderly facility. It may be definitely concluded the elderly people in Slovakia and Japan will need community care service system (Fig. 15 a – e).

5. CONCLUSION

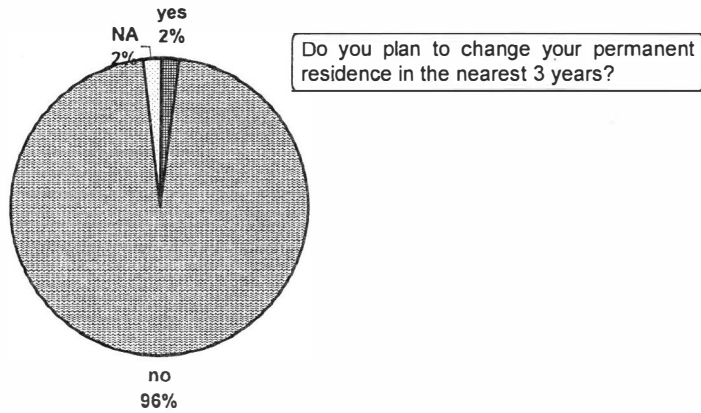
Ageing has been accelerated by the decline of the total fertility rate in Japan and the problem of care of elderly people has become a serious social issue. It is not a private problem but a social problem. In Slovakia the total fertility rate is also sharply declining, the problems of care of elderly people will grow to a sensitive social issue soon. As it was shown by the research questionnaire held by Comenius University in 2002, many elderly people in Slovakia want to live in their native towns and in their own houses. At the same time, they perceive the „health care“ as the most sensitive problem.

In many cases, the nursing care of elderly people by family members is not sufficient. Family members who are in charge of care often encounter physical, mental and economic problems. In case of elderly single household the problem is acute. They need help. In other words, in order to ease and complete the care work of the family, the community care service system for the aged people could be very helpful and in many cases indispensable. The community care system is a care service network for the elderly people, established for supporting them in their daily life. It comprises various services such as the medical service, welfare service, and voluntary community services. In the process of formation of the

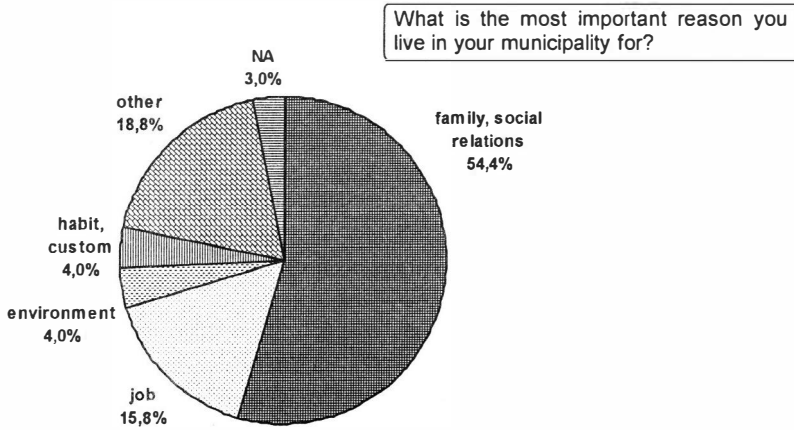
a)



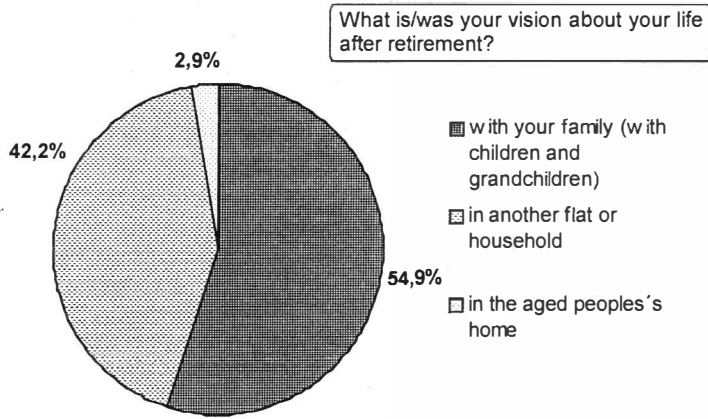
b)



c)



d)



e)

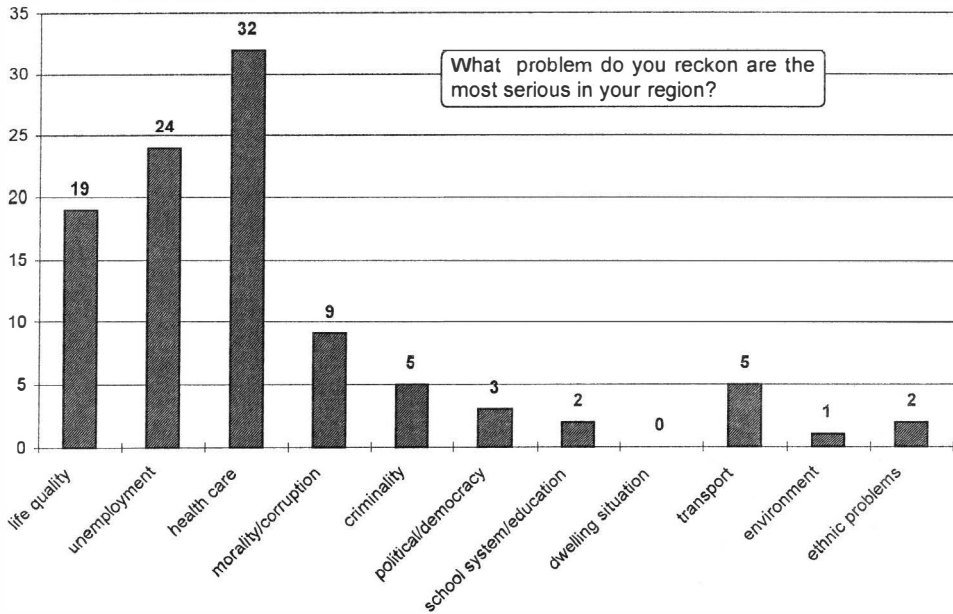


Figure 15 Behaviour and responses of the Slovak aged people (60+) shown in the survey conducted in May 2002

community care system, new working opportunities will be created. In Kuze-Mura, for example, 49 people found their new workplace in the medical centre. In an aged or ageing society the medical and the welfare facilities for elderly people, like the ICMC, will play an important role not only for the elderly people, but also for all community members as well. These facilities and community care system not only provide medical and welfare services to the elderly people but also give working opportunities to the younger generation in community. In a word, people can live there.

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Resume

Starnutie a problém starostlivosti o starých ľuďoch na Slovensku a Japonsku

Podiel obyvateľstva vo vekovej kategórii 55+ (ženy) – 60+ (muži) je v Japonsku 27,1%; na Slovensku 18%. Vo vekovej kategórii 65+ je to 17,4%; resp. 11,5%. V populáciách, kde podiel vekovej skupiny 65+ presahuje 10%, starostlivosť o staré obyvateľstvo začína byť významným sociálnym problémom.

Podľa výsledkov výskumu Prírodovedeckej fakulty Univerzity Komenského z mája 2002 problém starostlivosti o poproduktívne obyvateľstvo považujú osoby staršie ako 60 rokov za spoločensky najväčší. Vo vidieckej obci Kuze Mura (prefektúra Gifu), ktorá má 1511 obyvateľov tvorí populácia 65+ až 37,4%; kde sa snažia riešiť jestvujúci problém prevádzkovaním Komunitného zdravotníckeho centra Ibi. Toto zariadenie má výrazný vplyv na fungovanie celej obce. Na jednej strane pomáha riešiť situáciu obyvateľstva v poproduktívnom veku, na strane druhej ponúka pracovné príležitosti pre obyvateľstvo v produktívnom veku (pracuje v ňom 49 zamestnancov) a zariadenie do značnej miery ovplyvňuje taktiež migračné procesy v obci.

Prof. Tsukiko Kobayashi
Faculty of Education Gifu University Yanagido, 1-1 Gifu-shi, Japan
e-mail: tsukiko@cc.gifu-u.ac.jp

スロバキアと日本における高齢化と高齢者介護の問題

小林 月子

スロバキアと日本では、老年人口をはかる基準が異なっている。スロバキアでは、男性 60 才以上、女性 55 才以上であるのに対して、日本は男女ともに 65 歳以上である。スロバキアの基準で 2000 年のスロバキアと日本の老年人口割合をみると、それぞれ 18.1%、27.1%である。日本の基準では、それぞれ 11.5%、17.4%となる。日本の基準で老年人口割合が 10%を超えると、介護問題が社会問題化しはじめるといわれている。スロバキアはちよどこの段階にさしかかっていると考えられる。今後、少子化とあいまって高齢化が進行し、介護問題がより深刻になっていくと考えられる。2002 年 5 月にコメニウス大学人口地理学教室が行った調査によっても、60 才以上のスロバキア人の最大の関心が「健康・介護」問題にあると判明している。一方、岐阜県久瀬村では 2000 年において、人口 1,511 人、老年人口割合は 37.4%であった。この村は、深刻な介護問題を抱えてきたが、1998 年に地域医療センターを発足させることによって、介護問題の解決をはかろうとしている。2000 年 10 月現在このセンターには、49 人の医療・介護スタッフがあり、地域医療・地域介護にとりくんでいる。その結果、介護を求めての高齢者の離村にも歯止めがかかった。さらに、この地域医療センターは、久瀬村の総雇用労働者のおよそ 1 割を占める重要な雇用機会を提供している。その意味で、この地域医療センターは要介護状態の高齢者にとってのみならず、この地域で定住・生活しようとする住民すべにとって、極めて重要な役割を果たしているといえるだろう。