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Comparative Analysis of Population Aging and Socio-economic Implications in Thailand and Japan

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Abstract

Thailand and Japan are notable examples of rapidly aging societies in Asia, each experiencing its demographic shift under different population structures and socio-economic scenarios. The aging process in these two countries highlights various socio-economic strengths and challenges. This paper examines the extent of the aging process and its socio-economic implications in Thailand and Japan from a comparative perspective, considering their distinct demographic and socio-economic conditions. The data for this analysis are sourced from secondary sources in both countries. Various indices of aging and descriptive statistics are employed for data analysis. The growth of the aging population in both countries is rapid, although the pace and timing of this growth differ due to the dynamic and variable nature of the transition. In both Thailand and Japan, the elderly face several challenges in managing their economic resources and often rely on familial, social, or state support. Socio-economic policies are crucial for addressing these challenges. Policy considerations must focus on improving the quality of life for the elderly, aiming to make them a more productive and healthier group. This requires the assistance and cooperation of private entities, non-governmental organizations, and society at large.

Keywords

Comparative Analysis, Population Aging, Socio-economic Implications, Thailand, Japan

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Introduction

The aging population is a significant demographic trend affecting many countries worldwide. The proportion of older individuals is increasing rapidly, and is estimated to reach 2.1 billion by 2050 (WHO, 2022). In Japan, a high-income country, 44 million (35% of the population) is already 60 years old and over. It is estimated that by 2030, Japan's workforce will decrease by 8 million, indicating a potential major labor shortage (Jones & Seitani, 2019). In Thailand, 13 million people were aged 60 and above in 2021, making up 20% of its population (ERIA, 2021). Japan became a "super-aged society" in 2006, and Thailand is projected to be in the same category by 2030. A "super-aged society" is defined as one where more than 20% of the population is aged 65 years or older (Kim & Kim, 2012). Japan is expected to remain the world's most aged society (Norman, 2020). This shift towards an ageing population presents significant challenges for traditional family support systems, communities, and government healthcare and welfare services (Naja et al., 2017).

Japan has been dealing with these issues for a longer period, while Thailand is just beginning to face the realities of an ageing society. Although Japan has addressed many ageing-related challenges over the years, countries like Thailand can learn from Japan's experience. This is especially important for Thailand because the country has fewer resources to tackle these challenges. Thailand's GDP per capita has been lower than the global average at every stage of ageing, while other countries in East Asia and the Pacific have had GDPs per capita twice that of Thailand (Moroz, 2021). Societal ageing impacts economic growth, work and retirement patterns, workforce supply, and the ability of governments and communities to provide adequate social welfare and medical resources for older persons. Since 2010, Japan has lost almost seven million of its working-age population due to ageing. The declining birth rate and ageing population were seen as the root causes of slow economic growth, prompting the Japanese government to promote elderly employment (Edmond & North, 2023). In Thailand, the rapidly ageing population suggests a smaller future workforce, with the working-age share projected to decline from 71% of the total in 2020 to 56% in 2060 (Moroz et. al., 2021). This reduction in the labor force could hinder Thailand's economic prospects, already exacerbated by the recent Covid crisis.

Another pressing challenge is providing appropriate medical and welfare care for the elderly, including the necessary human resources for long-term caregiving and funding for such care. As countries transition to super-aged societies, increased government healthcare and long-term caregiving expenditures, along with shortages in care facilities and caregivers, are expected. Transforming healthcare delivery systems

has become essential. Japan, for example, has introduced a community-based integrated care system that relies less on hospitals and highly specialized professionals (Song & Tang, 2019). Thailand and other low- and middle-income countries could benefit from understanding Japan's health reform policies to inform their own policy decisions and develop long-term strategies.

The issue of an ageing population extends beyond economic and healthcare concerns to include the education of the elderly for skills enhancement, employability, and personal development. Lifelong learning activities for the elderly address their social and economic needs, integrating them into their communities and enabling them to continue contributing to human capital (Merriam & Kee, 2014). Japan and Thailand have different perspectives and policies on lifelong learning for the elderly. Lifelong learning is crucial for promoting well-being and quality of life for older adults after they leave the labor market (Narushima et al., 2018). Ageing populations are a global issue, with an increasing number of countries experiencing this demographic shift. This paper explores the socio-economic implications of aging populations in these two countries.

Demographic Trend and Projections

Fertility, Mortality and Migration

In general, while fertility, mortality, and migration all affect the aging process, the reduction in fertility plays a more significant role in decreasing the younger population and gradually increasing the older population (Reynaud & Miccoli, 2019; Sudharsanan & Bloom, 2018). The reduction in mortality, particularly infant mortality, and the corresponding increase in life expectancy extend the life span of the elderly. These facts clearly illustrate the fertility and mortality transitions in both Thailand and Japan.

Fertility

Thailand is one of the few Asian countries that has achieved a steady and sustained decline in fertility during the last five decades. The average crude birth rate and the total fertility rate (TFR) in Thailand have consistently decreased since the 1950s, even before the establishment of formal family planning services (Fazecas, 2004; May, 2012; Norling, 2016). At the beginning of the 1970s, only 22 nations had achieved low fertility, defined as having a TFR below the replacement level of 2.1 births per woman, the number needed over the long run to guarantee generational replacement in populations with low mortality. By 2013, the number of nations with fertility rates below replacement level had nearly tripled to 83 (UN, 2017).

Japan has achieved a more significant reduction in fertility, in terms of both crude birth rate and TFR, than Thailand over the last five decades. Japan's fertility rate decreased by more than 63%, from 29 births per 1,000 people (a TFR of 4.1) in 1945 to 10 births per 1,000 people (a TFR of 1.5) in 1990. Notably, Japan's TFR dropped below the replacement level in 1956 and has remained below the threshold continuously since 1974, currently standing at a much lower level of 1.3. Since 2020, Japan and Thailand have had nearly identical fertility rates, and projections for 2030 and 2050 indicate that both countries' fertility rates are expected to converge (Table 1).

The determinants and timing of these achievements differ between the two countries. In Thailand, the TFR dropped below the replacement level despite noticeable economic growth. This decline was driven by changes in the female age composition, shifts in the proportion of married individuals, changing marital fertility rates, and the wide spread of both traditional and modern contraceptive methods (UNFPA, 2011).

Since the 1960s, Japan's fertility decline has been driven by a reduction in marital fertility, an increase in the age at marriage, a decline in the proportion of married individuals, and the adoption of new contraceptive methods and abortion (Ogawa & Retherford, 1993, 1993; Retherford et al., 1996). The initial reduction in fertility in Japan was also distinct from Thailand, as it heavily relied on fertility control methods, particularly induced abortion (Atoh et al., 2004; Caldwell & Caldwell, 1997; UNFPA, 2011)

Table 1 Fertility rate and Life expectancy, Japan and Thailand 1950-2050

	Japan		Thailand	
	Fertility Rate	Life Expectancy	Fertility Rate	Life Expectancy
1950	3.6	59.3	6.4	45.2
1960	2.0	67.7	6.3	50.6
1970	2.0	72.0	5.5	56.5
1980	1.7	76.1	3.3	62.2
1990	1.5	79.0	2.1	68.9
2000	1.3	81.2	1.7	71.2
2010	1.4	82.9	1.6	75.0
2020	1.3	84.7	1.3	77.3
2030	1.3	85.7	1.2	77.9
2040	1.3	87.1	1.3	79.9
2050	1.3	88.4	1.3	81.7

Source: United Nations, Department of Economic and Social Affairs, Population Division. (2024).

Mortality

In Thailand, the mortality transition preceded the fertility transition, with crude death rate decreasing substantially from 17 in 1950 to 6 in 2000, leading to an increase in life expectancy from 50 years in 1946 to 71 years in 2000.

Japan has undergone a significant mortality transition. In 1950, Japan's crude death rate was approximately 17, it steadily declined to around 8 by 2000. Similarly, life expectancy saw a remarkable increase—from around 59 years in 1950 to over 81 years by 2000.

Unlike in Japan, Thailand achieved its mortality transition despite having a low per capita income. The decline in mortality in Thailand was primarily due to malaria eradication and public health improvements during the initial period, followed by mass education and enhancements in sanitation, as well as environmental and health conditions (Johansson & Mosk, 1987; WHO, 2020). In contrast, Japan's mortality transition occurred much earlier and was closely linked to rapid industrialization, urbanization, and economic growth.

The above facts reveal that both Thailand and Japan have undergone significant reduction in fertility and mortality, although the levels, trends, timing, and determinants differ between both countries. These changes occurred under different socio-economic conditions, however, have resulted in a rapid aging process. In Thailand, the dramatic decline in fertility has undoubtedly triggered the onset of the aging process, with the acceleration of the elderly population in the coming decades expected to be driven by further reduction in fertility (Knodel et al., 1988).

In Japan, the rapid aging observed from 1950 to 1985 was largely driven by fertility decline rather than mortality. However, during certain periods, such as 1970-1985, the impact of mortality, particularly through increased life expectancy, became more pronounced than that of fertility (Cheung & Robine, 2007).

The decline in mortality and the rise in life expectancy in both countries have significantly enhanced the survival rates of both the "young aged" (65-74) and "old aged" (75+) populations in recent and future decades. Japan's trend during the past three decades is particularly notable due to its higher longevity compared to Thailand. Consequently, by 2030, the proportion of Japan's population aged 75 and over is projected to reach 19.5%, while Thailand's will be 9.1% (Figure 1).

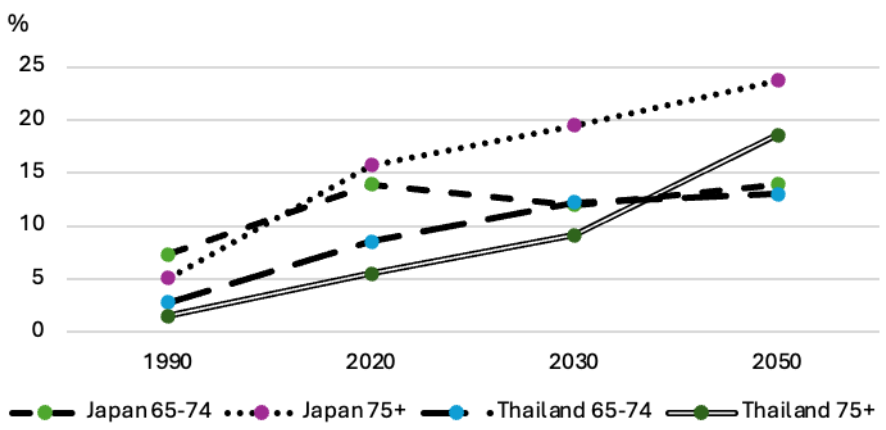


Figure 1 Trends in the proportion of the young aged (65-74) and old aged (75+), 1990-2050
Source: Kinsella, K., & He, W. (2009).

Migration

Although migration has a relatively small impact on the aging process in Japan, there has been an increasing trend of migration to the country. As of June 2022, Japan hosted three million foreign residents, a 7% increase over 2021, representing 1.6% of Japan's population. These foreigners include Chinese (24%), Vietnamese (16%), Koreans (14%), Filipinos (10%), Brazilians (7%), and others. In Thailand, recent trends in international migration have contributed to the aging process to some extent (Martin, 1988; Menon & Melendez, 2009). The significant out-migration of working-age individuals to Middle Eastern countries has led to a decline in the younger population, resulting in a slight increase in the proportion of older people at the top of the age structure, indicating the aging process (Park et al., 2012).

Current population and future projections

As a result of the dramatic decline in fertility and mortality, along with significant gains in longevity since World War II, Thailand and Japan have experienced a continuous process of population aging. Notably, Japan completed its demographic transition earliest, driven by a remarkable decrease in mortality and fertility over the past five decades. Consequently, Thailand has seen an increasing trend in the population aged 60 and over since the 1960s, and aged 65 and over since the 1980s, while Japan has experienced this trend for both age groups since the 1950s.

Due to the completion of the demographic transition in Japan, there is a "bulge" in the population aged over 65, accounting for 17% of the total population in 2000. As a

result of declining mortality and fertility over the past decades, Thailand also had the highest share of older people aged 65 and over (6.3%) in South-Central Asia in 2000, followed by India (5.2%). By 2030, Thailand is expected to have 21% of its population aged 65 and over, while Japan is projected to have one of the world's oldest populations, with 31% of its population aged 65 and over - nearly one in three people (Table 2).

Thailand and Japan have demonstrated a rapidly increasing trend of aging, particularly over the last five decades and continuing into the future. However, the timing and pace of these aging trends vary between the two countries due to differences in the dynamics and variability of their demographic transitions. As shown in Table 2, Thailand's population growth rate by 2050 (-0.25%) is projected to exceed that of Japan (-0.61%). Nevertheless, the total percentage of the population aged 60 and over will be higher in Japan (43%) compared to Thailand (36%) by 2050. Similarly, the proportion of the population aged 65 and over is steadily increasing in both countries, with Japan expected to have 37% of its population aged 65 and over, while Thailand will have 30% by 2050 (Table 2).

In comparison to Thailand, Japan took only 32 years to double the proportion of the elderly aged 65 and over, from 4.9% in 1950 to 9.8% in 1982, due to its earlier demographic transition. In contrast, Thailand, which began its transition later, took about 52 years to double the population from 3.5% in 1950 to 7.0% in 2002. However, estimates suggest that the second doubling of the eldering population in Thailand will take place sooner, taking 23 years, reflecting a more rapid pace of aging since 2000. Notably, when considering the entire period from 1980 to 2030, both countries are projected to experience more than a tripling of their elderly population. As aging trends continue, the median age highlights that by 2030, Japan will have an older population (median age 52) compared to Thailand (median age 43).

Table 2 Proportion of population aged over 60 and 65 years, Japan and Thailand 1950-2050

	Japan					Thailand				
Year	Total Population	Elderly aged 60 and over	%	Elderly aged 65 and over	%	Total Population	Elderly aged 60 and over	%	Elderly aged 65 and over	%
1950	86,443	6,617	8	4,234	5	20,428	1,022	5	655	3
1960	96,400	8,586	9	5,536	6	26,852	1,247	5	756	3
1970	106,712	11,410	11	7,537	7	35,954	1,671	5	1,041	3
1980	118,359	15,194	13	10,734	9	45,650	2,298	5	1,500	3
1990	123,400	21,757	18	15,004	12	54,738	3,429	6	2,161	4
2000	127,028	30,017	24	22,156	17	63,008	5,924	9	3,855	6
2010	128,185	40,028	31	29,608	23	68,579	8,645	13	5,882	9
2020	126,305	44,038	35	36,525	29	71,641	13,509	19	9,240	13
2030	119,584	45,590	38	37,234	31	71,215	18,883	27	13,826	19
2040	112,158	47,778	43	39,648	35	69,535	22,541	32	17,782	26
2050	105,123	45,514	43	39,402	37	66,383	23,977	36	19,632	30

Source: United Nations, Department of Economic and Social Affairs, Population Division. (2024).

Annual Population Growth Rate

In Japan, population growth has been negative since 2010, while in Thailand, it is projected to turn negative by 2030 (Figure 2). Due to declining birth rates, both countries are expected to see a continuous increase in their older populations. Notably, the average annual growth rate of the elderly population aged 65 and over in Thailand was 3.6%, similar to Japan's 3.4% during 1960-1990. However, Thailand's growth rate accelerated to 5.0% during 1990-2020 and is expected to remain at 2.8% from 2020 to 2050. In contrast, Japan's growth rate was 3.0% during 1990-2020 and is projected to slow to just 0.2% during 2020-2050.

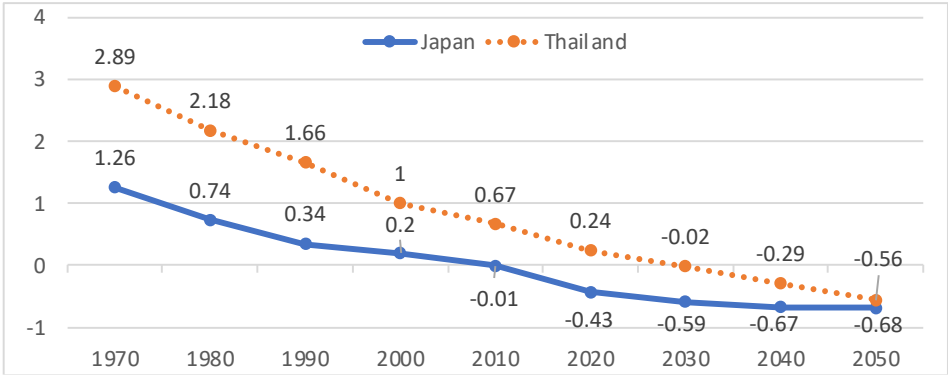


Figure 2 Annual population growth rate of Japan and Thailand

Source: United Nations (2024).

Aged Dependencies

The increasing trend in the aged dependency ratio reflects both the economic situation of the elderly as well as the burden on the working-age population due to the aging process. As seen in Figure 2, the aged dependency ratio, defined as the number of people aged 65 and over per every 100 persons aged 15-64, is increasing continuously in both countries. However, the rate of increase in Japan is higher than in Thailand due to a greater number of elderly individuals at the top of the age structure. In Japan, for every 100 persons aged 15-64, there were eight elderly individuals in 1950, rising to 25 in 2000. This figure is estimated to exceed 50 by 2023. This means that while four workers supported one elderly person in 2000, nearly two workers will have to support one elderly person by 2023. In Thailand, the aged dependency ratio is also increasing, although not as dramatically as in Japan at present.

In Thailand, the aged dependency ratio increased from six in 1950 to nine in 2000, and further to 21% in 2023 (Figure 3). This means that in 2000, every 10 workers supported one elderly person, and by 2023, every 5 workers had to support one. This ratio would be even higher if only the economically active population aged 15-64 were considered. This conventional aged dependency ratio illustrates how aging can become a burden on the working-age population, especially in Thailand, where the majority of those aged 15-64 have low per capita incomes (Thailand's general per capita income was $7,172 in 2023, compared to $33,834 in Japan). It is noticeable that the total dependency ratio [(0-14 & 65+) / 15-64] will decrease in the next few decades in Thailand due to a relative decline in child dependency, UN in Japan the total dependency

ratio has been increasing since 2000 due to a relatively higher proportion of elderly people.

To address the country's declining TFR, the Thai government began promoting maternal and child healthcare in 2017, offering benefits such as parental leave, tax incentives, and cash transfers (Muthuta, 2021).

In Japan, the government has been implementing measures to increase the TFR since the 1990s to counter the long-term trend of an aging population. However, as statistics show, these efforts have not succeeded in reversing the TFR's decline, especially during the so-called "lost three decades" of economic stagnation. Despite this, the government continues to expand access to affordable childcare, increase parental leave benefits, and encourage flexible work arrangements to help parents balance work and family life (Hayashi, 2021).

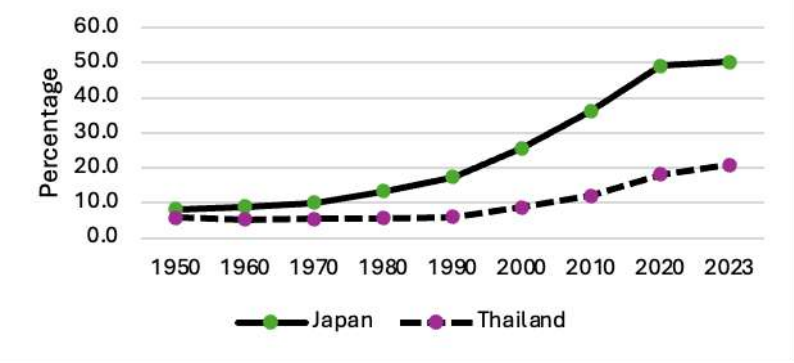


Figure 3 Dependency ratio of those aged 65 and over

Source: United Nations (2024).

Socio-Economic Implications

Population aging in any country requires special attention and care for the elderly, including their needs for social and economic security, medical treatment, and health services, which must be provided either by families or at the state level. These challenges become more pressing when the aging population increases under poor socio-economic conditions. The following section explores this paradigm within the socio-economic contexts of Thailand and Japan. While many implications of aging are complex and intertwined, the social and economic aspects will be considered separately for clarity.

Social Implication

Population aging, a natural outcome of the demographic transition from high to low fertility and mortality, creates several social repercussions and impacts the family system. This raises the question: Are elderly parents viewed as a burden on their children under different socio-economic conditions in Thailand and Japan?

Thai society faces grave social problems associated with the elderly, such as the need to provide better care and adequate nutrition, and to ensure security, self-fulfillment, and dignified living, especially under conditions of low per capita income, rising living costs, and changing societal needs.

The majority of elderly parents in Thailand depend on their adult children, since most of them have not been employed in the organized sector and do not benefit from social security schemes such as pensions, the Employees Provident Fund (EPF), or the Employees Trust Fund (ETF) to cover their medical or living expenses. As a result, most elderly individuals expect co-residential living arrangements with their children, who remain their primary source of support and care. Religions such as Buddhism and Christianity play a leading role in perpetuating this cultural value system of caring for the elderly (Sangma & Bharani, 2024).

More than 80% of elderly people in Thailand live with their children, and two-thirds live in households with at least four people (UN, 2022). Moreover, the elderly mostly live with either the eldest or the youngest adult child, regardless of gender preference, and a few live with their grandchildren (Bongaarts & Zimmer, 2002).

Nevertheless, this traditional system is in transition, although co-residence continues when the elderly both receive and provide support to the family, either financially or by caring for grandchildren (Bohman et al., 2008; Huang et al., 2022).

Table 3 Living arrangement of the older population aged 65 years and over

Japan					Thailand				
Year	Living alone	Couple only	Couple with children	Others	Year	Living alone	Couple only	Couple with children	Others
1970	5.0	12.0	80.0	3.0	**1970**	4.3	6.4	59.23	30.12
1980	8.0	18.0	70.0	4.0	**1980**	4.9	6.6	74.77	13.69
1990	11.0	24.0	61.0	4.0	**1990**	4.6	8	75.75	11.61
2000	14.0	31.0	51.0	5.0	**2000**	6.4	12.3	69.79	11.5
2005	15.0	33.0	47.0	5.0	**2005**	7.69	13.75	62.87	15.69
2010	16.0	34.0	44.0	6.0	**2012**	9.65	16.44	57.68	16.23
2021	19.4	39.9	36.2	4.4	**2015**	10.3	17.1	56.92	15.68
					2019	12.54	21.5	51.57	14.39

Source: Statistics Bureau of Japan (2011); United Nations (2022).

The traditional support base for the elderly diminishes gradually as the traditional joint/extended family structure breaks down into nuclear units, due to societal transformation and the economic engagement of both children and their spouses.

This situation is now evident more in urban areas than in rural regions in Thailand, as reflected in the increasing demand as well as long waiting-list of persons requesting admission for elderly homes (Vongmongkol et al., 2021). However, the breakdown of familial support for the elderly in rural Thailand is also occurring because young people have changed their lifestyle and economic activities from agriculture to other sectors. The greater mobility of educated young people from rural to urban areas, driven by their aspirations, unwillingness to engage in traditional farming, and lack of diverse occupational opportunities in rural areas, has led to decay of family support and co-residence. This situation is likely to become more pronounced in the future due to the rapid increase in the aging population as well as the lengthening life span of the elderly. The most significant impact may be seen among widowed older women, as their life expectancy tends to be longer than that of men.

In addition, as fertility declines dramatically below the replacement level despite growth in per capita income, familial care and support for the elderly, especially in Thailand, will face significant challenges in the coming decades. The smaller number of children in the family will erode the extended/joint family system, thereby diminishing the emotional and socio-economic care traditionally provided. As a result, the responsibility for aged care and security is gradually shifting from families to the state level (Braithwaite et al., 2007).

Table 4 Further breakdown of the living arrangements of the population aged 65 and over

Thailand							
Year	Living alone	Couple only	Couple with children	Single parent with children	Extended family	Non relatives	Unknown
1970	4.3	6.4	8.7	3.3	71.3	6.1	0.0
1980	4.9	6.6	9.9	4.2	68.5	5.9	0.0
1990	4.6	8.0	12.4	5.5	65.9	3.6	0.0
2000	6.4	12.3	11.3	6.3	61.6	2.1	0.0
2005	7.7	13.8	8.6	4.4	64.3	1.2	0.1
2010	9.7	16.4	7.9	4.8	60.3	0.8	0.2
2015	10.3	17.1	8.8	6.2	56.0	1.6	0.0
2019	12.5	21.5	9.1	5.7	50.5	0.9	0.0

Source: United Nations (2025).

In the case of Japan, many elements of traditional family life still prevail. Nevertheless, due to decreasing family size and increased migration of youth to urban areas, as a result of higher urbanization, industrialization, and modernization, co-residence with children in Japan has been diminishing (Coulmas, 2007; Retherford et al., 1996; Spijker & Esteve, 2011). As seen in Table 3, the percentage of elderly individuals living with children decreased from 80% in 1970 to 36% in 2021, while the percentage of elderly living alone increased from 5% in 1970 to 19% in 2021. To address the significant decline in co-residence with children and the lack of familial support for the elderly, Japan introduced the Long-Term Care Insurance (LTCI) system in 2000. Under this system, older people are entitled to various benefits, such as home welfare services (e.g., home help and home-visiting nursing care), daycare services, short stay services, certain medical services at health care facilities, and facility services at special nursing homes (Matsuda & Yamamoto, 2001). The LTCI system was designed to alleviate the burden on families by shifting the responsibility of care from primarily being a private family matter to a public, social insurance-based system.

Indeed, during the transition to the LTCI system, Japan's socio-economic conditions and extensive communication network, particularly the telephone system, enabled young adults to ensure the security of their parents, even when living apart from traditional family patterns. This allowed them to maintain customary living arrangements (Hiroshima, 1987; Elliott and Campbell, 1993). While many older people in Japan are productive and healthy, with Japan ranked number one in "healthy life expectancy" by the WHO, they ultimately require long-term care as their health conditions deteriorate and their level of disability increases.

As shown by micro-level studies in both countries, the aged population is not merely a liability or burden to their children or families; rather, they are a valuable asset to both families and society (Moen & Firebaugh, 1994; Phillips, 2000). There is a consensus that older adults, particularly the younger seniors, tend to share knowledge passed down from previous generations, provide monetary support when economic conditions allow, care for grandchildren at the family level, and participate in social development programs at the community level.

Economic Implications

Population aging has multidimensional economic implications that affect all sectors of the economy, as well as both the community and national levels. However, this discussion will focus on a few key areas of concern for society and the state, such as

income support and employment, social security and insurance benefits, and the expenditures on social services.

Income Support

As life expectancy increases, older adults need a stable income for a longer period after retirement. A comparison of the primary sources of income for older adults in Japan and Thailand highlights distinct patterns shaped by each country's social security system, cultural norms, and economic structure. In Japan, seniors primarily rely on a well-established public pension system, supplemented by continued employment and income from assets such as property. In contrast, Thai seniors depend more on ongoing employment, family support, and government subsidies, with government pensions providing only minimal assistance.

Although Japan has additional social security mechanisms beyond pensions such as welfare benefits, reliance on direct government income support remains low, with only 0.8% of elderly individuals' income sourced from these benefits. In Thailand, however, a significant proportion of seniors receive government subsidies, primarily through the Old-Age Allowance, which accounts for 19.2% of their total income. This reliance on government support reflects the limited role of both public and private pension schemes and lack of savings of the elderly, underscoring the need for stronger retirement security measures (Table 5).

Table 5 Composition of elderly's sources of income

Japan (Elderly aged 65 and over)	(%)	Thailand (Elderly aged 60 and over)	(%)
Earnings from Employment	26.1	Earnings from Employment	32.4
Public pension	62.9	Transfer from children	32.2
Property income	4.6	Government subsidy	19.2
Social security excluding pension	0.8	Public and Corporate Pension	7.5
Others (transfer from relatives, corporate pension, personal pension, and other)	5.6	Transfer from spouse	4.5
		Savings	1.5
		Other	2.7
	100		100

Sources: Ministry of Health, Labor and Welfare of Japan (2024); Ministry of Social Development and Human Security of Thailand (2024).

Health and Long-Term Care support

Of the multiplicity of issues associated with an aging population, the most serious one is the provision of health care for the elderly. In general, older people need more health care and treatment than younger people, and the pattern and causes of

illness itself differ from younger people (e.g., Dementia and Alzheimer's disease). In old age, there is generally a greater prevalence of disablement, chronic conditions (e.g., heart disease, stroke, lung and liver diseases, cancer, asthma, and rheumatism), and degenerative diseases. These diseases create a demand for intensive diagnostic tests, prolonged hospitalization, and improved treatment, as well as rehabilitation, all of which involve substantial expenses. Moreover, at the oldest ages, a considerable proportion of individuals are bedridden or wheelchair-bound due to frailty or disability. Thus, public medical and health services should be available to the elderly to service both preventive and curative purposes.

Thailand has successfully achieved universal health coverage (UHC) through the integration of three key healthcare programs: the Civil Servant Medical Benefit Scheme (CSMBS), the Social Security Scheme (SSS), and the 30 Baht Universal Coverage Scheme (UCS) (Damrongplasit & Melnick, 2024). The CSMBS, established in 1980 under a Royal Decree, consolidated health insurance provisions for government employees and their dependents, ensuring comprehensive medical benefits. The SSS, introduced in 1990, provides financial security for formal-sector private employees, covering a range of benefits, including medical care, maternity, disability, old-age pensions, child allowances, and unemployment protection. In 2002, the UCS was implemented to extend healthcare access to those not covered under the CSMBS or SSS, significantly reducing financial barriers to medical services. While the CSMBS and SSS cover approximately 8% and 19% of the total population, respectively, the UCS serves the remaining 73%, ensuring near-universal access to healthcare services in Thailand. However, there is inequality in the quality of healthcare services between urban and rural areas, and there is also increasing demand on the healthcare system to meet the needs of the growing aging population.

Table 6 Medical insurance schemes in Thailand

			Enrolled persons (million)	
① Civil Servant Medical Benefit System (CSMBS)	Budget expense	Compulsory membership	5.2 (2019)	Civil servants
② Social Security System (SSS) (Articles 33 and 39)	Premiums, employers' contribution, government subsidy.	Compulsory membership	12.7 (2019)	Private company employees, etc. (Article 39) Those subject to Article 39 who have retired or become unemployed (Article 33)
③ Universal Coverage (UC)	Budget expense and co-payments	Voluntary membership	47.5 (2019)	Thai nationals not covered by ① and ②
Total covered			65.4	① + ② + ③

Source: Ministry of Health, Labor and Welfare of Japan (2020).

Thailand's Long-Term Care (LTC) system has developed over the past decade, guided by the 2nd National Plan on Older Persons (2002–2021) and the Act on Older Persons (2003), which established the foundation for recognizing the needs and rights of the elderly. The country has prioritized the “aging in place” approach, aiming to enable older adults to remain in their homes and communities while receiving necessary support. Given Thailand’s rapid demographic shift, the government has implemented a nationwide community-based home care program, integrating both health and social care services. This initiative was piloted in 2016, initially targeting 100,000 beneficiaries across 1,000 subdistricts out of 7,255, with annual expansions. However, further scaling of the LTC program will require enhancements in human resource development, workforce management, case management, and the integration of health and social services to ensure its sustainability and effectiveness (ADB, 2020).

Japan's Universal Health Insurance (UHI) system, established in 1961, is based on a social insurance model, where individuals are required to enroll in either an employer-based health insurance plan or a municipality-based national health insurance plan. The system is funded through a combination of premiums from insured individuals, contributions from employers, and government subsidies, ensuring a stable and equitable funding structure. Patients are required to pay co-payments, which are capped to prevent excessive financial burden, particularly for the elderly.

Japan has undertaken significant reforms in its health insurance system to address the challenges posed by an aging society. One of the notable measures was the enactment of the Long-Term Care Insurance (LTCI) Act in 1997, designed to provide comprehensive support for elderly individuals requiring assistance with daily activities. This system operates separately from standard health insurance and is funded through a combination of public contributions, employer and employee premiums, and government

subsidies. Additionally, Japan introduced the Late-Stage Elderly Medical Care System in 2008, specifically targeting individuals aged 75 and older to ensure the sustainability of healthcare financing. This system pools contributions from all working-age citizens and allocates resources to support the growing medical expenses of the elderly population. Other reforms include the promotion of preventive healthcare programs, such as regular health check-ups and chronic disease management initiatives, to reduce long-term medical costs. The government has also encouraged the use of community-based integrated care, which facilitates home and local healthcare services to ease the burdenบ on hospitals and nursing facilities. These reforms collectively aim to balance financial sustainability with equitable healthcare access in an aging society.

Table 7 Medical insurance schemes in Japan

			Enrolled persons (million)	
① Municipal National Health Insurance	Premiums, government subsidy.	Compulsory membership	27.5 (2020)	Self-employed, Pensioners, Part-time workers.
② Association Kenpo	Premiums, employers' contribution, government subsidy.	Compulsory membership	34.3 (2020)	Employees in small and medium scale enterprises.
③ Health Insurance Associations	Premiums, employers' contribution, government subsidy.	Compulsory membership	28.7 (2020)	Employees in large scales enterprises.
④ Mutual Aid Associations	Premiums, employers' contribution, government subsidy.	Compulsory membership	9.7 (2020)	Civil servants
Total covered			100.2	Dependents are not included.

Source: Ministry of Health, Labor and Welfare of Japan (2024).

In Japan, since 2010, the share of medical expenses for those aged 75 and over has been gradually increasing due to increased elderly in the age group (Figure 4). In 2022, 38.4% of the national medical expenses were directed toward this age group.

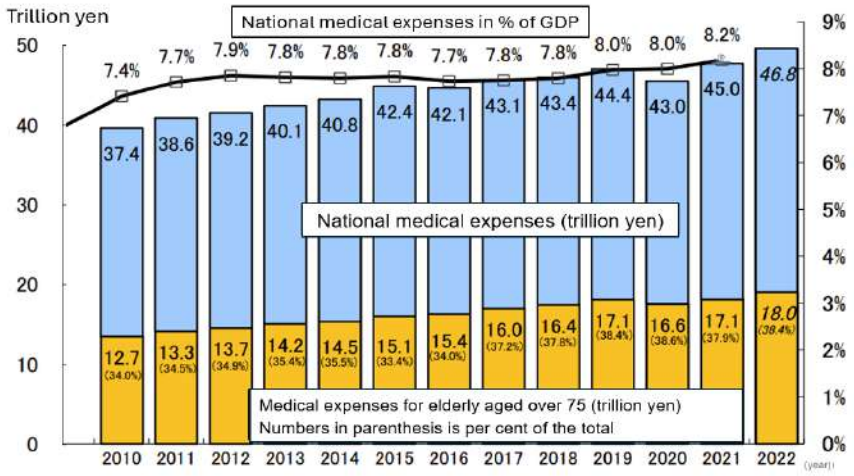
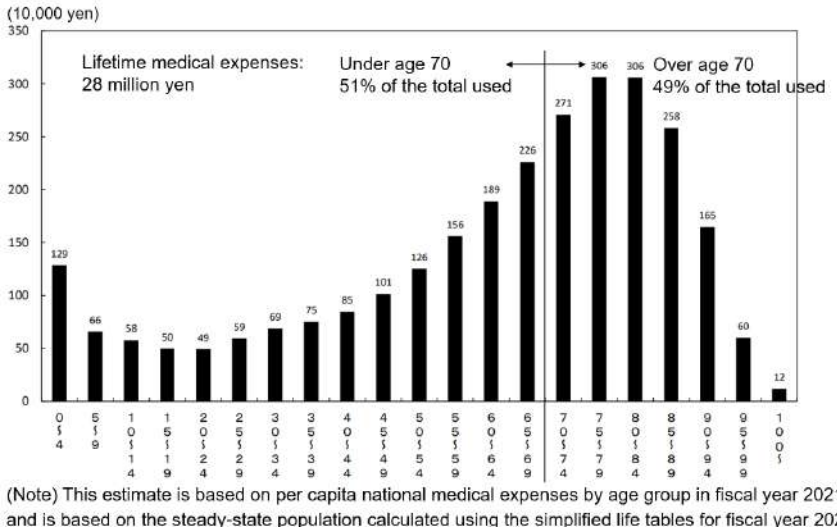


Figure 4 Trends of medical expenses and the share of elderly aged 75 and over

Source: Ministry of Health, Labor and Welfare of Japan (2021).

Figure 5 illustrates the distribution of lifetime medical expenses. In the fiscal year 2021, these expenses were estimated at ¥28 million per person. Of this total, 51% was spent before reaching age 70, while the remaining 49% was incurred after age 70. As the population ages and the proportion of elderly individuals increases, medical expenses financed by the insurance system are expected to rise. Unless effective measures are taken to contain the rising healthcare costs due to an aging population, these costs will disproportionately fall on the working-age population, raising concerns about unfair burden sharing between generations. From an insurance perspective, leveling medical expenses throughout one's lifetime might be justifiable. However, the extent of these concerns will depend on the future degree of aged dependency.



(Note) This estimate is based on per capita national medical expenses by age group in fiscal year 2021 and is based on the steady-state population calculated using the simplified life tables for fiscal year 2021.

Figure 5 Lifetime medical expenses for both men and women

Source: Ministry of Health, Labor and Welfare of Japan (2021).

Employment Support

The labor force participation rates for those 65 and over in Japan and Thailand show notable trends. In Japan, participation decreased from 22.6% in 2000 to a low of 19.7% in 2005 but has since risen steadily, reaching 25.6% in 2022. Males consistently participated at higher rates, peaking at 34.9% in 2022, compared to females at 18.4%. In Thailand, the participation rate was higher initially, with 27.0% in 2010, and has remained relatively stable, slightly fluctuating to 26.5% in 2022. Thai males showed a peak of 38.0% in 2010, decreasing to 35.6% in 2022, while females showed a more stable pattern, reaching 19.9% in 2022 (Table 8). This data highlights a trend of increasing labor force engagement among the elderly.

In Thailand, due to the declining number of children in families, a lack of financial planning for retirement, and an inadequate social security system, elderly people are often obliged to engage in economic activities, even though the gains are marginal. In Japan, a growing number of elderly people remain in the labor market, reflecting the low pension income replacement rate, rising cost of living, and the gradual increase in both the pension eligibility age and the retirement age.

Regarding employment support, while Japan has been facing a decreasing trend in its working age population, Thailand has seen a more moderate decline, as evidenced by the increasing aged dependency ratio. Therefore, Thailand is focusing on upskilling and reskilling its labor force to reduce skill mismatches in the labor market and

to improve overall productivity and competitiveness. This will ultimately support the elderly population's employability in the coming decades.

In response to the declining working-age population, Japan has implemented initiatives to promote lifelong learning, including community-based educational programs and vocational training tailored to the needs and interests of seniors. These programs aim to enhance employability, support personal growth, and foster social inclusion among the elderly. Additionally, the government has introduced policies to facilitate reemployment around retirement age, such as gradually increasing the mandatory retirement age and providing incentives for companies to retain and hire older workers. These measures position Japan to capitalize on the "third demographic dividend," which emphasizes the contributions of the elderly workforce to the labor market.

Table 8 Labor force participation rates among elderly people aged 65 and over

	Japan			Thailand		
Year	**Total**	**Males**	**Females**	**Total**	**Males**	**Females**
2000	22.63	34.14	14.41			
2005	19.74	29.34	12.7			
2010	19.78	28.68	13.16	27.04	37.97	18.85
2015	22.02	31.08	15.14	25.45	35.1	17.83
2020	25.47	34.96	18.17	25.72	34.89	18.48
2021	25.59	34.94	18.4	26.42	35.76	19.14
2022	25.6	34.9	18.4	26.49	35.64	19.89

Source: World Health Organization (n.d.).

Social Security Support

While Thailand has several social security systems, such as the Employees Provident Fund (EPF), the Employees Trust Fund (ETF), private pension schemes, and a pension scheme for public servants, these do not adequately cover the expenditure needs of the elderly at retirement. Many retirees cannot cope with their financial needs in the face of rising inflation, as the government cannot consistently adjust pension benefits with the changing inflationary situation. This is partly because of low public savings which stem from high public welfare expenditures and inflationary trends (Chandoevwit, 2007). In addition, the people who work in the private or informal sector lack adequate resources at their old age. According to a National Statistical Office (NSO) study, in 2014 almost three-fourths of Thais who were aged 60 and over said that their primary source of income comes from their job or family assistance, with just under 5% of respondents indicating that their primary source of support was pension income (NSO, 2018).

Moreover, widowers are not entitled to widows and orphans' benefit (W&OP) unless they have a lawful child and had been married for more than one year (Perera, 1998). The disabled are also not covered by any social security benefits. Furthermore, the benefit from the provident fund, which is received as a lump sum upon retirement by people working in private corporations or autonomous institutions like universities, will not be sufficient given the increasing life expectancy, increasing inflation, and low interest rates in Thailand. All of this implies that, with longer lifespans and the country's prevailing economic conditions, the income of the elderly will be inadequate to meet high healthcare costs and other essential needs for a good quality life, such as food, shelter, and clothing.

The Thai government is in the process of drafting the National Pension Act, which will establish the National Pension Committee. This committee is designed to enhance coordination for prospective pension reforms, ensuring consistency, adequate coverage, and the sustainability of the overall pension framework (IMF, 2024).

Table 9 Thailand Post-Retirement Social Security Systems

			Enrolled persons (million)	
① Government Pension	Compulsory membership	Defined benefit	1.16 (2010)	Those who became public servants before March 1997
② Social Security System (Articles 33 and 39)	Compulsory membership	Defined benefit	14.7 (2017)	Private company employees, etc. (Article 39) Those subject to Article 39 who have retired or become unemployed (Article 33)
③ Government Pension Fund (GPF)	Compulsory membership	Defined contribution	0.97	Those who became public servants after March 1997
④ Private School Teachers' Social Insurance Fund	Compulsory membership	Defined contribution	0.1	Private school principals and teachers
⑤ Employees Provident Fund (EPF)	Voluntary participation	Defined contribution	2.9	Civil servant, Private and state-owned enterprise employees
⑥ Social Security Fund (Article 40)	Voluntary participation	Defined contribution	2.2	Workers aged 15 to 60 who are not covered by ②
⑦ National Savings Fund (NSF)	Voluntary participation	Defined contribution	0.4	Self-employed persons aged 15 to 60 who are not enrolled in ②, ③ or ⑤
⑧Total covered under compulsory			16.9	= ① + ② + ③ + ④
⑨Total covered under voluntary system, excluding EPF			2.6	= ⑥ + ⑦
Coverage Ratio (Estimates)			42%	(⑧+⑨) /Working age population (46 million)

Source: Ministry of Health, Labor and Welfare of Japan (2020).

In contrast to the Thailand's situation, elderly individuals in Japan primarily benefit by the state and employers' pension systems. Japan's pension system is composed of two tiers: The National Pension (NP) and the Employees' Pension Insurance (EPI). The NP is a basic pension plan that covers all residents of Japan,

including self-employed and part-time workers. The EPI, on the other hand, is designed for salaried workers and their employers.

To respond to the aging population, the government has implemented a few major reforms. In 2000, an amendment of the pension law was enacted which enables a gradual increase in the pension eligibility age from 60 to 65. This change helps alleviate the financial pressure on the pension system by encouraging longer workforce participation and reducing the duration of pension payouts. In 2004, the second reform, the "macroeconomic slide" mechanism, was introduced. This mechanism automatically adjusts pension benefits in response to demographic shifts, such as changes in life expectancy and the ratio of working-age individuals to retirees (ILO, n.d.; Japan Pension Service, 2024).

In addition, the government has been encouraging the development of private pension schemes and individual savings plans to complement the public pension system. It has also introduced tax incentives to boost participation in these private pension plans.

However, Japan's pension benefits are generally considered insufficient to cover retirees' basic living expenses. International comparisons indicate that the country's pension benefits are relatively low. The pension benefit income replacement rate for a representative couple, at around 50%, falls below both the median and mean for OECD countries (Kashiwase, et al., 2014). As a result, the working-age population is encouraged to secure additional savings before retirement and pensioners who lack sufficient savings often need to continue working to supplement their income.

Table 10 Japan Post-Retirement Social Security Systems

			Enrolled persons (million)	
① National Pension (Basic Plan)	Compulsory membership	Defined benefit	67.4 (2023)	All Japanese who are age 20-60
② Employees' Pension Insurance			41.6 (2023)	Employees of private companies. The pension is converted to the second tier of National Pension after retirement.
③ Mutual Aid Pension			4.6 (2023)	Civil servants. The pension is converted to the second tier of National Pension after retirement.
④ National Pension Fund	Voluntary participation	Defined contribution	0.3	Self-employed and students
⑤ Defined Contribution (Corporate)			8	Employees of private companies
⑥ Defined Benefit (Corporate)		Defined benefit	9.1	Employees of private companies
⑦ Welfare Pension Fund		Defined contribution	0.1	Employees of private companies
⑧ deco (Individual Defined Contribution)			2.9	Anyone over 20 years old
Total covered under compulsory			67.4	① excludes 39 million pensioners

Source: Ministry of Health, Labor and Welfare of Japan (2023).

Table 11 Comparison of Socio-Economic Implication between Thailand and Japan

	Thailand	Japan
Social Implications	**Traditional familial support under transition**	**Modernized elderly care with state support**
Living Arrangements	Majority of elderly co-reside with children (80%), particularly in rural areas. Transition to nuclear families is occurring, leading to an increased demand for elderly homes in urban areas.	Co-residence with children has declined significantly (from 80% in 1970 to 36% in 2021), with a rise in elderly living alone (19% in 2021).
State Support for Elderly Care	Limited state-sponsored elderly care; growing need for state intervention due to declining familial support.	Long-Term Care Insurance (LTCI) system introduced in 2000 to shift responsibility from families to public services.
Economic Implications	**Challenges in income security and healthcare sustainability**	**Robust but costly elderly care system: Intergenerational burden sharing**
Primary Income Sources for Elderly	Reliance on employment, family support, and government subsidies (Old-Age Allowance contributes 19.2%). Minimal pension coverage.	Dependence on public pensions, supplemented by employment and assets. Only 0.8% rely on direct government support.
Healthcare Coverage	Achieved Universal Health Coverage (UHC) through three main schemes: Civil Servant Medical Benefit Scheme (CSMBS), Social Security Scheme (SSS), and 30 Baht Universal Coverage Scheme (UCS). Challenges in rural healthcare accessibility and service quality.	Universal Health Insurance (UHI) system with employer-based and municipal plans. The LTCI system addresses elderly care needs, covering home services, medical support, and specialized elderly care facilities.
Long-Term Care Approach	"Aging in place" strategy, promoting community-based care. Expanding long-term care programs but requires further investment in workforce and service integration.	Strong institutional long-term care system with government-subsidized nursing homes and home care services. Increasing costs of elderly care require sustainability measures.
Medical Expenditure Trends	Rising healthcare demands with an aging population, increasing financial pressure on public healthcare. Rural-urban healthcare disparity persists.	Medical costs for elderly aged 75+ accounted for 38.4% of national healthcare expenses in 2022. Rising costs pose financial challenges for intergenerational burden-sharing.
Elderly Employment Trends	High elderly labor force participation due to financial necessity. Workforce reskilling and upskilling initiatives aim to improve employability.	Increasing elderly workforce participation due to rising retirement age and cost of living. Government policies support elderly employment and lifelong learning.
Social Security & Pension System	Inadequate pension system, particularly for private-sector and informal workers. Public savings remain low, and inflation further weakens retirees' financial security.	Comprehensive pension system with employer and government contributions. However, concerns remain about sustainability and intergenerational equity in funding the system.

Source: Author's elaboration (Choomplang & Negishi, 2025).

Discussion of Government' Policies for Population Aging

Social Implication

As the traditional support system for the elderly gradually declines due to the shift from extended to nuclear family structures, there is a growing consensus that older adults, particularly younger seniors, continue to contribute to both their family and community. They pass down knowledge inherited from previous generations, provide financial and in-home care support for grandchildren, and actively participate in social development programs.

Thailand prioritizes the "aging in place" approach, which aims to enable older adults to remain in their homes and communities while receiving necessary support. Similarly, Japan has promoted a community-based integrated care system that facilitates home and local healthcare services. These approaches not only enhance the well-being of older adults but also serve as catalysts for societal change, encouraging a more balanced and sustainable living arrangement for an aging population.

Income and Social Security Support

The heavy reliance of Thai seniors on government income support highlights the limited role of both public and private pension schemes, as well as the insufficient amount of savings among the elderly. This underscores the urgent need for stronger retirement security measures. Thailand's pension system faces two major challenges. The first challenge is the relatively low coverage among the working-age population, currently estimated at approximately 42%. While the government provides support through the Elderly Welfare Allowance, it is essential to encourage greater enrollment in the Social Security Fund or National Savings Fund for those currently without pension coverage. Strengthening pension security will require additional tax incentives and matching government contributions. The second challenge is increasing payouts from existing pension schemes to enhance the income replacement ratio. Transitioning from lump-sum disbursements to pension installments would be a necessary reform to ensure more stable financial support for retirees.

In Japan, potential measures to strengthen retirement security include further increasing the pension eligibility age, raising the retirement age, and encouraging greater labor market participation among seniors. At the same time, welfare benefits must be provided to those unable to maintain a basic standard of living. In the long term, the government should also promote defined contribution pension plans to increase savings during pre-retirement, ensuring financial sustainability for an aging population.

Health Insurance Support

Thailand's medical support programs face two major challenges. The first is the inequality in the quality of healthcare services between urban and rural areas. The second is the need to increase the healthcare system's capacity to meet the growing demand from the aging population. To address these issues, the government needs to invest in medical facilities and increase salaries for healthcare professionals, thereby improving the quality and accessibility of services nationwide. With these improvements, the government could encourage beneficiaries of the three existing medical insurance

schemes to contribute more financially, enabling the expansion of services, treatments, and medications.

In Japan, two primary issues require attention. The first is managing the anticipated increase in demand for healthcare services over the next two decades, as the baby boomer generation (born 1947-1949) moves into the 75+ age group. Promoting healthy lifestyles and nutrition across all age groups will be essential to reduce the strain on medical services. The second issue is reviewing insurance coverage to ensure financial sustainability, which will be critical as the demand for healthcare continues to grow. Currently, the national health insurance covers high-cost treatments and advanced medicines. While it is reasonable to offer these treatments to the working-age and younger populations, a thorough discussion is needed to determine whether similar treatments should be extended to those nearing the terminal stage of life.

Long-Term Care Support

The Thai government has implemented a nationwide community-based home care program that integrates both health and social care services. This initiative was piloted in 2016, initially targeting 100,000 beneficiaries across 1,000 of the 7,255 subdistricts, with annual expansions. While further scaling of the long-term care (LTC) program is necessary, its sustainability and effectiveness will require improvements in human resource development, workforce management, case management, and the integration of health and social services.

Similarly, Japan faces the challenge of managing the growing demand for long-term care over the next two decades as the baby boomer generation transitions into the 75+ age group. To address this, Japan has introduced a community-based integrated care system that shifts the focus away from hospitals and highly specialized professionals, relying more on community volunteers. However, financial sustainability remains a concern, as reducing service costs is difficult due to labor shortages in the caregiving industry, where recruitment remains a challenge due to the demanding nature of the work.

Employment Policy

Regarding employment support, while Japan has been experiencing a declining working-age population, Thailand has faced a more moderate decline, accompanied by a rising aged dependency ratio. Thailand's current measures primarily focus on upskilling and reskilling the workforce to reduce skills mismatches in the labor market, enhance productivity, and improve overall competitiveness. These efforts are expected to support the employability of the elderly population in the coming decades. However, a more

comprehensive long-term strategy is needed to effectively prepare for the anticipated decline in the working-age population and ensure sustainable economic growth.

Adequacy of Social Protection

The development of social security benefits varies significantly between Thailand and Japan. The following points highlight key considerations for both countries:

Thailand's government expenditure on social protection is relatively low, at around 0.8% of GDP in recent years, compared to the average of 1.6% of GDP among its upper middle-income peers (IMF, 2024).

In contrast, Japan has allocated ¥37.7 trillion, or 33.6% of its ¥112.1 trillion budget, to social security spending for the fiscal year 2024. This spending is supported by ¥69.6 trillion in projected revenue, which covers 62.1% of the total budget, while the remaining 37.9% is financed through government bonds (Ministry of Finance, 2024). In addition to central government funding, municipal governments also contribute to social security benefits. Of the total social security benefits amounting to ¥137.8 trillion (22.4% of GDP), ¥54.7 trillion (8.9% of GDP) comes from subsidies provided by both central and municipal governments. Furthermore, insurance premiums paid by individuals and employers function as a quasi-tax (Table 12).

Table 12 Japan's Social Security Benefits in FY2024

<table>
<tr><td colspan="5">137.8 trillion yen (22.4% of GDP)</td></tr>
<tr><td colspan="5">[Benefits]</td></tr>
<tr><td colspan="2">Pensions 61.7 trillion yen (44.8%)
10% of GDP</td><td>Medical Insur. 42.8 trillion yen (31%)
6.7% of GDP</td><td colspan="2">Welfare & others
33.4 trillion yen (24%)
5.4% of GDP
[of which Long-Term Care
13.9 trillion yen (10%)
2.3% of GDP]</td></tr>
<tr><td colspan="5">[Fundings]</td></tr>
<tr><td colspan="2">Insurance Premiums 80.3 trillion yen (59.5%)</td><td colspan="2">Public Expenditures 54.7 trillion yen (40.5%)</td><td rowspan="2">Investment income from reserve fund</td></tr>
<tr><td>Contributions from insured
42.5 trillion (31.5%)</td><td>Employers' contributions
37.7 trillion yen (28.0%)</td><td>Government subsidies
37.7 tillion yen (27.9%)</td><td>Municipal gov. subsidies
17 trillion yen (12.6%)</td></tr>
</table>

Source: Ministry of Health, Labor and Welfare of Japan (2020).

Thailand's current level of support for social security benefits is relatively low. Considering the future demands on social protection programs to prepare for population aging, Thailand must evaluate both the level of support and its financial sustainability.

Similarly, Japan must continue reviewing and adjusting its programs in response to population aging while maintaining fiscal sustainability.

Timeline for Policy Responses

Thai policymakers have been proactive in adopting measures to address the challenges of an aging population. Japan, on the other hand, implemented significant social security reforms around the turn of the millennium, just before it entered the "super-aged society" phase in 2006, when over 20% of the population was aged 65 and above. As Thailand is projected to reach this demographic milestone around 2032, the country must intensify discussions and preparations to address these impending issues.

The discussion above reveals that the increasing trend of aging in both countries, coupled with the erosion of traditional home-based family care in Thailand and the rapidly modernizing family system in Japan, has led to significant socio-economic implications. Hence, the governments of both countries must prioritize policy options to address the challenges related to population aging. In addition, there is an opportunity for the private sector, non-governmental organizations, and communities to actively engage with the needs and concerns of senior citizens in their respective countries.

Summary and Conclusion

Thailand and Japan are prominent examples of rapidly aging societies in Asia, each facing this trend under different demographic and socio-economic scenarios. The proportion of older persons aged 60 and over, as well as 65 and over, is relatively higher in Japan, while the rapidity of aging is discernible during last few decades and is expected to continue into the future. Due to the completion of the demographic transition, which is a shift from high birth and death rates to low birth and death rates, in Japan, 29% of the total population was aged 65 and over in 2020, while Thailand, it was 14% as a result of a recent downward trend in fertility and mortality over the past decades. The share of the older population in Thailand and Japan is significant, though the pace and timing of population aging vary between the two countries due to the dynamic and variable nature of their demographic transitions. In comparison, while Japan took about 32 years to double its aged population from 4.9% in 1950 to 9.8% in 1982 due to the early onset of demographic transition, Thailand took 52 years to double from 3.5% in 1950 to 7.0% in 2002 as a result of its later transition. The increasing trend of aging is likely to become more rapid in future decades in Thailand than in Japan. Estimates of the median age in the two countries clearly indicates that Japan will have the oldest population (median age 52) compared to Thailand (median age 43) by 2030.

Economic and social support and care for the elderly are changing in Thailand due to the breakdown of the traditional family system and the changing lifestyles and activity patterns of young adult children. Co-residence and familial support in Japan have also significantly changed due to modernization, urbanization, and industrialization. Thus, there is a growing demand in both the state and private sectors for social security benefits in Thailand and Japan. The elderly population is strengthened by well-structured social security benefits; however, a great deal of demand for reforms is expected with the rapid increase in the elderly population. Unlike Japan, the majority of Thai seniors are engaged in the agricultural or informal sectors due to insufficient family income and limited social security benefits. Thus, Thailand's elderly population is relatively poor and mostly dependent. In Japan, more elderly people remain in the labor market, reflecting a low pension income replacement rate, rising cost of living, and the gradual increase in the pension eligibility age.

The cost of geriatric and primary health care for the elderly in Japan is high due to the large number of aged individuals in the total population. Japan needs to work on reducing these costs by managing the political economy. In Thailand, although medical care is free for all citizens regardless of age, the increasing number of elderly people requires special treatment and care for both curative and preventive health measures. The allocation of GDP to health and long-term care should be strengthened, particularly in Thailand, although this will have serious implications for the country's public finances.

The aged population in both countries is neither a liability or burden to the family, but rather an asset that strengthens the family and society. The elderly assist the family in several ways, including caring for grandchildren, providing financial support, and sharing knowledge passed down from ancestors, while the family supports them in return. Inter-generational support and exchange have evidently strengthened in both countries, although their socio-economic contexts differ.

As the socio-economic implications of population aging are numerous, both at present and in the future, it is beneficial for the State to focus more on policy options to address these challenges. Policy considerations are needed to enhance the quality of life for the elderly population, ensuring they remain healthy and productive, with possible assistance and cooperation from private entities, non-governmental organizations, and communities.

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