

ผู้สูงอายุชาวญี่ปุ่นกับงานบริการในระยะแพร่ระบาดของไวรัสโควิด 19 สถานการณ์ปัจจุบันและแนวโน้มอนาคตในจังหวัดเชียงใหม่

The Japanese Elderly and Care Services in the COVID-19 Pandemic Era: Present and Future Trends in Chiang Mai Province

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ในช่วงเวลา 20 ปีที่ผ่านมา อุตสาหกรรมการรองรับผู้เกษียณอายุในประเทศไทยได้ลงทุนสร้างที่พักระยะยาว และสร้างระบบงานบริการคุณภาพสูงสำหรับผู้เกษียณอายุชาวต่างชาติ โดยมีผู้เกษียณอายุชาวญี่ปุ่นเป็นหนึ่งในกลุ่มเป้าหมายสำคัญ เนื่องจากเป็นผู้บริโภคระดับไฮเอนด์ แต่จากปัญหาด้านการสื่อสาร ปัญหาความแตกต่างทางวัฒนธรรม และปัญหาด้านการเงิน ส่งผลให้ผู้เกษียณอายุชาวญี่ปุ่นไม่สามารถใช้บริการสิ่งต่าง ๆ เหล่านั้นได้อย่างเต็มที่ นอกจากนี้ การระบาดของเชื้อไวรัสโควิด 19 ในปี พ.ศ. 2563 ทำให้การเดินทางระหว่างประเทศเป็นไปด้วยความยากลำบาก และก่อให้เกิดภาวะเศรษฐกิจถดถอยทั่วโลก ส่งผลกระทบต่อการท่องเที่ยวในวัยเกษียณอย่างมีนัยสำคัญ ยิ่งไปกว่านั้น การจ่ายเงินบำนาญที่น้อยลง เพดานอายุเกษียณที่สูงขึ้น เงินญี่ปุ่นที่อ่อนค่าลง และค่าครองชีพที่สูงขึ้นในประเทศไทย ยังส่งผลให้ผู้เกษียณอายุชาวญี่ปุ่นที่มีความประสงค์จะย้ายไปต่างประเทศมีจำนวนลดลง ซึ่งทำให้ความต้องการในการขอรับบริการต่าง ๆ ในประเทศผู้รับลดลงไปด้วย สำหรับผู้เกษียณอายุชาวญี่ปุ่นที่ตัดสินใจพักอาศัยถาวรในจังหวัดเชียงใหม่ ส่วนใหญ่จะเริ่มหันไปใช้บริการดูแลสำหรับคนไทยทั่วไป ซึ่งจะมีค่าใช้จ่ายที่ถูกกว่า ปรากฏการณ์นี้ทำให้เกิดคำถามเกี่ยวกับความยั่งยืนของระบบงานบริการผู้สูงอายุชาวญี่ปุ่น และภาระการให้บริการที่หนักขึ้นของงานบริการผู้สูงอายุชาวไทย

คำสำคัญ: ผู้สูงอายุชาวญี่ปุ่น งานบริการในระยะแพร่ระบาดของไวรัสโควิด 19 จังหวัดเชียงใหม่

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Abstract

Over the past two decades, the retirement industry in Thailand has been investing in high-class senior living residences for foreign retirees to provide quality care services. Japanese retirees were one of the key target groups as they were perceived as high-end consumers. However, communication problems, cultural differences, and financial issues prevent them from entirely using these services. In addition, the COVID-19 outbreak in 2020 discouraged international travel and caused a global economic recession, significantly affecting retirees' travel. Several factors, such as lower pension payouts, a higher retirement age, a weaker Japanese currency, and a rising cost of living in Thailand, led to a decrease in the number of Japanese wishing to move abroad after retirement. As a result, there is less demand for services in receiving countries. For Japanese retirees who have rooted in Chiang Mai and wish to remain permanently in the city, there is a shift towards using care services for ordinary Thais, for being more affordable. This phenomenon raises questions about the sustainability of care services for Japanese retirees and the burden on services for aging Thais.

Keywords: The Japanese Elderly, Care Services in COVID-19 Pandemic Era, Chiang Mai Province

Introduction

There are currently 82,574 long-term Japanese residents in Thailand, among which 59,744 are concentrated in Bangkok (Ministry of Foreign Affairs of Japan, 2021). Chiang Mai, in northern Thailand, is the preferred destination for retired Japanese who come to the city through the long-stay program. In 2017, there were 3,130 Japanese living long-term, with 1,440 being over 60 (Japanese Consulate in Chiang Mai, 2017, as cited in Yamagishi, 2019). Retired Japanese who initially came to the city in their 60s have aged, and caregiving has become an everyday concern.

Table 1: Japanese long-term residents over 60 in Chiang Mai as of 2017

Age	Number	Percentage
Japanese over 60 years old	1,440	100%
Japanese in their 60s	692	48.1 %
Japanese in their 70s	635	44.1 %
Japanese in their 80s	98	6.8 %
Japanese in their 90s	15	1 %

(Summarized by Nishikito & Yamaki based on the data cited in Yamagishi, 2019)

Long-stay tourism, which became popular in the 2000s, was a political strategy and a business concept that emerged from necessity and opportunity for Japan and Thailand.

In the late 1990s, Japan faced demographic and economic changes, namely, the shrinking and aging of the population. A low birth rate implied a shrinking of the population which would inevitably affect the workforce and social welfare systems that rely on younger generations to be sustainable. On the other hand, an increase in life expectancy stretched the lives of retirees known as post-war baby boomers, who enjoyed free time and abundant pensions. In the same period, Thailand was dealing with an economic recession due to the 1997 Asian crisis. The housing and private medical care sectors were the most affected, struggling with overcapacity. Therefore, the state and industry sectors promoted long-stay and medical tourism to attract foreign retirees, including older Japanese, to live long-term and receive medical services in Thailand (Leng, 2007). In this context, long-stay tourism was an opportunity for Japan to ease the domestic burden of providing care services to older people (Ono, 2012). As for Thailand, it was an opportunity to stimulate the economy by receiving retired foreigners perceived as financially resourceful consumers.

Related literature indicates that tourism, real estate, and health care were the leading sectors to invest in the “retirement industry” (Toyota & Xiang, 2012). Particularly Phuket, Pattaya, and Bangkok have witnessed the development of resort-style senior residence communities for foreigners (Nationthailand, 2018). As for Chiang Mai, facilities such as Baan Kamlangchay, Care Resort Chiang Mai, and Vivo Benne Village offer first-class service. However, they are expensive, and most have European residents. Among the current care facilities, McKean Senior Center offers attractive services that include independent and assisted living services such as daycare, nursing care, palliative care, and end-of-life care. However, service charges also increase according to the required degree of care.

In the early 2000s, there were attempts to build a care facility in Bangkok that catered to the Japanese through the cooperation between Japanese and Thai private hospitals. However, it closed its doors, and domestic servants were seemingly employed as helpers for caregiving (Ono 2012). Nishikito (2020a) also describes a similar situation in Chiang Mai, where retired Japanese revealed an inclination to hire migrant workers as live-in helpers at a low cost instead of using care facilities.

In 2019, as if responding to the expectations of the Japanese community, the first serviced apartment, AI Home Chiangmai, catered specifically to the Japanese, was inaugurated. The 8-story building with 30 rooms offers special features such as a reasonable rental fee of 13,500 baht per month with extra charges for utilities, laundry, and cleaning. All rooms have emergency call buttons, and nursing assistants stand by 24 hours daily (AI Home Chiang Mai, 2022). However, in 2020, the global spread of the coronavirus shook the world, affecting the financial market, tourism, and several sectors, including healthcare. Therefore, this article aims to clarify the present situation of care services for older Japanese in Chiang Mai by taking into consideration the impacts of the pandemic. We analyze academic articles, documents, information online, and the testimonies of some older Japanese. First, we present the effects of the COVID-19 outbreak on long-stay tourism. Next, we describe and discuss the current situation of care services for older Japanese. Finally, we conclude the article by mentioning future trends and offering suggestions regarding care services for this group. Related literature on this topic is still limited. A few studies have focused on the relationship between medical services at hospitals and older Japanese in Chiang Mai (Miyashita et al., 2017; Nishikito, 2020a, 2020b), but not specifically on care services. In addition, studies that mention care services in Thailand are actually studies about long-stay or medical tourism in Malaysia, with Thailand being cited as a reference for comparison (Ono, 2012; Leng, 2007). Therefore, it is expected that this article may bring new insights and provide useful information for policymakers and stakeholders developing business projects regarding care services that target older Japanese.

Older Japanese and Care Services in Chiang Mai Province

1. The effects of the COVID-19 outbreak on long-stay tourism

As with any other country in the world, Thailand suffered severe setbacks with the COVID - 19 outbreak that started at the beginning of 2020. Tourism, which accounts for about a fifth of Thailand's GDP and 20% of the country's employment, was harmed by the cessation of travel (Kaendera & Leigh, 2021). This affected long-stay tourism as follows:

(1) Reduction of social gatherings in the Japanese community

Many older Japanese living long-term in Chiang Mai participate in activities organized by Japanese associations called self-help clubs. One of the most popular, called Chiang Mai Long-Stay Life Club (CLL), had been particularly active since 2002

by offering consultation hours for newcomers and organizing weekly activities. In addition, one-day trips, golf competitions, and seminars were organized monthly. These activities play an important role in the daily lives of older Japanese because they offer an opportunity for social interaction and, at the same time, help members to keep an eye on each other, making sure that they are active and healthy. However, with the COVID-19 outbreak and the Emergency Decree enacted at the end of March 2020, with curfews and restrictions on moving between provinces or accessing public places, the CLL club also interrupted its activities (“CLL activity schedule”, 2020). As a consequence, the members of the club could not gather to enjoy each other’s company and deepen their relationship. For almost three years, only a few members would gather sporadically to manage the association. Although the club slowly resumed its activities in 2022, the ongoing pandemic left a general sense of being less connected.

(2) Decrease in the number of retired Japanese in Chiang Mai

When the first wave of the coronavirus hit Thailand, the government acted fast by declaring a temporary lockdown. For incoming tourists, there were strict conditions to enter the country, such as proof of valid health insurance, mandatory 14-day quarantine, and COVID-19 tests during their stay in the Kingdom (Wongmonta, 2021). Older Japanese who left Thailand at the beginning of the outbreak either for fear or to reunite with their families could not immediately return to Thailand. Later on, although the Thai government eased travel requirements, many Japanese who returned to Japan discontinued their long stay in Chiang Mai. The current number of members in the CLL Club is 96 (“Monthly report”, 2022), a sharp fall compared to 170 members in 2015 (“Representatives election and year-end report”, 2015).

From an economic perspective, the global recession that worsened with the pandemic also negatively affected long-stay tourism.

(3) Economic recession affecting the consumption capacity of retired Japanese

The weakening of the Japanese yen is unprecedented. The decline in the value of the Japanese yen against the US Dollar reached its peak in 2022. The rate of 103 yen to 1 dollar, which had been the average exchange rate for about 30 years, skyrocketed to 140 to 1 at the end of 2022. This represents a depreciation of 23% of its value against the dollar (The Japan Times Editorial Board, 2022). On the other hand, in the same year, the Thai baht gained strength against the US Dollar by 2.8% (Phoenix Capital Group, 2022). Consequently, the consumption capacity of retirees became much lower than

two decades ago, when Japan enjoyed a strong currency and prosperous economy. In addition, the pension payout has been going down in Japan. According to the 2019 revision by the Ministry of Health, Labor, and Welfare on its public pension outlook, pension benefits are expected to fall to half the income of the working-age population in the next 30 years (“Future Japanese”, 2019). This results from the imbalance between the decreasing number of people paying insurance premiums and the high number of beneficiaries that comprise aging Japanese.

The depreciation of the Japanese yen, the strengthening of the Thai baht, the reduction in pension payout, and the rising cost of living in Thailand have limited the consumption capacity of retired Japanese, which in turn has started to influence older Japanese’s motivation to move to Chiang Mai.

(4) Increase in retirement age

With the economic recession, instability, and uncertainty about the future, many elders in Japan are postponing their retirement. Even the government has encouraged seniors to work longer through their policies. In 2013, the retirement age of 60 was increased to 65. Later, an amendment in 2021 encouraged companies to allow their employees to work until they reach 70 years old. According to the official report by the Cabinet, 40% of people over the age of 60 who had jobs wished to continue working (Martin, 2022). With the retirement age constantly increasing, it will become more difficult for the Japanese to consider moving abroad at an advanced age.

(5) Promotion of domestic retirement migration and seasonal stays abroad

Because of the pandemic and its effects on international travel, the Japanese government and the Long-Stay Foundation have started to promote domestic travel and migration, motivating older Japanese to move from metropolitan areas to the countryside to enjoy a slow-paced life near nature at a cheaper cost of living.

Domestic long-stay is as old as international retirement migration. However, it has not attracted much attention. Moving to Southeast Asian countries was considered more attractive due to the low cost of living. In addition, the lack of proper facilities and the fact that room fees in Japan have traditionally been charged according to the number of guests (rather than per room), which incurs extra expense, may have been an obstacle to its popularity (Kuroda, 2015). However, with new options such as Airbnb, an increase in establishments that offer weekly or monthly rents, and the promotion

of domestic migration to repopulate rural areas, options for enjoying retirement have become more diverse.

According to a representative of the cultural department of the CLL Club, after experiencing restrictions on international travel, some members of the association started to consider seasonal stays, i.e., coming to Chiang Mai for a short stay. Instead of residing in Chiang Mai all year long in a rented house or condominium, staying for a month or so in a hotel makes it easier to return to Japan in case of an emergency. For this group, care services will not be necessary.

2. Current care services and their use by the Japanese in Chiang Mai Province

The pandemic has certainly hurt the service sector. Al Home Chiang Mai, the serviced apartment mentioned initially, has struggled to increase the number of its residents. According to the establishment, currently, the occupancy rate is one-third of the total number of rooms. A closer look at the care services offered in Chiang Mai for expatriates, however, reveals that other factors make Japanese retirees reluctant to use their services.

(1) Insurance issues limiting Japanese retirees' access to care services

Older Japanese use of medical services in Chiang Mai is still limited, with insurance being one crucial factor affecting their decision to seek medical assistance.

In a study about the use of health services by retired Japanese in Bangkok, Phuket, Chiang Mai, and Chiang Rai, Miyashita et al. (2017) reported that 63.2% of 144 participants from Chiang Mai preferred receiving care for severe diseases in Japan. Similarly, 56.9% of this group expressed their intention to receive long-term care in Japan. This is likely to be related to the Japanese universal health coverage scheme, which makes care services accessible to all. For those who are less than 75 years old, there is the National Health Insurance (*Kokumin Kenkou Hoken*), and for those over the age of 75, there is the Health Insurance for the Elderly (*Kaigo Hoken*). Both are subsidized by the government, and the co-payment rate is set at a maximum of 30%. The latter offers several benefits for the elderly and covers inpatient and outpatient care, including home care, mental care, and medications (Health and Global Policy Institute, 2015). However, it is not applicable abroad. As for the National Health Insurance, it provides refunds for medical treatment received abroad, but the Japanese must pay the expenses out-of-pocket, in advance, and claim a refund upon their return

to Japan. With all the aid they are entitled to, it is more advantageous for Japanese retirees to receive treatment in Japan.

Many Japanese who come to Thailand have international traveler's insurance. However, this type of insurance does not fit the needs of long-term residents because they have a temporary validity and usually exclude chronic illnesses. As for insurance offered by private companies in Thailand, they impose several restrictions, such as age limits and exclusion of pre-existing conditions, and are expensive. Older Japanese who have started a new family in Thailand and have given up their residency in Japan are particularly vulnerable to the lack of options for health insurance, which makes it difficult for them to access high-class services.

(2) Current care facilities unsuitable for the Japanese

A close look at care facilities in Chiang Mai reveals that service fees, language barriers, and cultural differences make it difficult for older Japanese to use their services.

- (a) Service fees: care facilities in Chiang Mai that target foreign retirees charge monthly fees ranging from 30,000-100,000 baht, depending on the type of residential unit and required care level (Cancer Connect Chiang Mai & Lanna Care Net, 2015). According to a survey by Yamaki (2020) with 85 respondents, older Japanese are looking for inexpensive services. Acceptable service fees should be less than 30,000 baht monthly for 31% of the respondents and 20,000 baht monthly for 20% of the respondents. In addition, 30.7% of respondents expressed no interest in using care services abroad.
- (b) Language barriers: older Japanese face communication problems because they are not used to communicating in Thai or English. This situation led private hospitals in Chiang Mai to hire Japanese language interpreters. However, care facilities do not offer interpretation services, as their residents are mainly Europeans.
- (c) Cultural differences: since residents of care facilities in Chiang Mai are mainly westerners, activities and the lifestyle in these establishments, including the cuisine, are also adapted to this clientele's taste. However, older Japanese wish to have access to what they are used to, such as having a bathtub in the washroom and Japanese food on the menu (Yamaki, 2020).

Therefore, care facilities in Chiang Mai do not actually meet the expectations of the retired Japanese. In this context, one might wonder what the older Japanese do if or when they need caregiving services.

3. Future trends for older Japanese regarding care services

Contrary to the expectation of the retirement industry, rather than using expensive care services, Japanese retirees seem to have their own way of dealing with their needs.

(1) Using care services offered to Thais

A recent study by Liemsuan et al. (2022) with 151 respondents in Japan and Chonburi province who would like to live in Thailand through the long-stay program reveals that 83.44% wish to receive medical care at public hospitals rather than private hospitals. Nishikito (2020b) observed that the healthcare service-seeking behavior of older Japanese comprises a wide range of establishments that go beyond private hospitals and includes public hospitals, local clinics, and community health centers. There are also cases of transferring patients needing end-of-life care from private hospitals to local senior care facilities to avoid high medical costs (Nishikito, 2020b). It can be reasoned that Japanese retirees, who have become familiar with the local healthcare system, are impelled to use affordable medical services that are available for the locals.

Regarding long-term care for the Thai population, care services are provided at private nursing homes, private hospitals, public residential homes, and charitable organizations. In the future, the number of such care facilities is expected to increase (Asian Development Bank, 2020). In addition, Thailand is currently focusing on a community-based system through the collaboration between the family, the local government, and the private sector to provide home-based care for the elderly (Wongboonsin et al., 2020). This concept is similar to the Japanese “community-based integrated care.” It combines preventive and long-term care delivered at the community level and aims to provide older Japanese with services that include a broad range of services, from daily life support services such as home care, daycare, outreach, and counseling, to coordinating the planning, provision, or referral to more specialized care institutions. These services are provided by the collaboration of formal health, care specialists, the private sector, and volunteers. Community-based integrated care can

allow seniors requiring long-term care to maintain their daily life by remaining in their neighborhoods. It is also a way to prevent unnecessary and expensive hospitalization (Morikawa, 2014).

Although further study is required, it is highly possible that if Thailand improves community-based care, older Japanese living in Chiang Mai will be interested in using these services for being already familiar with this type of care provision. In this context, two possible outcomes may need consideration: the sustainability of care services for the Japanese and the burden on care services originally meant for aging Thais.

There is, however, one recent phenomenon that may bring some hope to stakeholders and older Japanese who would like to offer/ receive care services that match the Japanese community's preferences.

(2) Thai care workers with Japanese language and caregiving skills

To supply the labor shortage, the Japanese government created a new status of residence called “Specified Skilled Worker (SSW).” It became effective in April 2019 when Japan started to receive foreign workers in on-demand jobs, including nursing care. To work in Japan as an SSW, the foreigner must be over 18 years old and pass a Japanese language and skills proficiency test. The maximum period of stay allowed is five years (Ministry of Foreign Affairs of Japan, n.d.). Southeast Asian countries have deployed an increasing number of migrant workers. In September 2021, 38,337 foreigners were working as SSW in Japan. Vietnam ranked top with 23,972 workers, followed by the Philippines and China, with 3,591 and 3,194 workers, respectively. Thailand ranked sixth with 827 workers (Sugimura, 2021). This number is expected to rise, considering the recent surge in recruitment agencies and partnerships between Japanese companies and educational institutions in Thailand to train working-age adults to be deployed to Japan. Therefore, in the near future, there will be Thai care workers who can communicate in Japanese and know the Japanese caregiving style. Those who return to Thailand after working long-term in Japan would be a perfect fit to provide care for the older Japanese living in Chiang Mai. However, securing this group with attractive remunerations and, at the same time, offering services at low cost will certainly be challenging.

Conclusions and further considerations

The development of care services for foreigners should be carried out hand-in-hand with policymakers, stakeholders, and market research. In Chiang Mai, the retirement industry has focused on developing first-class residences for retired foreigners. However, the Japanese have some constraints in fully using them. On an immediate level, cultural differences and communication barriers make them uncertain to use care services offered to foreigners. On a broader sphere, they face financial limitations that result from the Japanese welfare system and the economic recession that has worsened with the pandemic. Now that it is heading towards becoming endemic, new factors, such as a weaker Japanese currency, higher cost of living in Thailand, the promotion of domestic retirement migration, and seasonal stays abroad, have affected the number of Japanese interested in moving to other countries. Consequently, the need for care services in destination countries, including Chiang Mai, will likely diminish. As for the Japanese rooted in Chiang Mai, there has been a shift to using care services offered to Thais because they are more affordable. Thus, at present, the demand for care services for older Japanese is not high. Stakeholders interested in providing care services for older Japanese might consider offering home care, daycare, and outreach services. This would respond to the expectations of this clientele with lower investments for the entrepreneurs.

International retirement migration is contingent on national and transnational socioeconomic contexts. Malaysia, for instance, which has competed with Thailand in attracting foreign retirees with tempting migration policies, has recently reviewed the conditions for the MM2H Visa for long stays. The monthly income required to apply for the visa has more than tripled from RM 10,000 to RM 40,000 (US\$ 2,250/ THB 80,000 to US\$ 9,000/ THB 315,000) , and the fixed deposit required is RM 1,000,000 (roughly US\$ 226,000/ THB 8 million), revealing a shift to target only high-power retirees (Malaysia My Second Home, 2021). On the other hand, in Thailand, the “Non-immigrant Visa O-A” known as the long-stay visa, requires a monthly income of not less than 65,000 baht or an annual deposit of not less than 800,000 baht, which can also be a combination of both (Ministry of Foreign Affairs, Kingdom of Thailand, 2022) . Government and enterprises in Thailand may as well reevaluate long-stay tourism and related businesses to ensure their sustainability in the long run.

References

- Nationthailand. (2018, March 15). A Catalyst for development of senior living communities in Thailand <https://www.nationthailand.com/property/30340992>
- AI Home Chiang Mai. (2022). AIHOME チェンマイ. <https://aihomechiangmai.net/>
- Asian Development Bank. (2020). *Country diagnostic study on long-term care in Thailand*. Author. <http://dx.doi.org/10.22617/TCS200373-2>
- Cancer Connect Chiang Mai & Lanna Care Net. (2015). *Details of surveyed senior health care facilities in Chiang Mai, Thailand*. <https://www.lannacarenet.org/wp-content/uploads/2015/02/Care-survey-grid-1.pdf>
- Representatives Election and Year-End Report. (2015, January 1). *CLL Newsletter*, 138, 2. <https://www.cll-thaijp.net/newsletter>
- CLL Activity Schedule for April 2020. (2020, April 1). *CLL Newsletter*, 201, 8. <https://www.cll-thaijp.net/newsletter>
- Monthly Report. (2022, June 1). *CLL Newsletter*, 227, 2. <https://www.cll-thaijp.net/newsletter>
- Future Japanese pension benefits to drop to half of workers' take-home pay. (2019, September 11). *Nippon.com*. <https://www.nippon.com/en/japan-data/h00533/future-japanese-pension-benefits-to-drop-to-half-of-workers%E2%80%99-take-home-pay.html>
- Health and Global Policy Institute. (2015). *Japan Health Policy Now*. <http://japanhpn.org/en/section-3-1/>
- Kaendera, S. & Leigh, L. (2021, June 23). *Five things to know about Thailand's economy and COVID-19*. INTERNATIONAL MONETARY FUND. <https://www.imf.org/en/News/Articles/2021/06/21/na062121-5-things-to-know-about-thailands-economy-and-covid-19>
- Kuroda, A. (2015). The present situation and problems of the domestic long stay: Domestic long stay facilities in Japan. *The Bulletin of Kurashiki University of Science and the Arts*, 21, 141-154. <http://id.nii.ac.jp/1239/00000304/>
- Leng, C.H. (2007). Medical tourism in Malaysia: International movement of healthcare consumers and the commodification of healthcare. *Asia Research Institute Working Paper Series*, 83, 3-32. <http://ssrn.com/abstract=1317163>
- Liemsuan, T., Boonyoung, K., Arthornurasook, P. & Ogawa, S. (2022). Japanese clustering and needs of Japanese towards long - stay tourism in Thailand. *Jsn Journal*, 12(1), 82-106. <https://so04.tci-thaijo.org/index.php/jsn>

- Malaysia My Second Home. (2021). *New rules 2021*. <https://www.mm2h.com/new-rules-2021/>
- Martin, A.K.T. (2022, October 17). Work forever: Japan's seniors brace for life without retirement. *The Japan Times*. <https://www.japantimes.co.jp/news/2022/10/17/business/senior-employment-japan/>
- Ministry of Foreign Affairs of Japan. (n.d.). *Japan is looking for specified skilled workers*. <https://www.mofa.go.jp/mofaj/ca/fna/ssw/us/index.html>
- Ministry of Foreign Affairs of Japan. (2021). *Annual Report of Statistics on Japanese National Overseas*. <https://www.mofa.go.jp/mofaj/toko/tokei/hojin/index.html>
- Ministry of Foreign Affairs, Kingdom of Thailand. (2022). *Non - immigrant visa "O-A" (Long Stay)*. <https://www.mfa.go.th/en/page/non-immigrant-visa-o-a?menu=5e1ff71bc4281a00c812e8e2>
- Miyashita, Y., Akaleephan, C., Asgari-Jirhandeh, N. & Sungyuth, C. (2017). Cross - border movement of older patients: A descriptive study on health service use of Japanese retirees in Thailand. *Globalization and Health*, 13(14), 1-11. DOI 10.1186/s12992-017-0241-9.
- Morikawa, M. (2014). Towards community-based integrated care: Trends and issues in Japan's long-term care policy. *International Journal of Integrated Care*, 14, 1-10. <https://www.ijic.org/article/10.5334/ijic.1066/>
- Nishikito, E. (2020a). *The Impacts of aging japanese long - stayers on health care services in Chiang Mai*. Payap University.
- Nishikito, E. (2020b). The current situation of aging Japanese retirees and their impacts on medical services in Chiang Mai province, Thailand. *Jsn Journal*, 10(2), 100-118. <https://doi.org/10.14456/jsnjournal.2020.13>
- Ono, M. (2012). Searching for care: International retirement migration and medical tourism in Malaysia among elderly Japanese. *Journal of Asia - Pacific Studies*, 18, 253-267. <http://hdl.handle.net/2065/36016>
- Phoenix Capital Group. (2022, May 7). *Currency war between Thailand and Japan: Yen vs. Baht*. <https://www.thephoenixcapitalgroup.com/currency-war-between-thailand-and-japan-yen-vs-baht/>

- Sugimura, T. (2021, December 22). Statistics of the Ministry of Justice: Unraveling the current situation of “Specified Skilled Workers” from the number of foreign residents under the “Specified Skilled Worker” status of residence. [Homushō tōkei “Tokutei Ginō Zairyū Gaikokujin-sū kara himotoku “Tokutei Ginō” no Genjō]. Global HR Magazine: Diversity & Inclusion. <https://global-hr.lift-group.co.jp/132>
- The Japan Times Editorial Board. (2022, October 21). *An ever weakening Yen punishes thenNation*. thejapantimes. <https://www.japantimes.co.jp/opinion/2022/10/21/editorials/yen-depreciation/>
- Toyota, M. & Xiang, B. (2012). The emerging transitional "retirement industry" in Southeast Asia, *International Journal of Sociology and Social Policy*, 32 (11), 708 – 719. <http://dx.doi.org/10.1108/01443331211280737>
- Wogmonta, S. (2021). Post-COVID 19 tourism recovery and resilience: Thailand context, *International Journal of Interdisciplinary in Management and Tourism*, 5(2), 137 – 148. <https://doi.org/10.14456/ijmmt.2021.12>
- Wongboonsin, P., Aungsuroch, Y. & Hatsukano, N. (2020). The ageing society and human resources to care for the elderly in Thailand. In Tsujita, Y. and O. Komazawa (Eds.), *Human resources for the health and long-term care of older persons in Asia* (pp.104-135). Jakarta: ERIA.
- Yamagishi, H. (2019). *Chiang Mai, the final destination* [Chenmai Saishyu Eki]. Society for the Care and Support in Chiang Mai.
- Yamaki, I. (2020). The quality of life of elderly Japanese residents of Chiang Mai: A case study of members of Japanese Associations in Chiang Mai. *e-Bangi Journal of Social Sciences and Humanities*, 17(1), 175-187. <https://ejournals.ukm.my/ebangi/article/view/37506>