

which of the following applies to them with regard to each item: 'Have the item', 'Do not want it', 'Cannot afford it', or 'Don't know'.¹⁶

We first identify which items are essential on the basis of them attracting majority support (at least 50 per cent) for being necessary. However, the more graded range of responses provided to respondents in Japan is likely to affect how many say that the item is essential and the 'Don't know' option is also likely to affect the pattern of responses. Once the list of necessities has been established, those who are deprived are identified as those who do not have *and* cannot afford each item (in Australia), or as those who say that they cannot afford the item (in Japan).¹⁷ Once those who are deprived of the items regarded as necessities by a majority of respondents have been identified, the level of deprivation was estimated by summing the number of items each individual is deprived of, and averaging the resulting scores across household types. A second set of indicators measures the severity of deprivation by comparing the proportion experiencing no deprivation, at least one indicator, and at least two indicators.¹⁸

4 Results

Monetary indicators: income comparisons

Table 2 shows the mean equivalised incomes for each of the household types shown in Table 1, in local currencies and expressed relative to the adjusted incomes of single working-age households. Also shown are the poverty rates in each country, estimated using a poverty line set at one-half of median OECD equivalised income. It is clear that there are some large differences between the income profiles of the two countries and in the poverty risks faced by different household types. In terms of poverty, although the overall rate is virtually the same in both countries (at around 14 per cent),

¹⁶ It is possible that the difference in the two methods (a single survey as in Australia, or two separate surveys as in Japan) caused some bias in the comparison, even though it is not certain to what degree and to which direction.

¹⁷ Note that those who forego the item out of choice are identified explicitly in Japan (by the 'I do not want it' option), but are only identified implicitly in Australia (as those whose response implies that a lack of affordability is not the reason they lack the item). In both surveys, a lack of monetary resources is the implied cause of deprivation.

¹⁸ One problem with the mean deprivation score relates to its treatment of missing values, which are assigned a score of zero and thus implicitly treated as not deprived cases. This can distort the comparisons between groups (or countries) if the missing values are not randomly distributed across the sample. The incidence of a minimum level of deprivation (e.g. two or more items) overcomes this problem to a large extent.

the disaggregated estimates indicate that the household-level differences between countries are greatest for single people (either working-age or older) and for sole parents. In all three cases, poverty rates are considerably lower in Australia than in Japan. However, these differences reflect the variations in living arrangements alluded to earlier, in particular the fact that these household types are far more likely to be living with other adults in Japan and thus benefiting from a broader sharing of resources. Put differently, single adults living alone (without children) face below-average poverty rates in Australia, but above-average poverty rates in Japan. Sole parents face high poverty rates in both countries but they are consistently higher in Japan than in Australia.

Table 2: Mean Incomes and Poverty Rates

Household type	Australia		Japan	
	Mean income (A\$/week)	Poverty rate	Mean income (*0,000 Yen/annum)	Poverty rate
Single, working-age (WA; 20-64)	524.0 (1.00)	10.4	255.2 (1.00)	17.7
Single, older person (OP; 65+)	320.5 (0.61)	10.8 ^(a)	193.6 (0.76)	25.7
Couple and other adults, head is WA, no children	482.8 (0.92)	13.4	292.5 (1.15)	11.2
Couple and other adults, head is OP, no children	309.4 (0.59)	22.6	228.1 (0.89)	20.4
Couple and other adults, head is WA, with children	438.7 (0.84)	11.4	244.3 (0.96)	12.3
Sole parent, WA with children ^(b)	311.2 (0.59)	22.1	258.0 (1.01)	47.1
Total	430.5 (0.82)	14.8	262.5 (1.03)	14.3

Notes: (a) A large number of single older people in Australia are reliant on the means-tested age pension, and have incomes that are low, but slightly above the half-median poverty line. (b) The (small) sample of sole parent households in Japan contains two observations with high income. This increases the mean income of the group but the poverty rates remains high.

The other notable feature of Table 2 concerns the relative income positions and poverty rates of older people in the two countries. On average, households containing older people have relatively low mean incomes and high poverty rates in both countries. However, even though the mean incomes of older people (relative to that of single WA households) in single households as well as in multiple-adult households, are higher in Japan, poverty rates are also considerably higher in Japan. This is probably due to the differences in the public pension systems in the two countries. The Australian pension system with its means-test and benefit level above the poverty line is more effective in reducing the poverty of older people, while the Japanese pension system, which is related to pre-retirement income and has no minimum guarantee, is much less effective.

Non-monetary indicators I: comparing overall deprivation

Reference has already been made to the problems associated with comparing deprivation rates in the two countries as a consequence of differences in the purpose and content of the two surveys from which the estimates have been derived. These should be borne in mind when reviewing the following results.

Table 3 shows the list of items included in the two surveys and the percentage support in each country for each item being necessary.¹⁹ Despite the differences in nature and number of many of the items, several broad similarities are apparent in the two sets of rankings. In both countries, access to various forms of medical care appears at the top of the ranking of necessities, as do items that reflect the availability and quality of accommodation. Another common theme is the importance of items that either represent different forms of social engagement with others, including attending important social occasions (identified as customary in each society), or access to those items that make such participation feasible (appropriate clothing and access to transportation). The greater emphasis given to educational success in Japan is evident in the high level of support for high school education being essential (71.7 per cent) compared to 63.4 per cent support for this item (and a far lower ranking) in Australia. Another notable difference is the apparently lower acceptance of consumerism in Australia, where electronic items receive lower levels of support for being necessary than is the case in Japan (where far more people are dependent on the jobs generated in high-technology manufacturing industries). It is also interesting to note that the support for items does not necessarily reflect state policies. Thus, high school education receives high support in Japan where the high school education is not compulsory, and lower support in Australia where it is compulsory. Dental treatment receives higher support in Australia where it is not covered by public health insurance, than in Japan where it is.

Despite these ranking similarities, the overall level of support for items being necessary is lower in Japan. Thus, whereas in Australia almost half (29 out of 61) of the items are regarded as necessary by more than 90 per cent of the population, not one item attracts this degree of support for being necessary in Japan. This difference

¹⁹ Both sets of estimates shown in Table 3 have been weighted using population weights in order to obtain a better estimate of what 'the community' (as opposed to sample participants) regard as essential in each country.

in the apparent strength of community agreement about which items are essential may reflect the differences in the wording of the question described earlier and, in particular, the larger number of response options provided in the SLC in Japan.²⁰ In total, 15 of the 61 items in Australia and 22 out of 42 items in Japan fail to receive majority support for being essential, and these items are thus dropped from the analysis. In addition, a number of the items that exceed the majority support threshold in Australia either apply to only specific groups in the community (e.g. mental health services if needed) or cannot be purchased by individuals (e.g. supportive family relationships, or a public telephone). These items have also been removed from the analysis in order to maintain a focus on general needs, and so that the 'can you afford it?' filter used to identify deprivation can be applied.^{21 22} When these items are removed, the number of necessities falls from 46 to 26 in Australia and from 20 to 19 in Japan. For ease of comparisons, the final list of deprivation items are shown in italics in Table 3.

²⁰ If the 'Definitely' and 'Better to have but can do without' options are combined, the percentage support for items being necessary in Japan approaches that in Australia

²¹ For Japan, the item 'Transportation costs to see friends, family, relatives' was removed because it overlaps with 'Attending relative's weddings, funerals, etc. (including giving gifts)', both of which received very similar levels of support. Many people in Japan travel once a year to their, or their parents' or grandparents' place of birth, mostly on New Year's Eve or around mid-Summer, when the spirits are said to come home'. This accounts for most family trips.

²² It should be noted that the item 'Education up to High School level' was kept in the list of necessities for Japan even though a very similar item was removed from the Australian list because education is free, and thus the 'can you afford it' question is not relevant. In contrast, in Japan parents are required to pay for their children to attend high school and even though the percentage of pupils entering high school is very high (around 97 per cent) some poorer families have difficulty paying the tuition fees.

Table 3: Support for Items Being Necessary in Australia and Japan (percentages)

Item (N = 61)	AUSTRALIA		Item (N = 42)	JAPAN	
		Is it necessary? (%)			Is it necessary? (%)
<i>Medical treatment if needed</i>		99.9	<i>To be able to see a doctor</i>		88.6
<i>Warm clothes and bedding, if it's cold</i>		99.8	<i>To be able to see a dentist</i>		86.8
<i>A substantial meal at least once a day</i>		99.6	<i>Telephone</i>		86.6
<i>Able to buy medicines prescribed by a doctor</i>		99.3	<i>Pension premiums to prepare for retirement</i>		74.0
Access to a local doctor or hospital		99.3	<i>Insurance for death, accidents, illness, etc.</i>		71.9
Disability support services, when needed		99.0	<i>Education up to High School level (*)</i>		71.7
<i>Dental treatment if needed</i>		98.5	<i>Family's own bath (inc. shower)</i>		67.1
To be treated with respect by other people		98.5	<i>Heaters/Coolers (air conditioner etc.)</i>		66.9
Aged care for frail older people		98.0	<i>Books, magazines for children (*)</i>		66.8
To be accepted by others for who you are		97.9	<i>Family's own toilet</i>		65.8
Ability to speak and read English		97.8	<i>Family's own kitchen</i>		64.9
Streets that are safe to walk in at night		97.7	<i>Hot water heater (for kitchen and wash basin)</i>		64.5
Access to mental health services, if needed		97.2	<i>Attending relative's weddings, funerals, etc. (including giving gifts)</i>		58.5
<i>A decent and secure home</i>		97.3	<i>Micro-wave oven</i>		57.9
Safe outdoor space for children to play at or near home		96.1	<i>Transportation cost to see friends, family, relatives</i>		57.8
Supportive family relationships		95.0	<i>New underwear at least once a year</i>		57.5
<i>Children can participate in school activities and outings</i>		94.7	<i>Separate bedroom from the living space</i>		56.9
<i>A yearly dental check-up for children</i>		94.3	<i>Parents participating in school event (*)</i>		55.8
Someone to look after you if you are sick and need help		93.2	<i>To be able to save every months even a little</i>		54.4
Good budgeting skills		92.4	<i>Special suits for occasions (funerals, weddings, etc.)</i>		50.3
A local park or play area for children		92.1	<i>Suits for work and interviews</i>		49.5
<i>A hobby or leisure activity for children</i>		92.5	<i>Multiple bedrooms (for families larger than a couple)</i>		48.1
<i>Regular social contact with other people</i>		92.5	<i>Celebrating a birthday (*)</i>		47.2
<i>A roof and gutters that do not leak</i>		91.5	<i>Pocket money (*)</i>		45.8
Good public transport in the area		92.1	<i>Bicycle (or tricycle) (*)</i>		44.7
Access to a bulk-billing doctor (Medicare)		91.7	<i>Mobile phone (incl. PHS)</i>		40.7
<i>Secure locks on doors and windows</i>		91.6	<i>New Year's celebration (such as Osechi - a special meal for the new year's day)</i>		35.7
<i>Furniture in reasonable condition</i>		89.3	<i>Xmas present (*)</i>		33.9
Access to a bank or building society		90.2	<i>Child's own room (*)</i>		33.7
<i>Damp and mould free walls and floors</i>		90.7	<i>Education up to University or Junior university (*)</i>		33.7
<i>Heating in at least one room of the house</i>		87.4	<i>Fruits at least once a day</i>		33.6
<i>Up to date schoolbooks and new school clothes</i>		88.5	<i>Socializing with others through sports, hobbies</i>		33.4
A public telephone		88.5	<i>Video player</i>		31.5

Table 3 (Continued):

Child care for working parents	86.5	New clothes and shoes every year (not a second-hand) (*)	28.4
Someone to give advice about an important decision	85.4	Toys such as sports equipment and games (*)	26.1
<i>A separate bed for each child</i>	84.0	Participating neighbourhood clubs, women's & child clubs (*)	23.5
<i>A telephone</i>	81.1	Eating out 2,3 times a month	22.6
<i>Up to \$500 in savings for an emergency</i>	81.1	Lessons (hobby, sports, etc.)	21.9
<i>A washing machine</i>	79.4	Family trip of more than 1 night at least once a year	20.8
<i>Home contents insurance</i>	75.1	Access to the internet	18.9
<i>Presents for family or friends at least once a year</i>	71.6	Juku (private tutoring classes)(*)	16.2
<i>Computer skills</i>	68.7	Walkman, CD/MD Player, etc.(*)	14.7
Attended school unit at least year 12 or equivalent	63.4		
<i>Comprehensive motor vehicle insurance</i>	60.2		
<i>A week's holiday away from home each year</i>	52.9		
<i>A television</i>	50.9		
A car	47.8		
A separate bedroom for each child aged over 10	49.1		
Up to \$2000 in savings for an emergency	44.4		
A special meal once a week	35.9		
A spare room for guests to stay over	31.5		
A night out once a fortnight	35.6		
A home computer	25.9		
A mobile phone	23.0		
A clothes dryer	18.9		
Access to the internet at home	19.7		
A printer	18.6		
A DVD	17.2		
An answering machine	12.3		
A dishwasher	7.6		
A fax machine	5.3		

(*) For Japan, items marked with asterisk are selected as "items being Necessary for children in particular"

There are some striking similarities between the two sets of items regarded as necessary by a majority in the two countries. In both countries, access to basic medical (and dental) services when needed appear at the top of the necessities ranking. The largest single grouping of necessities relates to accommodation needs, as captured in the quality and features of the dwelling itself, the facilities it provides and the consumable durables within it. This domain accounts for 9 of the 26 necessities in Australia and 7 of the 19 in Japan. Each list includes similar numbers of items that provide protection against unforeseen or longer-term risks, relate specifically to the needs of children, and facilitate participation in special occasions such as weddings or

annual holidays. Overall, these similarities more than outweigh the differences in the items included in the original two lists (which in part reflect the differing research priorities of two independent studies) and in the detailed necessity rankings themselves.

Table 4 compares the aggregate deprivation incidence rates for those items that satisfy the necessities threshold in each country when applied as described above. These rates express the numbers who indicate that they do not have each item because they cannot afford it as a percentage of those who responded to the relevant questions in each sample. Where the items refer to the needs of a specific sub-group (e.g. children) we assume that those respondents for whom these items are not relevant (e.g. households that do not contain any children) will indicate that while they do not have these items, this is not because they cannot afford them and they will not therefore be identified as deprived given the logic of the deprivation approach.^{23 24} This highlights the important role that the ‘can you afford it?’ question plays, not only in focusing on a lack of resources as the key determinant of deprivation, but also in acting as a filter for items that are irrelevant given the structure of the household.

The average deprivation rate across all items is higher in Australia than in Japan, although the difference is not pronounced. In both countries, deprivation is highest in relation to an inability to afford to save – for emergencies in Australia and on a regular (if modest) basis in Japan – and in the domain of security provision and risk protection more generally. Few people are deprived of medical treatment in either country, although the cost of dental treatment prevents people from accessing this service when needed in Australia. Overall, accommodation deprivation is higher in Australia, particularly in relation to the quality of the dwelling itself. The child-focused items also suggest that deprivation among children is higher in Australia than in Japan, even allowing for the larger number of items appearing in the Australian list of necessities. The highest single rate of deprivation occurs in relation to the lack of

²³ This may not always be the case. Some respondents may have non-dependent (older) children living with them and may indicate that they cannot afford the child-related items. Others may indicate that they cannot afford the items even though, strictly speaking, they do not need them. There are some respondents in these situations in Australia, particularly the former.

²⁴ In Japan, the three questions on children’s needs were asked only to households which contained a child aged less than 12 years old

an annual holiday away in Australia (22.4 per cent), although unfortunately there is no comparable item in Japan.

Table 4: The Overall Incidence of Deprivation (unweighted percentages)

AUSTRALIA		JAPAN	
Domain/Item	Incidence (%)	Domain/Item	Incidence (%)
Health/Basic Needs		Health/Basic Needs	
Medical treatment if needed	2.0	To be able to see a doctor	1.8
Dental treatment if needed	13.9	To be able to see a dentist	2.7
Able to buy prescribed medicines	3.9	New underwear at least once a year	7.4
Warm clothes and bedding	0.2		
A substantial daily meal	1.1		
Accommodation/Facilities		Accommodation/Facilities	
A decent and secure home	6.6	Family's own toilet	1.2
Secure locks on doors & windows	5.1	Family's own kitchen	1.1
Roof and gutters that do not leak	4.6	Hot water heater (for kitchen)	3.4
Furniture in reasonable condition	2.6	Family's own bath (inc. shower)	2.2
Heating in at least one room	1.8	Heaters/coolers	0.9
A washing machine	0.8	Micro-wave oven	1.5
Home contents insurance	9.5	Separate bedroom from living space	4.9
Security/Risk Protection		Security/Risk Protection	
Up to \$500 in emergency savings	17.6	Pension premiums for retirement	4.1
Full motor vehicle insurance	8.6	Insurance for death, illness, etc.	7.8
		To be able to save every month	25.0
Children's Needs		Children's Needs (a)	
Up to date school books & clothes	3.8	Education to High School level	0.6
Children participate in school activities and outings	3.5	Books, magazines for children	0.3
Annual dental check for children	9.1	Parents participate in school events	0.6
A hobby/leisure activity for children	5.7		
A separate bed for each child	1.6		
A separate bedroom for older children	6.1		
Social Functioning		Social Functioning	
Telephone	1.5	Telephone	2.0
Regular social contact with others	4.7	Attending relative's weddings, funerals, etc. (including giving gifts)	2.8
A television	0.2	Special suits for funerals, weddings, etc.	2.4
Presents for family or friends	6.6		
Computer skills	5.2		
Week's holiday away from home	22.4		
Mean Incidence rate (unweighted)	5.8		4.1

(a) For Japan, the children's needs were asked only to households with children aged 12 and less.

Non-monetary indicators II: household deprivation patterns

Having briefly examined the overall patterns of deprivation, we now compare the extent and severity of deprivation across household types. To make this part of the analysis manageable, we focus on four aggregate indicators, the mean deprivation

score (MDS, derived by summing the number of separate deprivation items and then averaging across household types), and the percentages within each group that experience none, at least one and at least two forms of deprivation. The results are shown in Table 5.

Table 5: Deprivation Indicators by Household Type

Household type	Mean score (MDS)	AUSTRALIA			Mean score (MDS)	JAPAN		
		D = 0	D = 1	D = 2		D = 0	D = 1	D = 2
Single, working-age (WA)	2.12	0.48	0.52	0.39	1.80	0.38	0.62	0.33
Single, older person (OP)	1.33	0.62	0.38	0.27	1.35	0.44	0.56	0.26
Couple and other adults, head is WA, no children	1.12	0.66	0.34	0.23	0.59	0.71	0.29	0.11
Couple and other adults, head is OP, no children	0.65	0.75	0.25	0.14	0.58	0.64	0.36	0.11
Couple and other adults, head is WA, with children	1.42	0.60	0.40	0.27	1.41	0.65	0.35	0.16
Sole parent, WA with children	3.86	0.26	0.74	0.59	2.65	0.18	0.82	0.65
Total	1.35	0.62	0.39	0.27	0.73	0.65	0.35	0.15

Notes: See Notes to earlier Tables.

Since the number of deprivation items are different between the two surveys, the comparison of the mean score and the proportion of no or only-one deprivation between Australia and Japan is not very revealing. Instead, it is more interesting to note the similarities and differences in the patterns of deprivation across different households within a country. Despite the differences in the patterns of relative poverty between Australia and Japan, the results reveal a similar pattern of deprivation in terms of who is most affected by it. In both countries, sole parents are the most deprived, followed by working-age single people and working-age households with children. Least deprived are older couples, working-age couples without children, and older single people, in that order. These patterns are similar if either the mean score or the percentage experiencing two or more forms of deprivation is used as the basis of the comparisons, indicating that the results are robust.

Finally, we compare the deprivation patterns shown in Table 5 with the income and poverty comparisons shown in Table 2. There are some marked changes in the rankings, particularly for single working-age people (who show up as far worse on a deprivation basis) and older couple households (who show up far better). In both countries, households with an older head seem to be consistently less deprived than households with similar family composition, even though the poverty rates suggest otherwise. Further, in both countries, households with children show higher rate of deprivation than households without children. These differences may indicate that the living standards of younger people are lower than their poverty rate suggests, while those of older people are higher, but they may also reflect systematic differences in the relevance and applicability of the deprivation items, and in the willingness of people at different stages of the life cycle to reveal that they do not want or cannot afford specific items. Other studies have observed similar patterns in cross-sectional data (e.g. Van den Bosch, 2001; Berthoud, Bryan and Bardarsi, 2004) and this is an issue that warrants further examination.

Overlap analysis

Having shown that the monetary (poverty) and non-monetary (deprivation) indicators produce differences in the rankings of households differentiated on the basis of their age (in broad categories), the overlap between the two indicators. This issue has attracted considerable attention in the poverty literature, where it has been used to identify whether those with low-income are actually experiencing deprivation (Bradshaw and Finch, 2003; Perry, 2002) and to identify 'consistent poverty' on the basis of having both an income below the poverty line and experiencing a minimum degree of deprivation (Nolan and Callan, 1989; Nolan and Whelan, 1996). In exploring this issue here, deprivation is defined as experiencing at least two forms of deprivation.²⁵ This produces a deprivation rate in Australia that is close to twice as high as the poverty rate (27 per cent compared to 14.8 per cent), whereas the two rates are much closer in Japan (15 per cent for deprivation and 14.3 per cent for poverty). Although it would have been preferable to select the indicators so that they produce

²⁵ It should also be noted that the samples now differ slightly from those used to derive the earlier results.

similar overall rates, this is not possible when comparing two countries unless it happens by coincidence.

The overlap results in Table 6 show that, in both countries, the overlap between poverty and deprivation implies that ‘consistent poverty’ – the combination of low-income and at least two forms of deprivation – is well below the income poverty rate; 7.7 per cent in Australia and 5.9 per cent in Japan. Without further investigation, it is not possible to be definitive about the factors that explain why both countries start off with very similar poverty rates, yet consistent poverty ends up almost two percentage points lower in Japan than in Australia. One possible explanation is that the greater tendency for people to live in multi-adult, multi-generation households in Japan provides the capacity basis for greater sharing of resources that protects those with poverty-level incomes from being deprived.

Table 6: Overlap Analysis and Consistent Poverty

Household type	AUSTRALIA				JAPAN			
	Poverty rate (P)	Deprivation rate (D) (D = 2)	P and D	Neither P nor D	Poverty rate (P)	Deprivation rate (D) (D = 2)	P and D	Neither P nor D
Single, working-age (WA)	0.108	0.397	0.082	0.577	0.177	0.323	0.139	0.629
Single, older person (OP)	0.116	0.295	0.078	0.667	0.257	0.200	0.114	0.657
Couple and other adults, head is WA, no children	0.138	0.238	0.077	0.702	0.112	0.112	0.043	0.819
Couple and other adults, head is OP, no children	0.231	0.149	0.070	0.690	0.204	0.110	0.045	0.731
Couple and other adults, head is WA, with children	0.115	0.26	0.070	0.690	0.123	0.166	0.061	0.773
Sole parent, WA with children	0.224	0.579	0.140	0.336	0.471	0.647	0.412	0.294
Total	0.145	0.264	0.077	0.668	0.143	0.146	0.059	0.770

Notes: See Notes to earlier Tables.

In Australia, consistent poverty is spread evenly at around 8 per cent across all households, with the exception of sole parents, who face a consistent poverty rate that is approaching twice that of other groups. In contrast, there is greater variability in consistent poverty rates across households in Japan, with sole parents experiencing almost seven times the overall rate, and single people living alone (in both age

groups) facing more than twice the average rate. Japanese households with more than one adult, with or without children, face consistent poverty rates of 6 per cent or less, lower than any group in Australia.

It is to be expected that when this stricter definition of poverty is applied, it results in fewer people being identified as poor. In aggregate, two-thirds of Australian households and over three-quarters of Japanese households are shown to experience neither poverty nor deprivation. There are, however, still marked differences within and between the two countries in the incidence of consistent poverty across the different household types. Sole parent households again show up as facing the highest poverty risks, as do single people living alone in Japan. We also see surprisingly similar results when we examine the percentage of those who are income poor and also deprived. Poor single working-age households are very likely to also be deprived (73 per cent in Australia and 79 per cent in Japan), whereas multiple-adult households where the head is old, are much less likely to be in this situation (30 per cent in Australia and 22 per cent in Japan).

5 Conclusions

This paper has applied a standardised approach to identify necessities and estimate deprivation in two very different countries. The results differ markedly from those based on monetary (income) estimates of well-being, and provide the basis for a more informed understanding of differences in living standards, both within and between countries. Above all, they demonstrate that the deprivation approach can be applied comparatively, and is capable of producing new and illuminating results. Specifically, the paper makes use of two surveys in respective countries which are designed separately but are very similar in nature. The most notable difference between this paper and previous comparative studies of deprivation is that it makes use of two distinct sets of item lists to measure deprivation, each selected using the same 'consensual approach'. Even though the lists of items selected as 'necessities' in the two countries differ in many respects, the paper has shown that many of the findings derived from the comparative analysis using the same list are robust. This is evidence that the deprivation approach can be applied to study variations in living standards in countries with vast cultural differences.

The comparative analysis of deprivation between Australia and Japan confirms some of the findings which have been discovered in previous comparative work, but has also revealed some new findings. First of all, deprivation ranking of household types is strikingly similar between the two countries. In both Australia and Japan, sole parents show up as most deprived, followed by working-age single people and working-age households with children. Least deprived are older couples, working-age couples without children, and older single people, in that order. This is so despite the fact the cohabitation decisions with parents and children are very different between the two countries. Secondly, the deprivation ranking is very different from the poverty ranking. In both countries, working-age households are more deprived than the retired households, and households with children are more deprived than the households without children, even though the poverty ranking is very different between the two countries. These results suggest that using the deprivation approach may be revealing a glimpse into a fundamental and universal nature of poverty, which cannot be seen from just looking at the income-based poverty measures.

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2. 社会保険の減免制度、自己負担の あり方と給付に関する研究

厚生労働科学研究費補助金（政策科学推進研究事業）
分担研究報告書

低所得者の実態と社会保障のあり方に関する研究

「I I. 社会保険の減免制度、自己負担のあり方と給付に関する研究」

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研究要旨

公的医療保険は、便益（医療サービスのカバレッジ）が同じであるにもかかわらず、その負担（保険料）には、さまざまな「不公平」が存在することである。特に、国民健康保険と被用者保険の間には、同じ所得であっても保険料率（所得に占める保険料の割合）に大きな格差が生じている。また、国民健康保険は現役世代や子どもに限ってみても低所得層に偏っており、特に低所得層において保険料率と世帯員一人あたり保険料額がともに高い。

これを改善するためには、国民健康保険、被用者保険に共通の応能負担のルール（所得に対して一定の割合）で保険料を課すことが望ましい。こうすることにより、制度間の不公平が解消され、また、現行の標準報酬月額の上限も撤廃されるため、高所得層にも同率の負担を求めることとなる。

国民健康保険の保険料滞納者が増加するなか、このような斬新的な保険料設定を本研究で行われたようなマイクロ・シミュレーション手法によるエビデンスを用いて検討することが緊急の課題である。

A. 研究目的

本研究の目的は、社会保険における保険料や自己負担のあり方について、理論的かつ実証的に論じることである。研究では、具体的な政策を対象として、例えば、国民健康保険や国民健康保険の保険料減免制度など低所得者に配慮した政策がどれほどの効果があるのか、また、代替案として、どのような政策が必要なのかを検討していく。

B. 研究方法

本年度は、厚生労働省「国民生活基礎調査」をもちいて、公的医療保険（国民健康

保険、組合健康保険、政管健康保険）において、新しい保険料設定を導入した場合に、世帯レベルでどのような変化を起さるのかを、マイクロ・シミュレーションの手法を用いて分析した。

本研究の前半においては、1989年、92年、95年、98年、01年、04年の「国民生活基礎調査」の大調査年6回分の公表データと、2004年の個票を用いて、公的医療保険の加入と負担の状況が記述された。また、後半においては、2004年のデータを用いて、異なる保険料設定のマイクロ・シミュレーションを行った。

(倫理面への配慮)

データの扱いにおいては、個人情報が出漏らないように細心の注意を払うこととした。

C. 研究成果

まず、公的医療保険の保険料負担の実態について5つの知見が得られた。

第一に、雇用の非正規化によって被用者保険から国民健康保険へ加入者が移行していることが懸念されたが、1989年から2004年にかけて国民健康保険の加入割合の大きな変化は確認できない。高齢者においては、国民健康保険の割合が上昇しているものの、現役世代ではほぼ横ばい、子どもにおいては減少している。第二に、現役世代においては、低所得層に国民健康保険加入者が偏っている。第三に、国保世帯と健保世帯の間には、同じ所得階層であっても保険料負担の格差が生じている。これは世帯の可処分所得に対する保険料率においても、被保険者1人あたり保険料においてもみることができる。格差は、特に低所得層に大きく、国保の低所得層の負担が高いことが改めて確認される。第四に、国保世帯の多人数世帯、多子世帯は、特に保険料率が高い。第五に、異なる被用者保険(政管健保、組合健保、共済会など)間において保険料率が異なることから生じる所得階層による保険料率の格差はデータからは確認することができなかった。

次に、以下の3つの新しい保険料設定の基に、各世帯の保険料負担がどのように変わるのかをマイクロ・シミュレーションの手法を用い手分析した。3つのシナリオは、どれも、保険料収入(被用者保険の場合は雇用主負担も含む)を現行と同じという仮定のもとに行われている。

シミュレーション①: 国民健康保険と被用者保険の全被保険者について、被保険者1人

あたりの保険料を定額とした場合

シミュレーション②: 国民健康保険と被用者保険の全加入世帯において、保険料を各世帯の可処分所得に対して定率とした場合

シミュレーション③: 子どもがある世帯の国民健康保険料を半額免除とした場合

D. 考察

マイクロ・シミュレーションによる結果は以下の通りである。

「応益負担」の原理に基づく保険料設計(シミュレーション1)は、社会的弱者といわれる特定世帯の負担を高めるだけではなく、被保険者間の格差を拡大し、雇用者負担を減少させるため、被保険者全体の負担も増加させる。一方で、「応能負担」の原理に基づいて、どのような制度に加入していても可処分所得の一定比率を課せられる制度(シミュレーション2)であると、特定世帯の負担を軽減させ、被保険者全体の負担も少なくなる。一方で、標準報酬月額の上限の撤廃や低所得層の減免措置の廃止によって、高所得層と低所得層(第1・20分位)の負担が増えることとなる。最後に、国民健康保険の有子世帯に限った減免制度の導入は、国保世帯の有子世帯の負担を軽減するものではないので、シミュレーション2に比べ、どちらが有効であるかは不明である。

E. 結論と政策的含意

本稿による貢献は、以下にまとめられる。まず、公的医療保険は、便益(医療サービスのカバレッジ)が同じであるにもかかわらず、その負担(保険料)には、さまざまな「不公平」が存在することである。特に、国民健康保険と被用者保険の間には、同じ所得であっても保険料率(所得に占める保

険料の割合)に大きな格差が生じている。
また、国民健康保険は現役世代や子どもに限ってみても低所得層に偏っており、特に低所得層において保険料率と世帯員一人あたり保険料額がともに高い。

これを改善するためには、国民健康保険、被用者保険に共通の応能負担のルール(所得に対して一定の割合)で保険料を課すことが望ましい。こうすることにより、制度間の不公平が解消され、また、現行の標準報酬月額の上限も撤廃されるため、高所得層にも同率の負担を求めることとなる。

国民健康保険の保険料滞納者が増加するなか、このような斬新的な保険料設定を本研究で行われたようなマイクロ・シミュレーション手法によるエビデンスを用いて検討することが緊急の課題である。

F. 研究発表

1. 論文発表

阿部彩(2008)「格差・貧困と公的医療保険—新しい保険料設定のマイクロ・シミュレーション—」『季刊社会保障研究』第44巻第3号(2008.12.31.) pp.332-347.

2. 学会発表

なし

G. 知的所有権の取得状況

なし

格差・貧困と公的医療保険： 新しい保険料設定のマイクロ・シミュレーション

阿部 彩

I はじめに

公的医療保険における「国民皆保険」が、現在、危機的な状況にある。国民健康保険の保険料を滞納している世帯は、全国で約382万世帯、滞納率は18.4%に達する〔厚生労働省2008〕。つまり、約5世帯に1世帯の国民健康保険の被保険世帯（以下、国保世帯）が保険料を払っていない。国民健康保険料の滞納が続くと、保険証を返還させられ、「短期被保険者証」または「被保険者資格証明書」が交付される。「短期被保険者証」は、短期間に更新手続き（保険料納付）をしなければならず、「被保険者資格証明書」は、医療機関での支払いは全額自己負担となるので、事実上の「無保険状態」であることを意味する（全額から自己負担分3割を除いた額は市区町村に返還を求めることができるが、実際に、返還を受けるためには、滞納している保険料を払わなければならない）。滞納世帯の中には、子どもがいる世帯も含まれ、全国で「無保険」状態である（=資格証明書が発行された）世帯は33万世帯あり、これらに属する中学生以下の子どもは3万2,776人（1万8,302世帯）に上る〔厚生労働省2008〕¹⁾。

無保険となる要因について実証分析を行った先行文献によると、世帯の所得状況や本人の就業状態が無保険者となる確率に有意に影響するという一貫した結果となっており〔鈴木・大日2000, 湯田2006〕, 低所得層に対する公的医療保険の保

険料の設定のあり方を再考する必要があることは明らかである。

本稿は、公的医療保険における保険料の設定について「国民生活基礎調査」（厚生労働省）の個票レベルのデータを用いて考察するものである。そもそも、公的医療保険の保険料設計には、いくつかの不公平が内在する。第一に、世帯が負担する保険料は、同じ所得であっても、どの公的医療保険制度に加入するかによって大きく異なる。これは、国民健康保険と被用者保険の間に最も顕著であるが、被用者保険の間においても、政府管掌健康保険（現協会けんぽ）、組合健康保険、共済会など、雇用主の規模やタイプによって保険料率は異なる²⁾。そのため、低所得であっても比較的に高い率の保険料を支払っている世帯もあれば、逆に、高所得であっても低い率の保険料を支払っている世帯がある。また、同じ国民健康保険でも、保険料設定は各自治体によって行われているので画一的ではない。第二に、公的医療保険の保険料の設定は、家族構成と密接な関係がある。被用者保険においては、扶養家族の人数にかかわらず保険料の設定がなされているので、同じ所得であっても、扶養家族が多い世帯のほうが「得」である。一方、国民健康保険では、被保険者（保険でカバーされる人、以下同）数に応じて課せられる均等割の部分があるので、扶養家族が多いと、保険料も上昇する。

このような「不公平」は、被用者健康保険と国民健康保険が異なる概念によって保険料設定を行っていることから生じている。被用者健康保険