

# 2018 Survey on Healthcare in Japan

Health and Global Policy Institute  
October, 2018

## I. Summary

Since 2006, HGPI has conducted public opinion surveys on healthcare issues to gain a better understanding of public perception and awareness of health services and healthcare policies desired by the public. The 2018 Survey on Healthcare in Japan focused on topics of discussion that have been popular lately, namely passive smoking, the human papillomavirus (HPV) vaccine, and end-of-life healthcare.

### 1. Survey Highlights

- 58.1% of respondents avoid entering eating and drinking establishments that allow smoking.
- 35.8% of respondents are concerned about the health effects of passive smoking from e-cigarettes.
- 67.0% of respondents cannot say whether or not the HPV vaccine should be recommended.
- While 66.4% of respondents said they want to discuss end-of-life care, 25.4% have actually done so.

### 2. Future discussion points for healthcare policy suggested by survey results

- Passive smoking and HPV vaccination are public health problems that can cause negative health effects or the loss of life, so future discussions may focus on how to implement countermeasures that are scientifically sound.
- On the topic of end-of-life care, with promotion of the Guidelines as the starting point, central topics in future discussions may be methods for transmitting end-of-life care information to the public, and constructing healthcare systems to support patients and their families through team-based care.

## II. Overview of survey

An internet-based public opinion survey was administered to 1,000 males and females over 20 years of age throughout Japan during June 2018. The breakdown of respondent demographics is shown in Figure 1. Respondents were selected by region, age, and sex in ratios in that correspond to the demographics of the total population of Japan. The survey was distributed to 1,359 individuals. It was administered only to those who gave informed consent after having read an explanation of the survey's objectives. The questionnaires were self-administered, and a serial number was given to each respondent to ensure anonymity.

In recent years, there has been a decline in the efficacy of traditional survey methods due to factors such as decreased response rates for mail-in surveys or in-person interviews and expansions in survey restrictions, which has led to higher expectations for internet surveys. However, the conduction of a survey on the internet introduces a fixed sampling bias in that it selects only for respondents who can use the internet, and hence have a certain level of education, as internet literacy is generally correlated with education level<sup>1, 2, 3, 4, 5</sup>. It is important to take this limitation into account when interpreting the results of this survey.

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- 1) Smith MA, Leigh B, 1997, Virtual subjects: Using the Internet as an alternative source of subjects and research environment. *Behav Res Meth Instrum Comput*, 29, 496–505.
  - 2) Osomi N, Maeda T, 2007, Problems with online surveys - Observations from experimental investigations (Part 1) (From members). *Japan Association for Public Opinion and Research Newsletter Yoron*, 100, 58-70.
  - 3) Osomi N, Maeda T, 2008, Problems with online surveys - Observations from experimental investigations (Part 2) (From members). *Japan Association for Public Opinion and Research Newsletter Yoron*, 101, 79-94.
  - 4) Miura A, Kobayashi T, 2015, Monitors are not monitored: How satisficing among online survey monitors can distort empirical findings. *Japanese Journal of Social Psychology*, 31, 1–12.
  - 5) Hanibuchi N, Muranaka A, Ando M, 2015, Challenges of Data Collection through Internet Research: Analysis of “Frivolous” Responses, Response Time, and Geographical Pattern. *E-journal GEO*, 10 (1), 81-98.

## "2018 Survey on Healthcare in Japan" Study Overview

Figure 1

- Survey Period: June 2018
- Method: Online survey
- Respondents: 1,000 nationally representative males and females aged 20 and above, selected from the monitor panel of the research firm that conducted the survey
- Number of valid responses: 1,000
- Breakdown of respondent demographics

Area		Age		Sex	
• Hokkaido – Tohoku	11.3 %	• 20's	12.0 %	• Male	48.0 %
• Kanto	34.0 %	• 30's	15.0 %	• Female	52.0 %
• Chubu	18.3 %	• 40's	17.8 %		
• Kinki	16.3 %	• 50's	14.9 %		
• Chugoku – Shikoku	8.9 %	• 60's	17.5 %		
• Kyushu - Okinawa	11.2 %	• 70 and above	22.8 %		

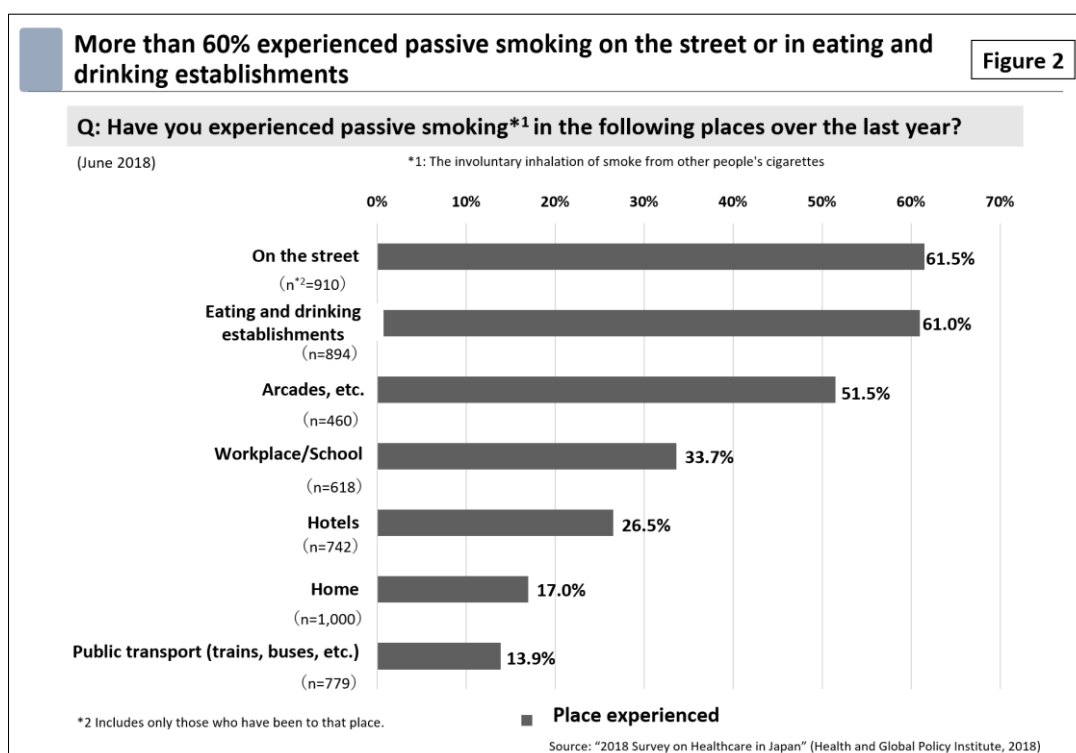
Source: "2018 Survey on Healthcare in Japan" (Health and Global Policy Institute, 2018)

### III. Survey results

#### 1. Passive smoking

##### ■ More than 60% of respondents have experienced passive smoking on the street or in eating and drinking establishments

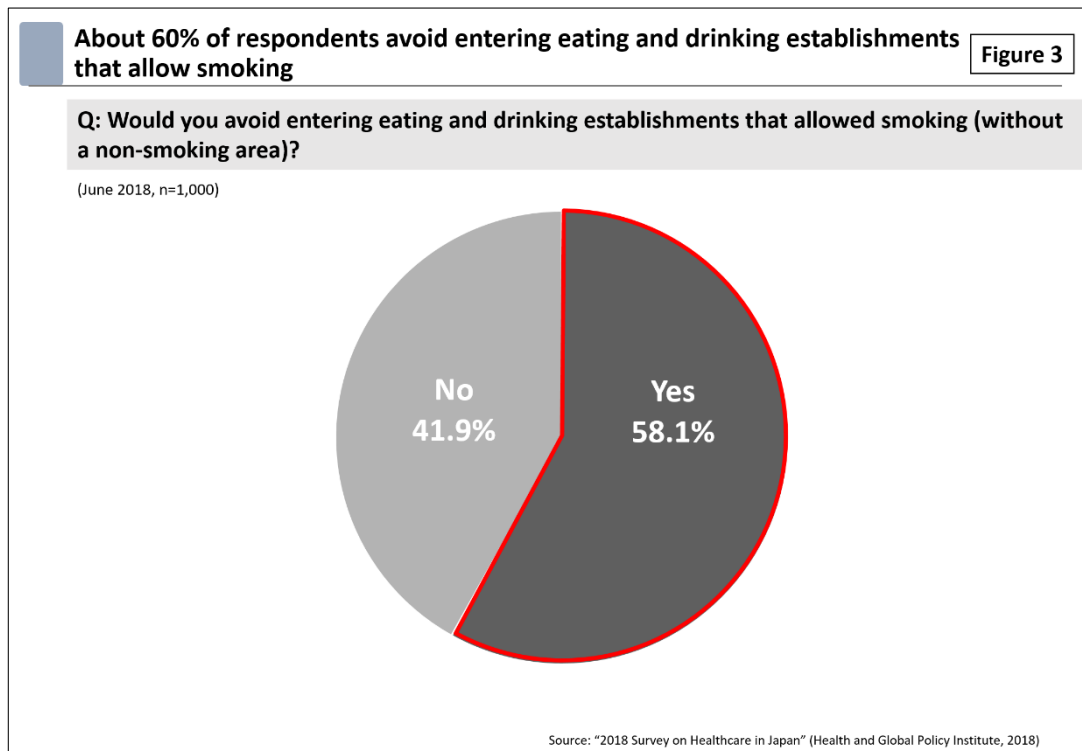
- ✓ Respondents were asked if they have experienced passive smoking in the past year at various places including work or school, eating and drinking establishments, and on the street.
- ✓ The most common place respondents experienced passive smoking was on the street (61.5%), followed by eating and drinking establishments (61.0%) (Figure 2). Also, 33.7% of respondents experienced passive smoking at work or school (Figure 2).



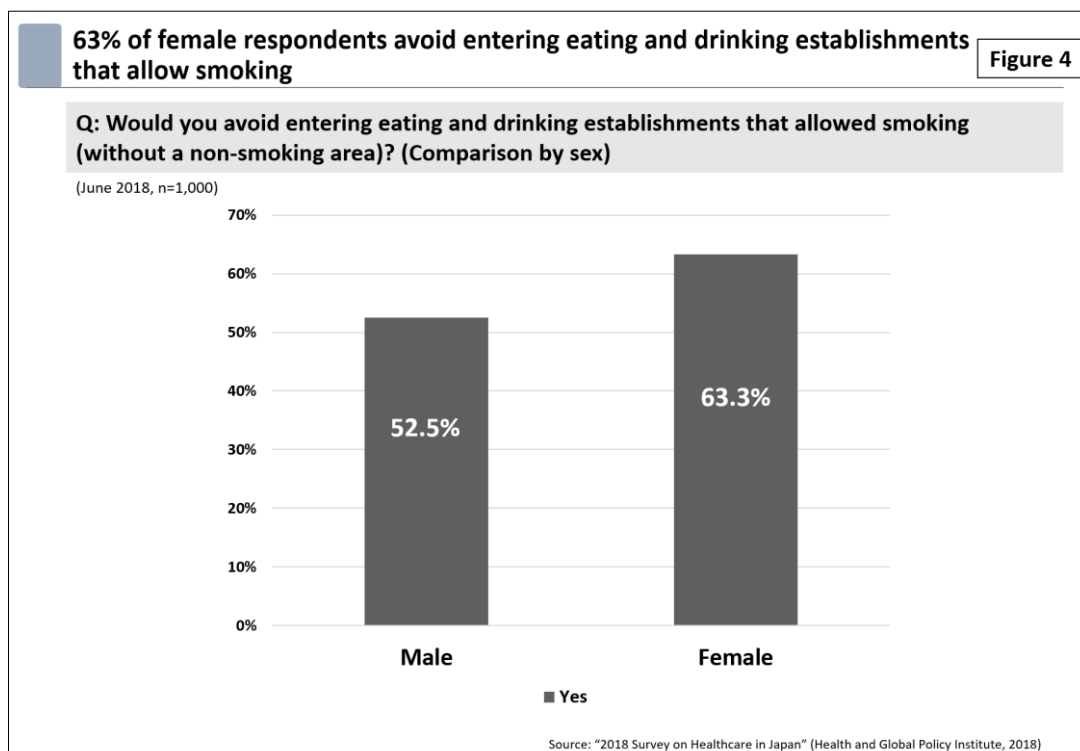
#### Commentary

- ✓ Over 60% of respondents stated that they have experienced passive smoking on the street, a central place in daily life. The significance of this result must be recognized and anti-passive smoking measures must be promoted as soon as possible.
- ✓ Additionally, over 30% of respondents experienced passive smoking at work and school, which are places people cannot choose to avoid. Further promotion of anti-passive smoking measures based on regulations in the Health Promotion Law or Industrial Safety and Health Law is required to protect users of facilities like schools or hospitals, as well as workers.

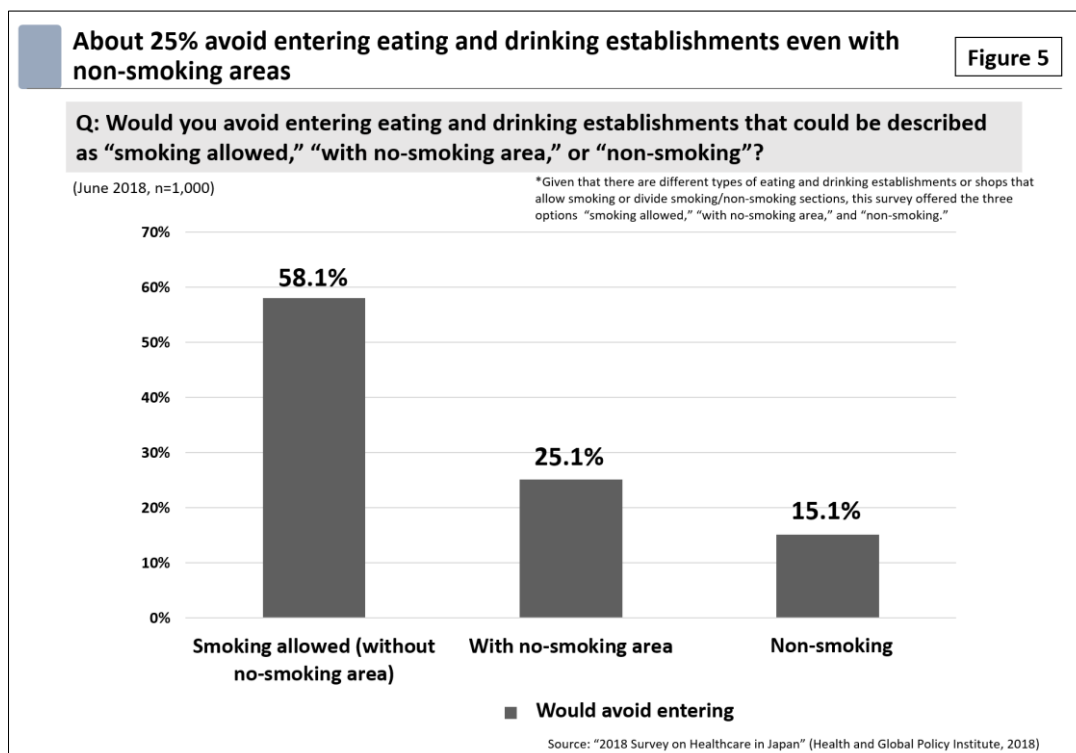
- **About 60% of respondents avoid entering eating and drinking establishments that allow smoking**
  - ✓ 58.1% of respondents said they would avoid entering eating and drinking establishments that allowed smoking without non-smoking areas (Figure 3).



- **About 63% of female respondents avoid entering eating and drinking establishments that allow smoking**
  - ✓ Breaking down the respondents to the former question by sex, more women (63.3%) said they would avoid entering eating and drinking establishments that allowed smoking without non-smoking areas compared to men (52.5%) (Figure 4).



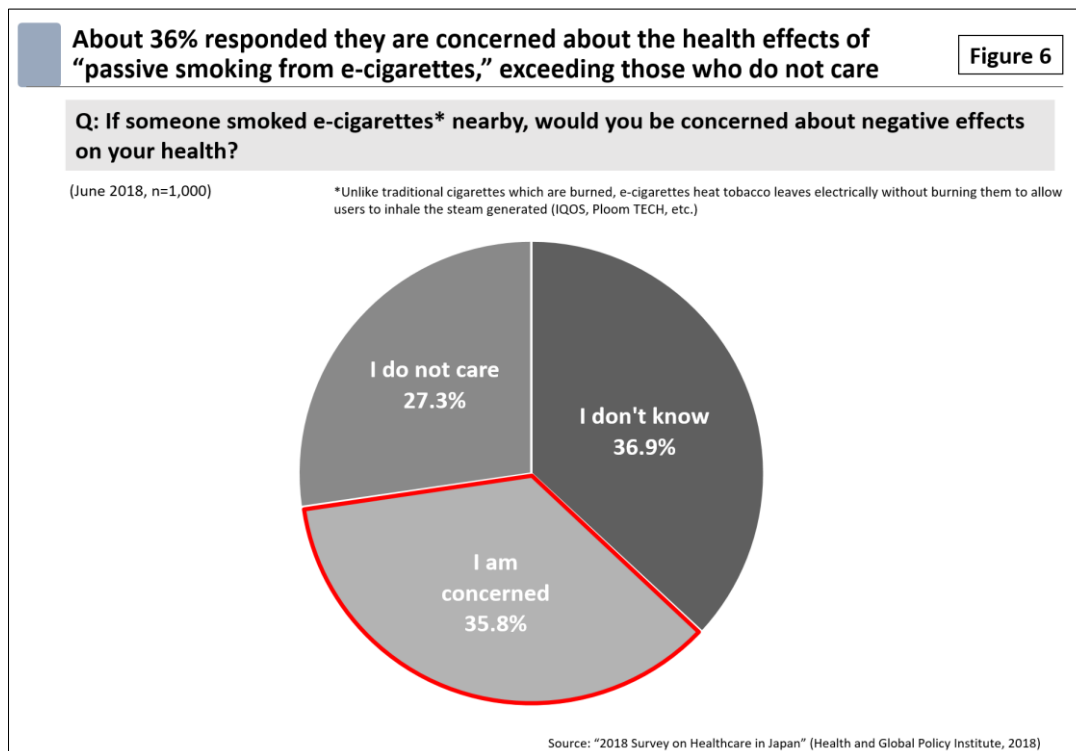
- **About 25% of respondents avoid entering eating and drinking establishments with non-smoking areas**
  - ✓ Comparing respondents' intent to avoid three types of eating and drinking establishments described as "smoking allowed," "with a no-smoking area," or "non-smoking," 25.1% of respondents said they would avoid entering establishments "with a no-smoking area" (Figure 5).



#### Commentary

- ✓ Almost 60% of respondents said they would avoid entering eating and drinking establishments that allowed smoking and a quarter of respondents stated that they would avoid entering eating and drinking establishments with smoking sections. In the future, it will be necessary for the government and eating and drinking establishments to consider how anti-passive smoking measures should be implemented using this survey's results and a scientifically sound basis.

- **About 36% of respondents are concerned about the health effects of passive smoking from e-cigarettes, exceeding those who do not care**
  - ✓ When asked if they would be concerned about negative health effects of passive smoking from someone smoking e-cigarettes nearby, 35.8% of respondents said they would be concerned (Figure 6).



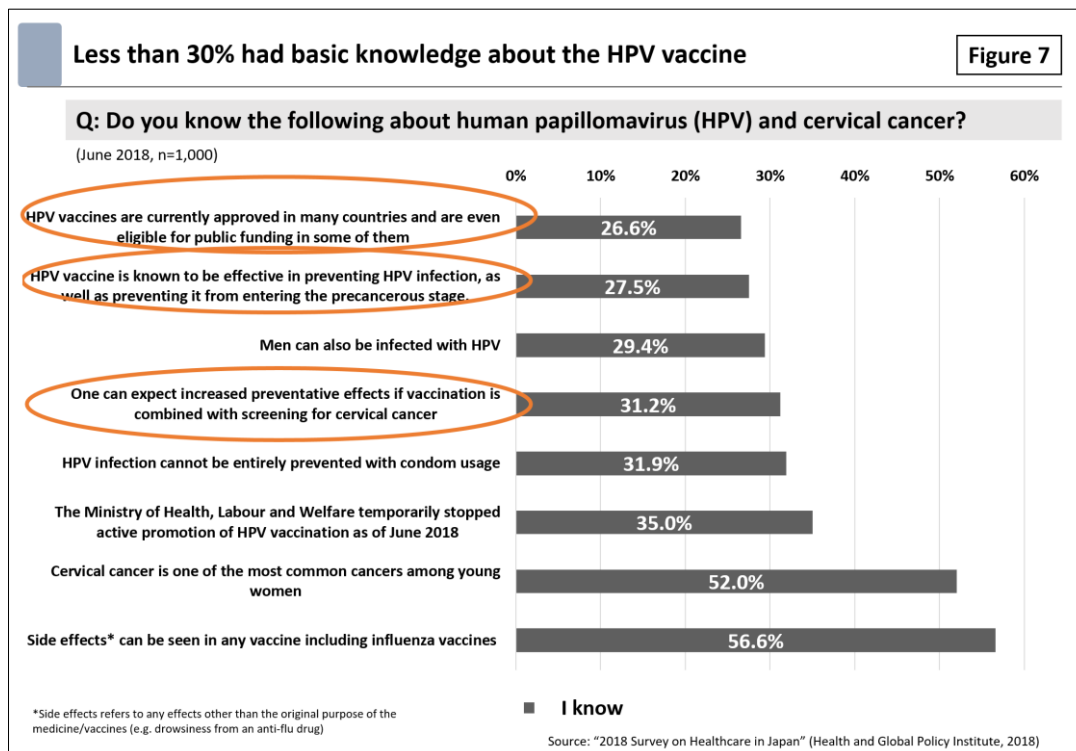
#### Commentary

- ✓ It is difficult to predict the safety of e-cigarettes and the future health effects they may cause. While regulations on e-cigarettes are currently lighter than those on traditional paper cigarettes, it is necessary that further research and surveys are undertaken to determine the health effects of e-cigarettes and that the public is provided accurate information that is based on scientific evidence.

## 2. The human papillomavirus (HPV) vaccine

### ■ Less than 30% of respondents had basic knowledge about the HPV vaccine

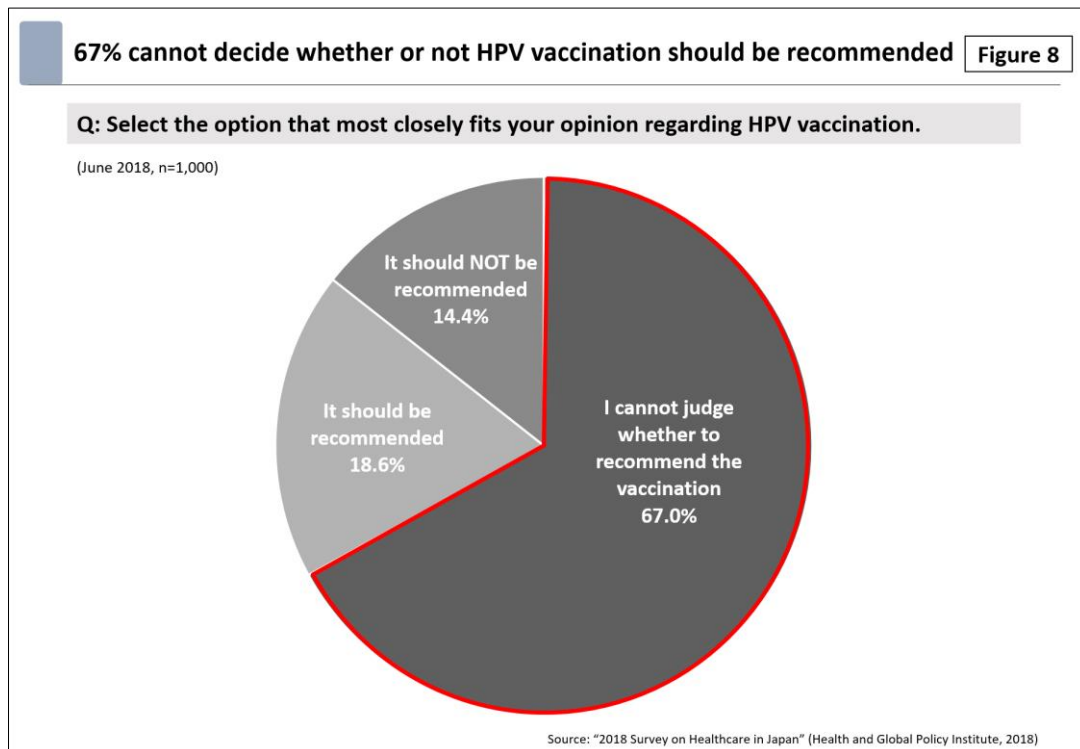
- ✓ Respondents were presented with eight basic facts about human papillomavirus (HPV) and cervical cancer and asked them to mark which facts they knew.
- ✓ 52.0% of respondents that knew that “cervical cancer is one of the most common cancers among young women” (Figure 7). On the other hand, 26.6% of them knew that “HPV vaccines are currently approved in many countries and are even eligible for public funding in some of them,” while 27.5% were aware that “HPV vaccine is known to be effective in preventing HPV infection, as well as preventing it from entering the precancerous stage.” 31.2% knew that “one can expect increased preventative effects if vaccination is combined with screening for cervical cancer” (Figure 7).





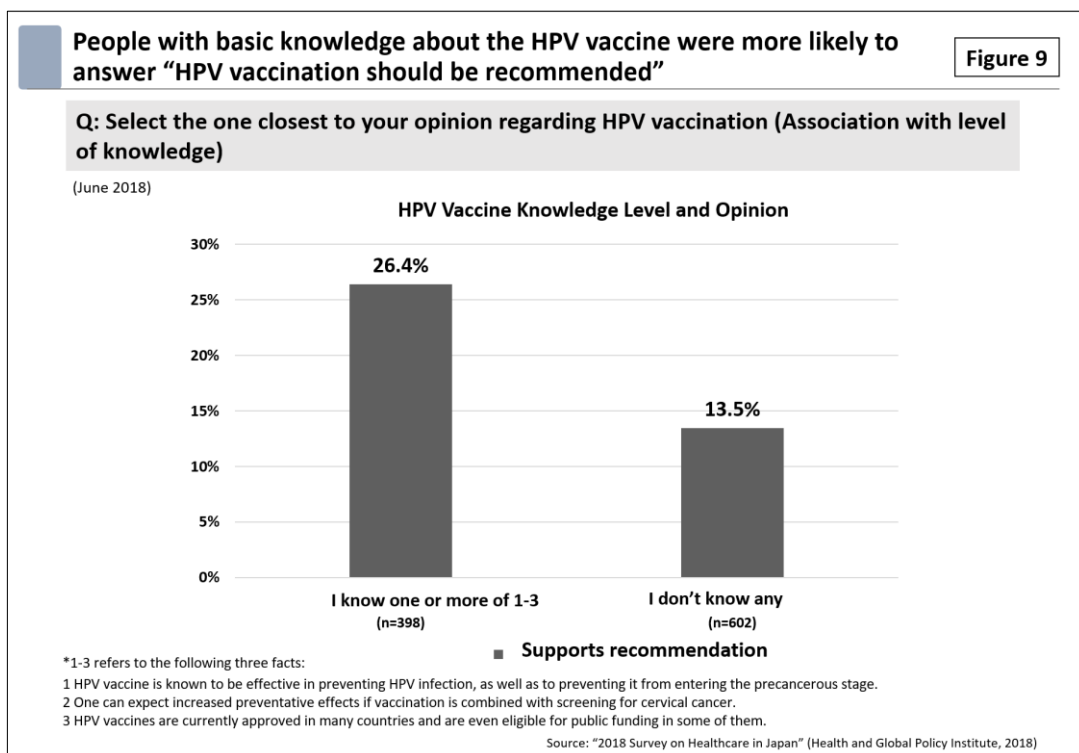
■ **67% of respondents cannot decide whether or not HPV vaccination should be recommended**

- ✓ After using charts and graphs to inform respondents of the effects of HPV vaccination and its reported side-effects, we asked for their opinion regarding HPV vaccination. The majority of respondents (67.0%) could not decide whether or not HPV vaccination should be recommended. 18.6% said that vaccination should be recommended while 14.4% said that vaccination should not be recommended (Figure 8).



■ **Respondents with basic knowledge about the HPV vaccine were more likely to respond “HPV vaccination should be recommended”**

- ✓ We compared respondents’ opinions towards the recommendation of HPV vaccination according to whether or not they knew at least one of the three following basic facts HPV vaccination: “HPV vaccines are currently approved in many countries and are even eligible for public funding in some of them,” “HPV vaccine is known to be effective in preventing HPV infection, as well as preventing it from entering the precancerous stage,” and “One can expect increased preventative effects if vaccination is combined with screening for cervical cancer.”
- ✓ Of the 398 respondents who knew at least one of the above-mentioned basic facts, 26.4% responded that “HPV vaccination should be recommended” (Figure 9). Meanwhile, of the 602 respondents who did not know even one of them, 13.5% responded “HPV vaccination should be recommended” (Figure 9).

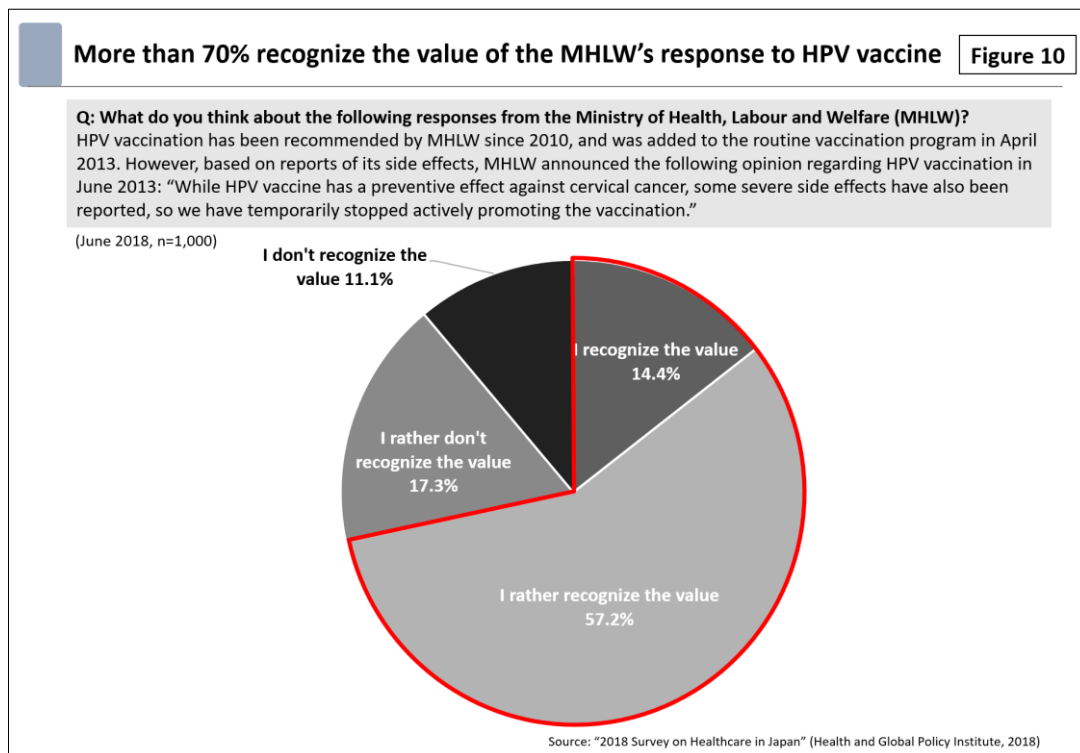


Commentary

- ✓ More than twice as many respondents who knew basic facts about HPV vaccine expressed the opinion that “HPV vaccination should be recommended” compared to those who did not know a single basic fact.

■ **Over 70% of respondents recognize the value of the Ministry of Health, Labour and Welfare's response to HPV vaccine**

- ✓ We asked respondents to read the following statement about the Ministry of Health, Labour and Welfare (MHLW) and rank the MHLW's response to the HPV vaccine on a four-point scale.  
"HPV vaccination has been recommended by MHLW since 2010, and was added to the routine vaccination program in April 2013. However, based on reports of its side effects, MHLW announced the following opinion regarding HPV vaccination in June 2013: 'While HPV vaccine has a preventive effect against cervical cancer, some severe side effects have also been reported, so we have temporarily stopped actively promoting the vaccination.'"
- ✓ In reaction to the Ministry of Health, Labour and Welfare's response to the HPV vaccine, 71.6% of respondents said they recognize the value in their response or somewhat recognize the value of their response, while 28.4% responded that they do not recognize the value of the response at all or in part (Figure 10).

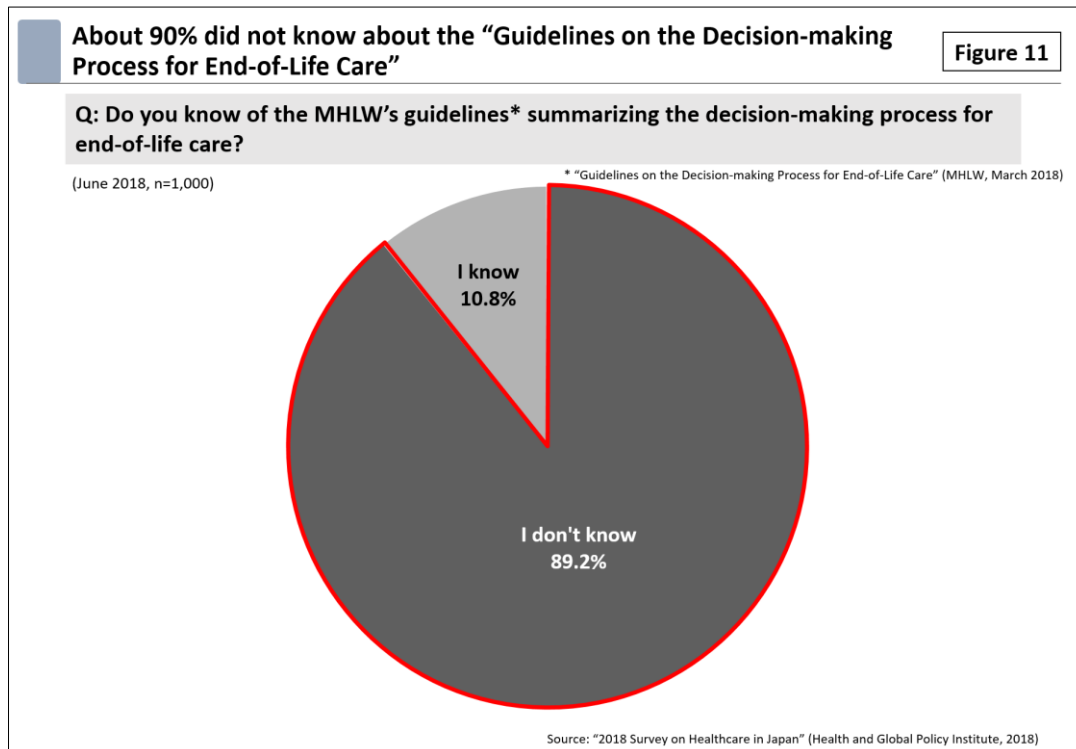


**Commentary**

- ✓ Five years have passed since the Ministry of Health, Labour and Welfare stopped actively promoting HPV vaccination. According to this survey, over 70% of respondents recognized the value of this response, but cervical cancer kills about 2,700 people annually. The government, media, and health care providers must recognize this fact and work together to provide the public a cool-headed response to this problem that is based on scientific evidence.

### 3. End-of-life care

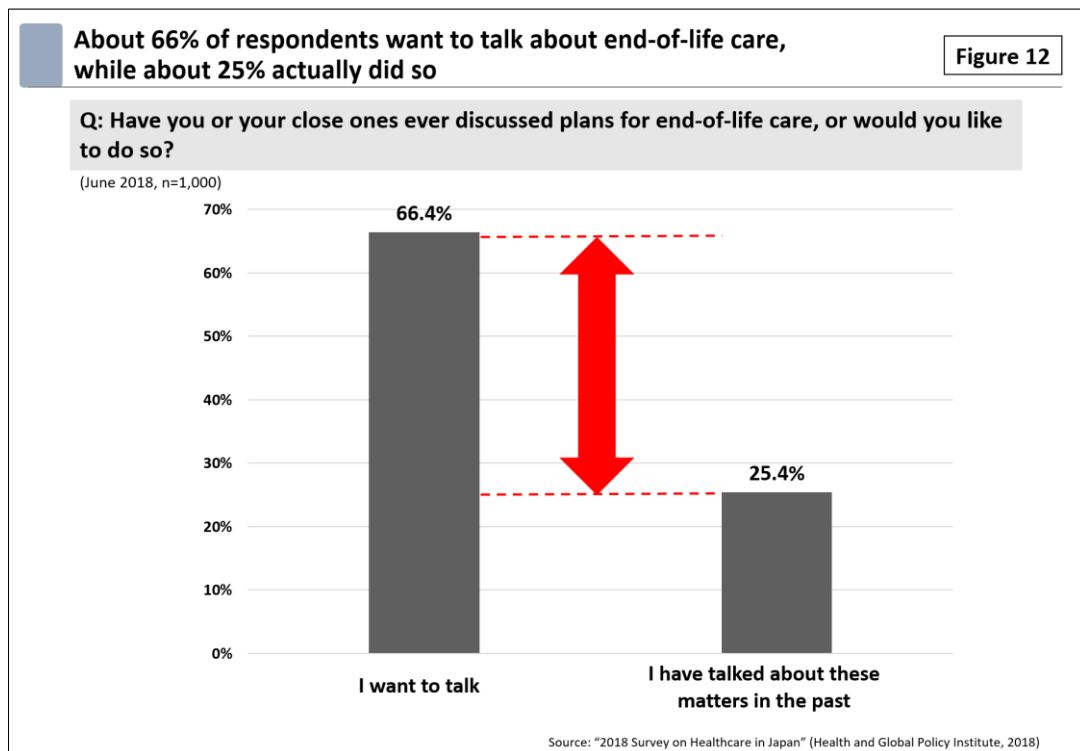
- Almost 90% of respondents did not know about the “Guidelines on the Decision-making Process for End-of-Life Care”
  - ✓ 89.2% of respondents did not know about the “Guidelines on the Decision-making Process for End-of-Life Care,” revised in March 2018 (Figure 11).



#### Commentary

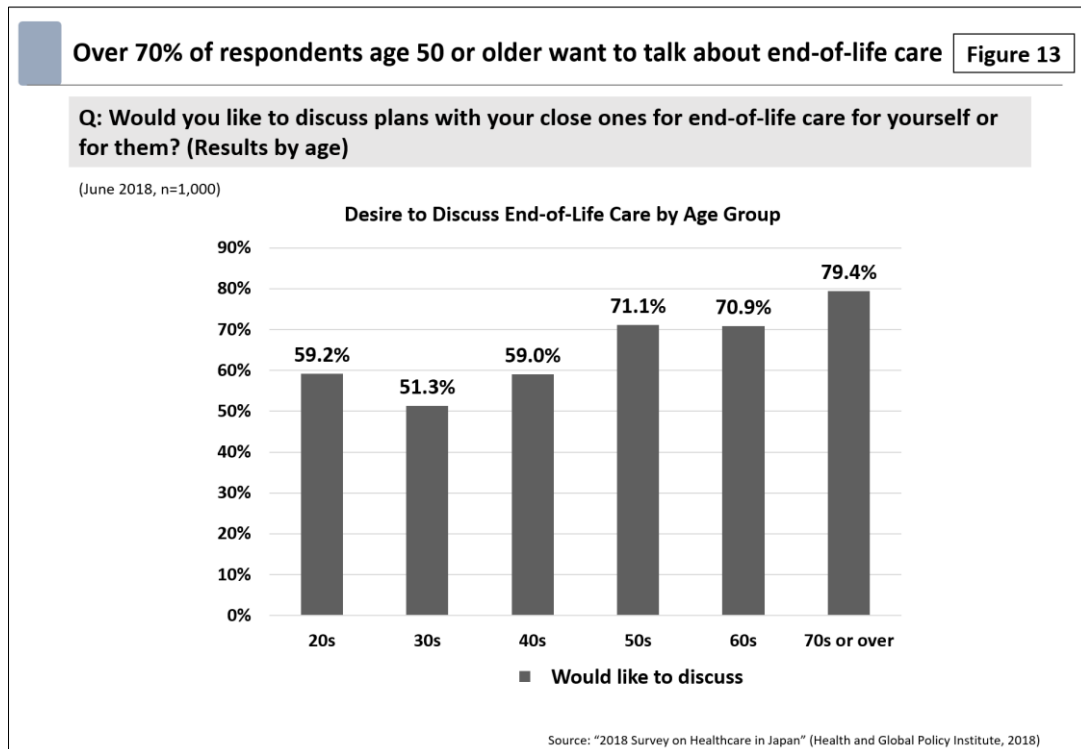
- ✓ When the “Guidelines on the Decision-making Process for End-of-Life Care” were revised, the Conference to Discuss Preferred Methods for Developing and Popularizing End-of-Life Care hoped to make the Guidelines widely-known and understood among the public, not just among health care providers and nursing staff. However, most respondents did not know the Guidelines. In the future, it will be necessary for the Guidelines and its goals to be actively promoted to the public.

- **About 66% of respondents want to talk about end-of-life care, while about 25% have actually done so**
  - ✓ 66.4% of respondents said that they want to discuss specific plans for with their loved ones about end-of-life care for themselves or their loved ones (Figure 12). However, only 25.4% of respondents have had such discussions (Figure 12).



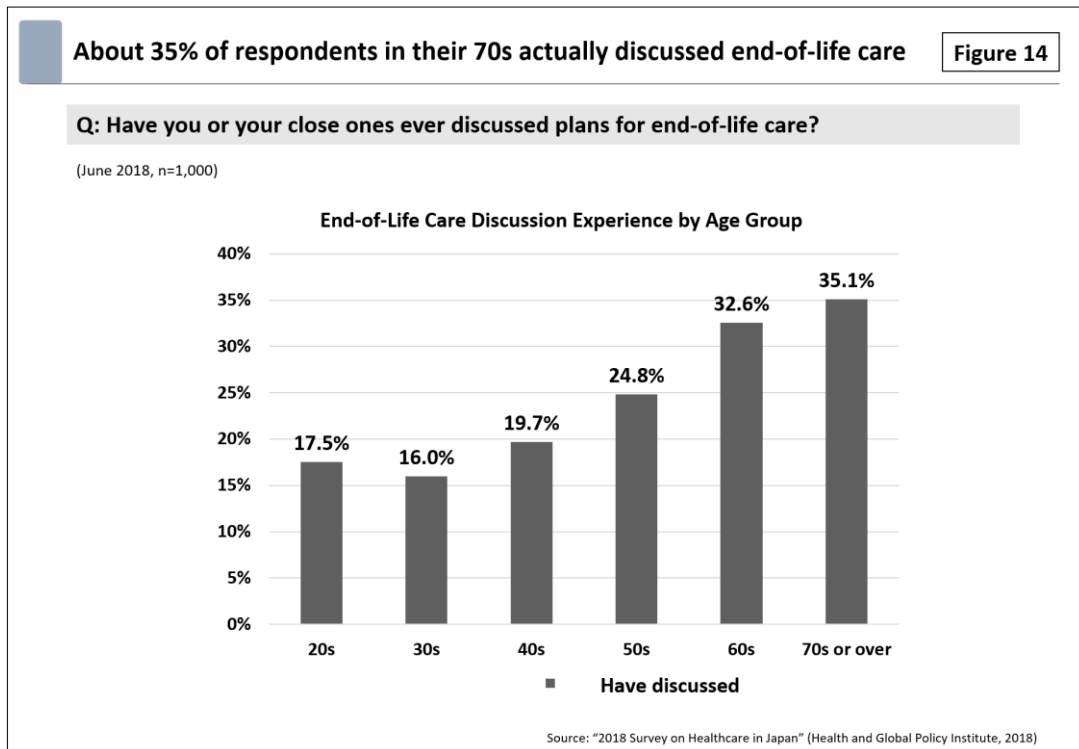
■ **Over 70% of respondents age 50 or older want to discuss end-of-life care**

- ✓ Affirmative responses to the question “Would you like to discuss plans with your close ones for end-of-life care for yourself or for them?” by age group were as follows: those in their 20s, 59.2%; those in their 30s, 51.3%; those in their 40s, 59.0%; those in their 50s, 71.1%; those age 70 and over, 79.4% (Figure 13).



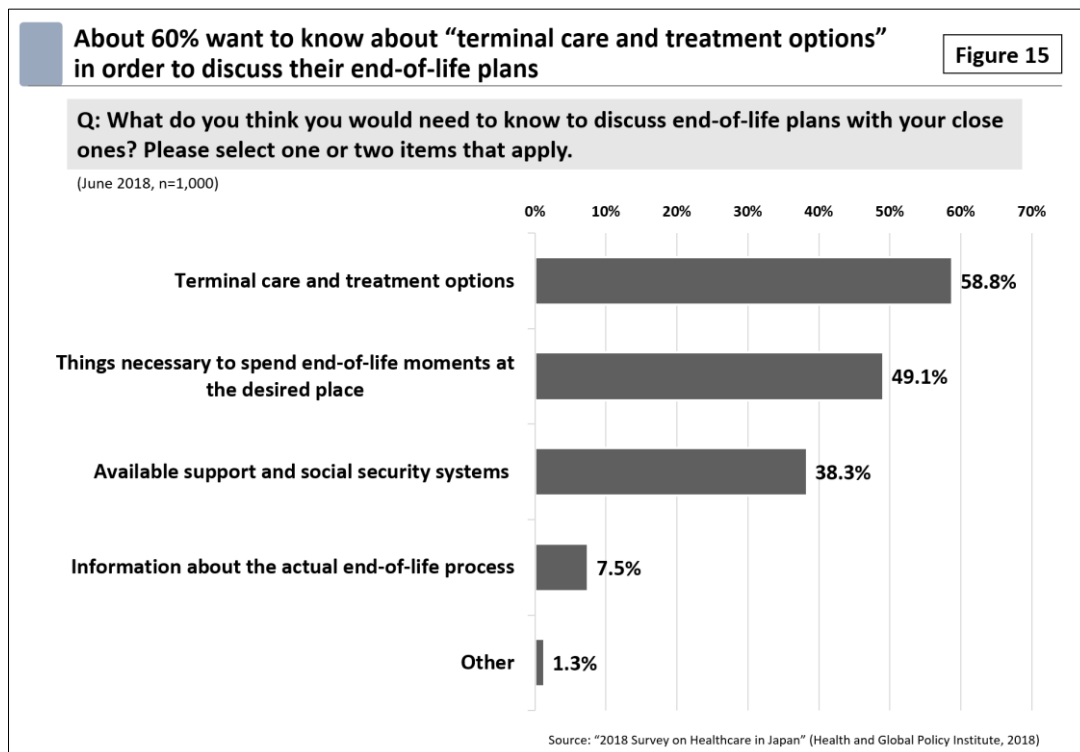
■ **About 35% of respondents in their 70s have actually discussed end-of-life care**

- ✓ Respondents that have actually discussed end-of-life care by age group were as follows: those in their 20s, 17.5%; those in their 30s, 16.0%; those in their 40s, 19.7%; those in their 50s, 24.8%; those in their 60s, 32.6%; those in their 70s and over, 35.1% (Figure 14).



■ **Nearly 60% of respondents want to know about “terminal care and treatment options” in order to discuss their end-of-life plans**

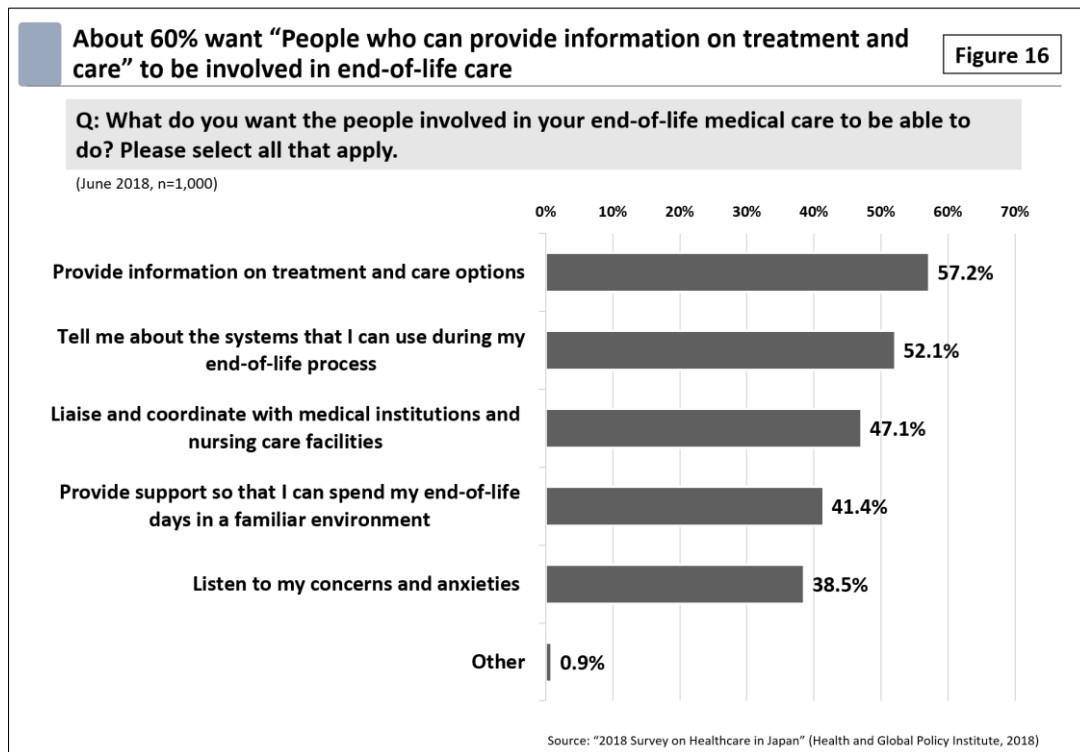
- ✓ Respondents were asked to select up to two types of information they would like to know for end-of-life care discussions with their loved ones.
- ✓ The most popular response was “I would like to know available terminal care and treatment options” (58.8%), followed by “I would like to know what will be necessary to spend end-of-life moments at my desired place” (49.1%), “I would like to know what support and social security systems are available to me” (38.3%), and “I would like information about the actual end-of-life process through media such as testimonials and documentaries” (7.5%) (Figure 15).





■ **Nearly 60% of respondents want “People who can provide information on treatment and care” to be involved in their end-of-life care**

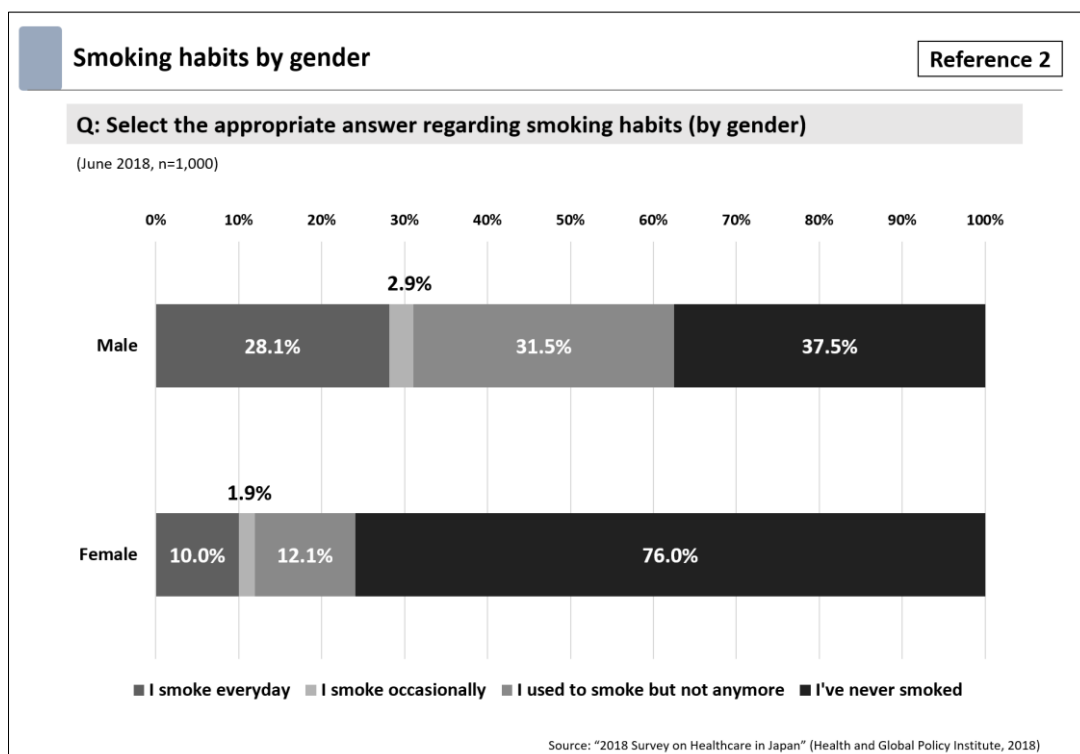
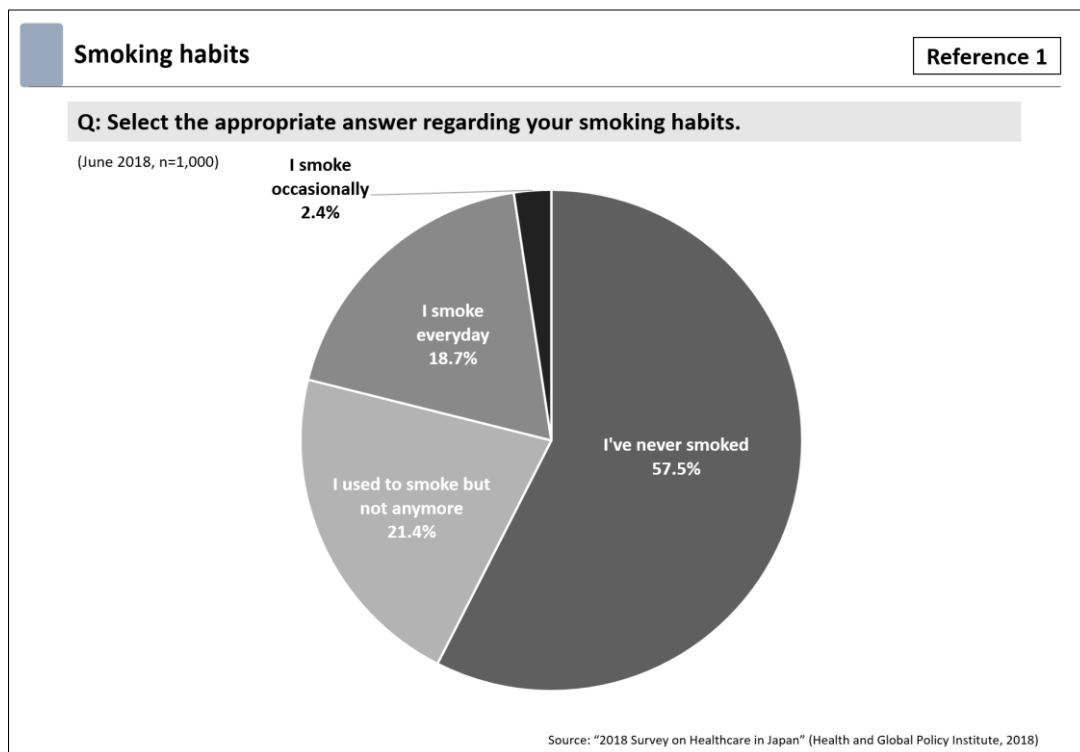
- ✓ Respondents were asked “What do you want the people involved in your end-of-life medical care to be able to do?” and were given several options of which they could select all that apply.
- ✓ The most popular response was “Provide information about treatment and care options” (57.2%), followed by “Tell me about the systems that I can use during my end-of-life process” (52.1%), “Liaise and coordinate with medical institutions and nursing care facilities” (47.1%), and “Provide support so that I can spend my end-of-life days in a familiar environment” (41.4%) (Figure 16).



**Commentary**

- ✓ There was a wide gap across all age groups between those who want to discuss end-of-life care (about 50-80%) and those who have actually done so (about 10-30%).
- ✓ Since 60% of respondents declared they want to know about end-of-life treatment and care options in order to discuss their end-of-life care plans, the government and the media should work to inform the public how to access that information.
- ✓ Additionally, concerning end-of-life treatment and care, respondents want systems that support the patient and their loved ones to not only involve personal doctors, but that also involve members of nursing staff such as nurses, social workers, and long-term care support specialists.

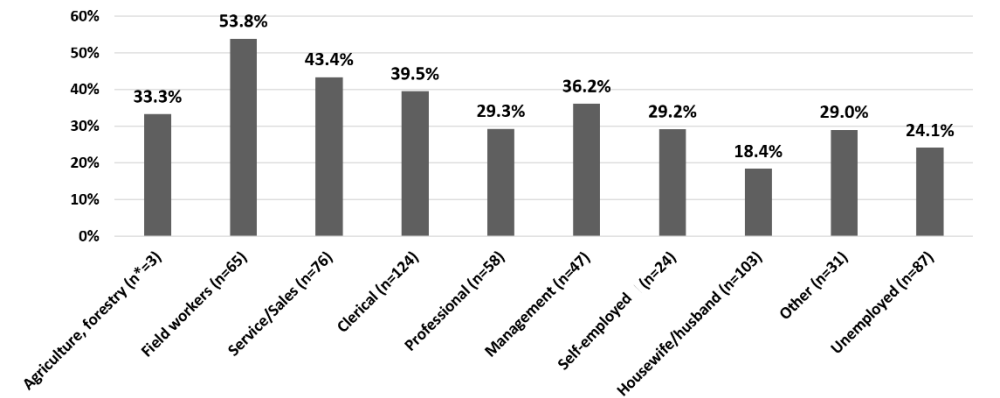
## IV. References



## Workplace/school passive smoking experience by occupation

Reference 3

(June 2018)



Occupations:

- ✓ Agriculture, forestry, and fisheries
- ✓ Field workers (craftsman, construction worker, factory worker, taxi driver, security guard, cleaner, etc.)
- ✓ Services/Sales (waiter, salesperson, helper, hairdresser, restaurant owner, etc.)
- ✓ Clerical (general affairs, accounting, HR, planning, reception, inputs, sales assistance, etc.)
- ✓ Professional (doctor, nurse, teacher, editor, tax accountant, consultant, technician, etc.)
- ✓ Management (company president, manager of a company/government agency or above, board member, member of Parliament, etc.)
- ✓ Self-employed
- ✓ Housewife/husband
- ✓ Other
- ✓ Unemployed (including students)

■ I have experienced passive smoking

\*N = Only those who have been to that place

Source: "2018 Survey on Healthcare in Japan" (Health and Global Policy Institute, 2018)

## Avoidance of "smoking allowed," "with no-smoking area," or "non-smoking" eating and drinking establishments by smoking habits

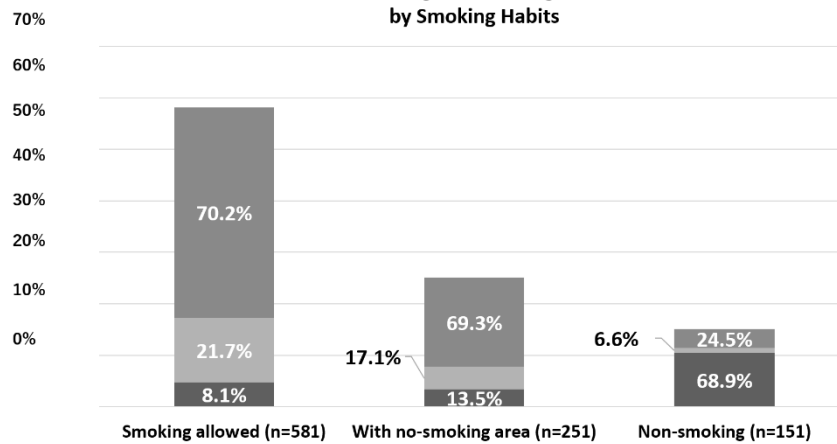
Reference 4

Q: Among eating and drinking establishments that could be described as "smoking allowed," "with no-smoking area," or "non-smoking," which would you avoid entering?

(June 2018)

\*Given that there are different types of eating and drinking establishments or shops that allow smoking or divide smoking/non-smoking sections, this survey classified "smoking allowed" (without a no-smoking area), "with no-smoking area," and "non-smoking."

### Avoidance of Eating and Drinking Establishments by Smoking Habits



\*This survey classified smoking experience as follows;  
**Current smokers:** Those who answered "I smoke everyday" or "I smoke occasionally"  
**Past smokers:** Those who answered "I used to smoke but not anymore"  
**Non-smokers:** Those who responded "I've never smoked"

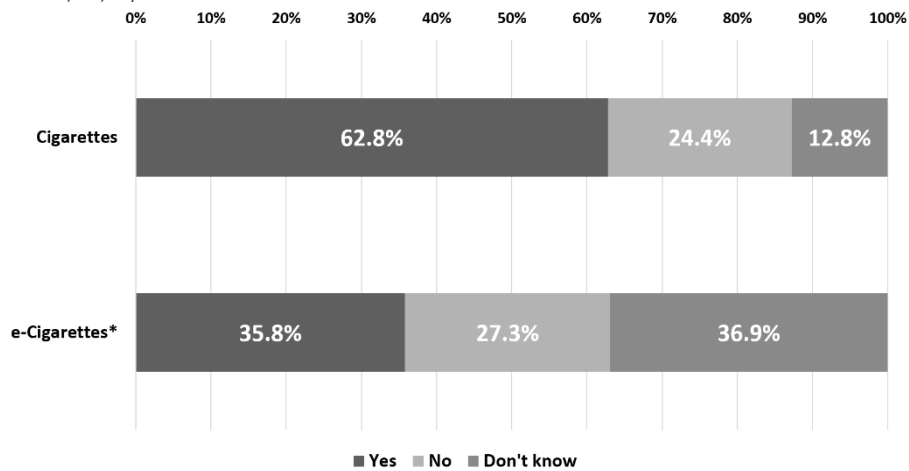
Source: "2018 Survey on Healthcare in Japan" (Health and Global Policy Institute, 2018)

### Proportion of people concerned about the health effects of passive smoking (comparing cigarettes and e-cigarettes)

Reference 5

Q: If someone smoked e-cigarettes\* nearby, would you be concerned about negative effects on your health?

(June 2018, n=1,000)



\*E-cigarettes refers to electronic cigarettes that heat cigarette leaves electrically without burning them to allow users to inhale the generated steam (IQOS, Ploom TECH, etc.)

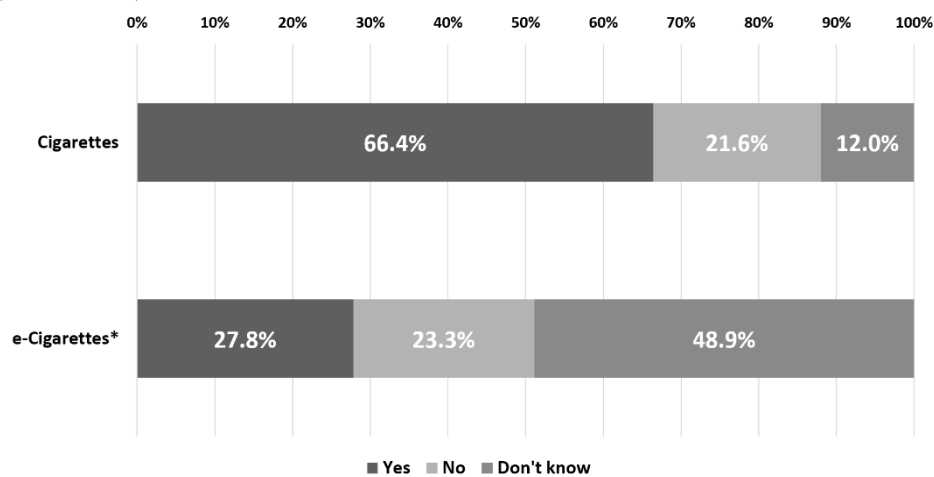
Source: "2018 Survey on Healthcare in Japan" (Health and Global Policy Institute, 2018)

### Proportion of people bothered by the smell of cigarettes from passive smoking (comparing cigarettes and e-cigarettes)

Reference 6

Q: Are you bothered by the smell of cigarettes?

(June 2018, n=1,000)



\* E-cigarettes refers to electronic cigarettes that heat cigarette leaves electrically without burning them to allow users to inhale the generated steam (IQOS, Ploom TECH, etc.)

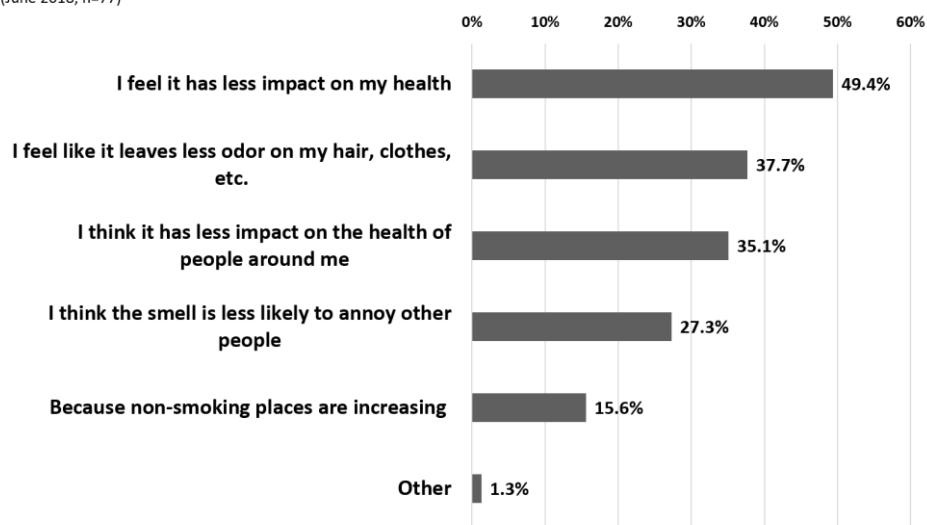
Source: "2018 Survey on Healthcare in Japan" (Health and Global Policy Institute, 2018)

## Reasons for smoking e-cigarettes

Reference 7

**Q: Select the reasons why you smoke e-cigarettes instead of cigarettes (choose all that apply).**

(June 2018, n=77)



Source: "2018 Survey on Healthcare in Japan" (Health and Global Policy Institute, 2018)

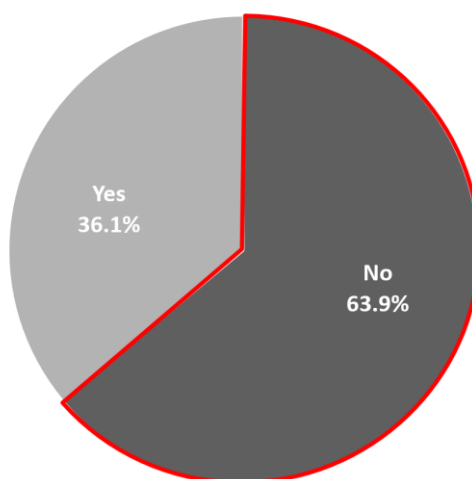
## Proportion of people who actually used the "Guidelines on the Decision-making Process for End-of-Life Care"

Reference 8

**Q: To those who responded "I know of the MHLW's guideline\* that summarized the decision-making process for terminal care": Have you ever actually used the guideline?**

(June 2018, n=108)

\* "Guidelines on the Decision-making Process for End-of-Life Care" (MHLW, March 2018)

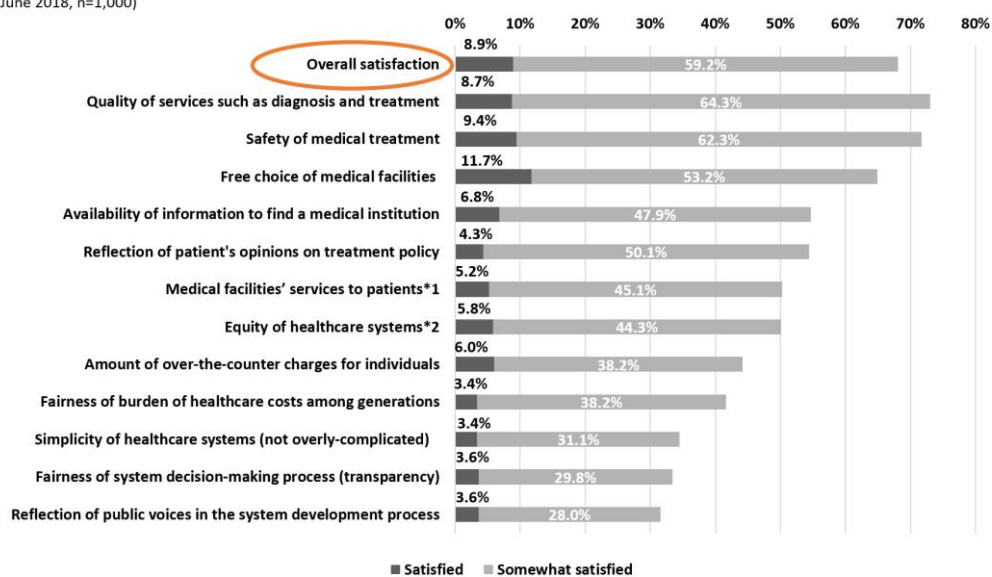


Source: "2018 Survey on Healthcare in Japan" (Health and Global Policy Institute, 2018)

## Satisfaction with healthcare services and systems

Reference 9

(June 2018, n=1,000)



\*1 Services other than medical treatments (staff attitudes, environment, waiting time, etc.)  
 \*2 All citizens can receive the same quality of healthcare services regardless of economic disparity

Source: "2018 Survey on Healthcare in Japan" (Health and Global Policy Institute, 2018)

## **V. “2018 Survey on Healthcare in Japan” Project Team**

(Titles omitted)

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