Perceptions of Aging and Disability among College Students in Japan

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Abstract
Japan launched the Long-term Care Insurance program in 2000, and ratified the United Nations` Convention on the Rights of Persons with Disabilities in 2014. Japan has been taking significant steps to support their elderly population and individuals with disabilities. However, information is lacking on the understanding and opinions of either of these groups among Japanese college students, many of whom will have significant impact on the development of relevant programs in the future. The purpose of this study is to explore perceptions of the elderly, individuals with a physical disability, and individuals with a mental disability. Three focus groups were held with a total of 20 college students throughout June and July 2015 in Japan. Lack of formal and human resources are issues for the elderly and people with physical disabilities. It is important to increase awareness of struggles related to physical and mental disabilities. Images of physical and mental disabilities in society and media need to be improved. Future studies need to expand in the following areas: 1) to examine the issues of lack of formal and human resources and its impact on the elderly, families and society; 2) to develop programs to increase awareness of the issues of disabilities and evaluate the effectiveness of the programs; and 3) to examine the impact of media on perceptions of people with a disability.
Keywords: aging, disability, perceptions, college students, Japan

1.   Introduction

Aging and disability are significant societal issues in Japan. The percentage of people ages 65 and older was approximately 25.1% in 2013, which increased from 7.1% in 1970 (Statistics Bureau, 2014). Although the children (especially daughters in law) of an aging adult have traditionally been responsible for his or her care, Japanese society has undergone a number of changes leading to a lesser number of the younger generation being available to provide care for the older adults (Asahara, 1999). Some especially influential changes include a decline in birth rate over the past few decades (from 28.1 births per 1,000 population annually in 1950 to 8.2 in 2012), a decreased ratio of three-generation households to nuclear and one-person households (from 11.9% in

1995 to 7.1% in 2010), and an increase of women in the workforce (from 38% in 1955 to 42% in 2000) (Statistics Bureau, 2014; Mouer, 2005). To accommodate the societal changes and to provide a wide range of formal long-term care services, such as community and institutionalized services, to the elderly, Japan started the Long-term Care Insurance (LTCI) in 2000 (Ministry of Health, Labor and Welfare, 2002). The LTCI is a public mandatory insurance specifically for long-term care (Ohwa, 2012). Everyone age 40 and older must enroll in the LTCI program (Ohwa, 2012). The utilization of services under the LTCI is based on standardized need assessments (Ministry of Health, Labor and Welfare, 2002). While the LTCI has been successful in increasing access to long-term care services among the elderly, it is necessary to implement stronger solutions because of the lack of formal caregivers (Smiley, 2013).

Japan has also undergone recent changes in laws supporting individuals with disabilities, who are reported to number around 6% of the population (Ministry of Health, Labor and Welfare, 2014). On January 20, 2014, Japan became the 140th country to ratify the United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD) (Shirasawa, 2014). The CRPD, adopted by the UN in 2006, declares that all participating nations must provide necessary accommodations for those with disabilities and prohibit any discrimination on the basis of disability. Japan, in preparation for ratifying the convention, revised the Basic Law for Persons with Disabilities in 2011, amended services legislations in 2012, and passed the Act on the Elimination of Discrimination against Persons with Disabilities in 2013 (Osamu, 2013). These legislations include provisions that businesses and government entities make reasonable accommodations to remove physical and social barriers for individuals with disabilities (Osamu, 2013; Shirasawa, 2014). The general public, however, has little knowledge of these changes (Shirasawa, 2014), and little experience with disabled individuals in general, as schools and work locations for people with a disability are often separate from those attended by people without a disability (Weiss, 2010).

Previous studies have discussed and examined the potential impact of aging society on current and future societies, individuals and public policy (Asahara, 1999; Muramatsu, 2011), and possible future implications (McCreedy, 2003). In the future, the majority of aging adults will no longer be cared for by family members, and will have to seek services through the LTCI (Koyano, 1999). While the LTCI has been successful, since the current population structure is unsustainable, comprehensive solutions are yet to be found (Smiley, 2014). Data in such existing studies typically consists of demographic statistics and information from the elderly, their family, caretakers, institutions, and previous research (ie. Muramatsu, 2011; Smiley, 2014).

Likewise, previous studies have discussed and examined prevalence of (Nishio, 2015), support for (Haraguchi, 2013; Iwane, 2013), experience with (Kayama, 2010; Suzuki, 2015), societal representation of (Saito, 2005), and attitudes toward individuals with disability (Xiao, 2009; Horner-Johnson, 2015). Current disability policies fail to resolve issues such as inconsistent local implementations (Kayama, 2015), difficulty improving employment opportunities for persons with a disability (Matsui, 2013), and underrepresentation of individuals with disability by the media (Saito, 2005). Such problems will be improved to some extent as the related legislations and laws are being further advanced (Shirasawa, 2014).

While much of the aging and disability research in Japan emphasized the importance of preparing for the future (McCreedy, 2003; Osamu, 2013), there appears to be very little known about perceptions about the aging population and those with disabilities among college students. In Japan, since 61% of high school graduates seek college education (The World Bank Group, 2015), college students represent the future human resources. Previous studies examined images of people with disabilities in Japan (Tachibana, 2003; Xiao, 2009; Horner-Johnson, 2015). Some of the studies surveyed college students, using quantitative questionnaires and scales on large numbers of students (Xiao, 2009; Hayashi, 2003). Yet, qualitative exploration of student thoughts on aging and disability in Japanese society is lacking. A qualitative approach would be helpful to better understand the issues of aging and disabilities in Japan because it can deepen the knowledge about the issues, which a quantitative approach would not capture.

The purpose of this study is to explore perceptions of the elderly and people with disabilities among college students in Japan using a focus group method. The focus group method is suitable for this study because we are exploring a matter which few studies have examined. This study will contribute to increased knowledge about college students' perspectives of the elderly and people with disabilities. The results of this study will be significant for the development of future research and practice recommendations regarding these two populations. To the best of our knowledge, this is one of the first qualitative studies to explore the perceptions of the elderly and people with disabilities among college students in Japan and portray "voices" of college students on the matter.

2.   Methods
2.1 Description of the study site

The focus groups for this project were conducted at the University of Tsukuba, Japan. The university was founded by the national government in 1973 and enrolls around 10,000 undergraduate students and 2,500 graduate students. The university is located in Tsukuba City (population approximately 222,000 in 2015), which is 50 km from Tokyo. There are nine colleges, which cover a wide range of academic disciplines, at the university.

2.2 Focus group procedure and participants

The University of Utah Institutional Review Board (IRB) and the University of Tsukuba IRB approved this study. Table 1 presents the focus group questions. The focus group questions were developed based on a literature review. The members of the research team created the focus group guide, and demographic questionnaire. The focus groups were held in Japanese. All focus group materials including the focus group questions, the focus group guide, the demographic questionnaire, and the informed consent document were translated from English to Japanese. A bilingual translator translated the documents into Japanese. Several other native Japanese speakers checked the accuracy of the translation.

Table 1. Focus group questions

Questions related to the elderly	1. How would you describe older adults in Japan? 2. What barriers do they have? 3. What resources would be helpful for them?
Questions related to people with physical disability	4. How would you describe people who have a physical disability? 5. What kinds of physical disabilities are there? 6. What are the major causes of physical disabilities? 7. What barriers do people with physical disabilities have in general? 8. What resources would be helpful for them? 9. How do you think people with physical disabilities are treated in society or by the media? 10. Have you had any classmates who have had a physical disability? If so, would you please tell us about your experience with this person?
Questions related to people with mental disability	11. How would you define mental illness? 12. In your opinion, what are the major causes of mental illness? 13. What resources and treatments would be helpful for them? 14. How do you think people with mental illness are treated in society or by the media? 15. Have you had any classmates with a mental illness? If so, could you tell us your experience with this person? 16. Do you believe people can recover from a mental illness? Why do/don't you think so?

Three focus groups were held between June and July 2015. The focus groups were held in a study room within a research building on the university campus. Prior to the start of a group, the research team verified eligibility of potential participants, completed the informed consent process, and asked the participants to fill out a short self-administered demographic questionnaire. Participants were asked not to disclose their names or that of anyone else during the focus group discussions in order to maintain confidentiality. Upon arrival, participants were given 20 to 30 minutes to read the consent form and fill out the questionnaire. The focus group discussions lasted 90 minutes each. A native Japanese speaker moderated the focus groups under the guidance of a member of the research team, who also recorded the discussions, served light refreshments, and instructed the participants at the beginning and end of the group.

Table 2 describes the characteristics of the focus group participants (N=20). The participants were recruited by on-campus distribution of flyers and snowball sampling through referral of friends by those who initially showed interest. All participants were native Japanese. The average age of the participants was 19.5 (SD=1.3, range 18-21). Thirteen participants (65%) were women. The majority of the participants lived in dorm or an apartment. Eight participants (40%) were freshman. Slightly more than half of the participants (n=11, 55%) majored in disability sciences. All except one participant was a member of a student organization. Seventy percent of the participants (n=14) had taken class related to disabilities. Eleven participants (55%) reported they had volunteer experience. The participants reported having no physical or mental disability his/herself, allowing them to freely talk about their thoughts and experiences on the elderly and people with a disability.

Table 2 Participant socio-demographic characteristics (N=20)

	Mean (range)	SD
Age	19.5 (18-21)	1.3
	Number	%
Female	13	65
Residence		
Dorm	8	40
Apartment	11	55
Condo	1	5
Year in school		
Freshman	8	40
Sophomore	4	20
Junior	5	25
Senior	3	15
Major		
Disability science	11	55
History	3	15
Psychology	2	10
Art	2	10
Anthropology	1	5
Architecture	1	5
Member of a student organization	19	95
Have taken class related to disabilities	14	70
Have volunteer experience	11	55

2.3 Data analysis

All focus groups were audio-recorded, transcribed, and translated into English. The translation and transcription were done simultaneously, and by two members of the research team who are fluent in both English and Japanese. To enhance credibility and trustworthiness (Cope, 2014; Houghton, Casey, Shaw, & Murphy, 2013), the following steps were taken for the data analysis of the focus group responses. Two members of the study team individually developed initial codes. The third member of the study team checked for agreement between the two coders and created the list of codes while reading field notes to review the context of the groups. Several study team members reviewed the first list before the actual analysis started. Using the finalized list of the codes, the transcripts were organized to identify themes and patterns within and across the groups independently by two study team members. The second author reviewed the data and coding structure, explored discrepancies, reconciled the discrepancies, and chose representative quotations to describe main results. Finally, all members of the study team agreed with the interpretations. Data from the demographic questionnaire were analyzed using SPSS Version 22.0.

3.   Results

3.1   Elderly

3.1.1   General image of the elderly

Two common images of the elderly emerged. One of the images is that the elderly are still working, and not completely retired. For example, one participant said

> After their retirement, they engage in farming, and I think there are a lot of people working. Um, it seems that after retirement people abroad enjoy spending time with their families, but my impression about elderly people in Japan is that many people work.

Another common image of the elderly is that they are very health conscious and try to keep themselves healthy. One participant noted

> I have an image that elderly people in Japan are trying to maintain their physical conditions well positively, like walking and the foods they eat are well thought out. My impression is that there are a lot of people maintaining themselves with a great care.

3.1.2   Demographic trends

Some participants expressed concerns about aging society. They see the increase of the elderly and the decrease of the younger generation.

> Due to the declining birth rate, I have been worried about the fact that there are huge demographic changes happening in rural areas, and I am from the Tohoku area in which the ratio of elderly people is super high and increasing and the old people have been left out in the provinces. The younger generation who is supposed to help them is decreasing, so I have seen many cases, and all that.

3.1.3   The elderly and disability

While participants had an image of healthy aging, some of the participants indicated that some older people might have a sort of disability. One participant shared a personal experience of the elderly and disability: "Umm, but not forgetful, my grandfather was diagnosed as a person with disability and without medical treatments, he would not able to live a normal live, [S]o it is different from senescence, I think."

3.1.4   Barriers

Common barriers experienced by the elderly included a lack of informal caregivers, lack of formal caregivers/resources, financial concerns, and difficulties with modern technologies. Lack of informal caregivers is sometimes caused not only by the decrease of younger people, but also by caregiver burden. One participant noted that

> I don't know if we can call that disability but I think the position of the elderly in the family might be a disability. Because they live long so when they have dementia for instance, the family discuss about putting the elderly in the nursing home. So the position of the elderly like, the family saying "if we keep Grandma or Grandpa here it will be hard, a burden for us" so it turned like a difficulty for a family to decide the elderly position in the family.

Lack of formal caregivers/resources refers to lack of access as well as lack of resources. One participant said

> What I was thinking about the obstacle was … I was thinking of my grandparents living in a countryside. There is no transportation out there. If you can't drive a car … even to a bus stop, how far the bus stop is by walk! Like that far distance. How do you go shopping? These are, I think obstacles.

Financial concerns were expressed not only at the individual level but also at the societal level. One participant noted that

> Given the fact that there will be more elderly people in the future, we can't spend that much money on every single person. We can't take care of very single individuals anymore, but we have to. We will have to reconcile the dilemma or balance between the quality of service and the budget available. We have to manage it.

Some participants indicated that the elderly had barriers to their use of modern technologies and therefore had difficulties in gathering information. For example,

> The amount of information that elderly people deal with is different from that of the younger generation, and regarding smartphones, even if they have it, they only dial and call someone, so there is disparity in the information we deal with. I personally think that that's the huge gap, I mean obstacles.

3.1.5   Helpful resources

Since the currently available resources for the elderly are not necessarily sufficient, some participants believe that they would need "something new." "Group homes" may be one of the new facilities which would increase demand. Activities in the community and home delivery services (e.g. vegetables) would be helpful for the elderly. Public transportation needs to be improved especially in rural areas in order to increase accessibility to service facilities. As for human resources, participants supported the idea of hiring immigrant care workers. One participant said "When my great-grand-mother was alive, she had a foreign helper. And I think that is a good idea."

3.2   *People with physical disability*

3.2.1   General images of people with physical disability and major causes

General images of people with physical disabilities include wheelchairs, vision issues, and hearing issues. Participants indicated parents (e.g. alcohol drinking during pregnancy, pregnancy after age 40, abortion), environmental problems (e.g. radio wave, exposure to modern technologies), and genes (e.g. fetal life, abnormality of the gene) as major causes of physical disabilities.

3.2.2   Barriers

Barriers experienced by people with a physical disability consist of lack of formal resources, human resources, societal understandings, transportation, and access to information. One participant noted that there were not enough nursing homes: "I am not sure if I am remembering right but I remember watching some news about the reduction of nursing home money. And due to that the number of people waiting to enter in a nursing home increased." But the problem is not only lack of facilities, but also lack of human resources: "But the problem of this place was the lack of staff members and nurses, so the lack of human resource was one problem." Lack of societal understandings is mainly related to lack of interest: e.g. "They are not considerate or they have never thought about [disable person] …" The issues of transportation are associated with financial issues. One participant said

> Because the person cannot hold the bicycle hand with both hands, so the person only has a car. So, the person had to make a special order for purchasing a customized car as a transportation. So, I guess the monetary barrier and the limited are for the person's activities are the barrier.

Some participants indicated that people with physical disabilities did not obtain necessary information. For

example, one participant noted, "I might change the talk a little bit but, blind and deaf people always complain about the information not reaching them."

3.2.3   Helpful resources

Participants believed that community environments and the provision of information were important resources for people with physical disabilities. To improve community environments and the provision of information, an increase of awareness is essential. One participant said, "Like posters raising awareness with these posters, are there any whose mindsets have changed? These posters are becoming a part of sceneries …" Another participant said

> Since I had not been around with people with disabilities, after entering in my program, the people are just here and there, so my awareness has changed a lot, so enlightening activities are introduced in the field of education more, even if we don't have that many people with disabilities, people get to know each other and they have changes to be around with them.

3.2.4   Society

Participants believed that in general society had negative images of physical disabilities such as "pity," "weak," or "dull." The general public is "insensitive" to people with physical disabilities and "feel sorry or empathy." Stereotypes and stigma are also problems. For example, one participant said, "They have the stereotype image that all the deaf people use sign language, and all the blind use white cane. So they put like a label on the disabled people. They made a stereotype in their mind."

3.2.5   Media

Participants had seen stories about people with physical disabilities on media such as TV programs, dramas and movies. Except for sports related stories (e.g. the Paralympics), overall, participants believed that stories about people physical disabilities on media are negative. One participant said, "The TV program devotes to people with disabilities and tries to have them to challenge something... I absolutely hate it. I wonder if the media is having fun with that by doing so." Another participant said, "The condescending attitude of the media, kind of looking down them, forcing them to adopt what they think normal."

3.2.6   People with physical disabilities at school/work

A number of participants knew someone who had physical disabilities at school/work. While participants reported positive experiences with people with physical disabilities, some of them reported that they had seen negative incidents. One participant noted: "There weren't oblivious bullying or discrimination (in a public space), but there were some cases that by including A [a person with s physical disability]'s name, people implied or like connotations, you know." Another participant said "Additionally, physically touching a person with a disability was taboo in a classroom atmosphere."

3.3   *People with mental disability*

3.3.1   Description of mental disabilities

Common descriptions of mental disabilities include "schizophrenia," "depression" and "a brain problem." Participants pointed out that, unlike physical disabilities, mental disabilities were often hard to be identified by others and difficult to measure or diagnose. For example, one participant said, "But, that is very tricky. I mean, the boundary between mental illness and non-mental-illness. For ordinary people like us, the difference is hard to tell." Another participant said "I think physical disabilities are really obvious, visible, but regarding mental disorders, are somehow not recognizable for outsiders and themselves." Participants reported a wide variety of perceptions of causes of mental disabilities that include "stress," "work too hard at work," "things stretching out in your brain," mental vulnerabilities," "heredity," "an environment," "DNA," "parents," "traumatic experiences," "personality," and "relationship/family issues."

3.3.2   Helpful resources

Common resources that were mentioned by participants were related to interactions with other people, as resources to help people with mental disabilities such as a "place where they could talk with many people," or "a long and good connection with people" in the community. Other resources were "medical treatments," "pharmacological therapy," "money," "counselors," "(mental healthcare) personnel," something supportive "constant care," and facilities other than hospitals.

3.3.3   Society

Participants believed that societal images of mental disabilities were overall negative such as "dangerous," "no one wants to get closer," "scary," "fear," "homicide," "crime," "cannot take responsibility," "discriminated," "harmful," "insane," and "crazy." One participant noted that mental disabilities were treated differently from other disabilities in society:

> Even us—when we were asked the definition of mental disorder, we couldn't answer it—ordinary people are still much more ignorant of these issues. If they see people with physical disabilities, then they would be more considerate, but if the mental issue was the case, then the story would be different. Compared with other disability cases, …

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3.3.4   Media

Participants expressed concerns that the media, such as TV programs or movies, tended to emphasize negative images of mental disabilities. For example, one participant said, "The media only highlight harmful people not featuring less harmful people, because the news won't be catchy, not telling different aspects of them." Another participant noted that, "If a person hurt somebody and the person has a mental issue, then the media perhaps and always refers to that." One participant stated that there was a certain pattern of how the media described mental disabilities, saying, "I think there is a certain pattern in the way the media describe them, like a person is stressed out because of their jobs, turning to a person with a mental disability."

3.3.5   People with mental disabilities at school/work

One of the common responses was that participants did not know whether they knew someone with mental disabilities. Some participants mentioned classmates who stopped going to school as people with mental disabilities. Others addressed particular persons with mental disabilities. In most cases, they assumed the persons had mental disabilities based on their behaviors: e.g. A person who wrote "I will kill you" on a notebook over and over; or, a person who brought a wood hammer to school and was swinging around it.

3.3.6   Possibilities of recovery from a mental illness

Participants commonly believed that it would be or may be possible to recover from a mental disability. Some participants who said it would be possible to recover from a mental disability actually knew someone who recovered: "I believe so, too, because my relative was recovered." Helpful resources for recovery included medicine, treatment, changing the environment, improvement in relationships, and help in the community. Participants who said it might be possible to recover from a mental disability noted that it would depend on individuals or definition of recovery. One participant said, "I am just wondering what standard criteria are used for measuring the recovery. Of course, only people themselves would know whether they are fully recovered or not." The definition of recovery was a big topic especially at one of the focus groups. One participant said, "Can we say that people have recovered from mental disabilities if they don't have any troubles in living in their daily lives? Or, do we have some criteria to measure these? I just wonder …" Few participants expressed that it would not be possible to recover from a mental disability.

4.   Discussion

4.1   Discussion

This study explored perceptions of aging and disabilities among college students in Japan. There are three main findings in this study. First, lack of formal and human resources are issues for the elderly and people with physical disabilities. Second, it is important to increase the awareness of the issues related to physical and mental disabilities. Third, images of physical and mental disabilities in society and media should reflect the reality, not extreme positive or negative cases.

Participant comments on lack of formal and human resources reflect societal issues especially among the elderly, as well as those with a physical disability. The LTCI is considered insufficient to meet the needs of the elderly mainly due to lack of informal and formal caregivers and to cover the cost of care facilities (Smiley, 2013; Hanaoka, 2008). The LTCI costs doubled in only six years from its initiation (Hanaoka, 2008). While public policy encourages prevention and home care, a number of the elderly who can or wish to stay at home is decreasing, in part due to the limited availability of informal caregivers (Hanaoka, 2008; Naito, 2009). As a result, the need for institutional care has been increasing (Hanaoka, 2008; Naito, 2009). Nevertheless, there is a serious shortage of care workers for the elderly because of their low salaries (Naito, 2009). The number of individuals on waiting lists for specialized institutions and the number of understaffed facilities have been increasing (Naito, 2009). It is necessary to improve formal and human resources to better serve the elderly population.

The results of this study, concerning the lack of societal awareness of the issues relevant to disabilities, indicate the need for promoting public understanding. Participants discussed this need for both physical and mental disability, and perceived that this was most firmly the case with mental disability due to the greater difficulty of identifying individuals who have one. Previous studies suggest that it is common for Japanese to believe that psychosocial factors, such as personality weakness, rather than biological factors, are the causes of mental disability, and that a person cannot recover from a mental illness (Ando, 2013; Griffiths, 2006). Lack of understanding about mental disability could result in stigma, institutionalism, and conformity (Ando, 2013). Educational programs directed toward such attitudes are essential to promote awareness of the issues related to disability (Ando, 2013).

Participants discussed society and media as portraying extremely positive or negative images of physical and mental disability. While sports events such as the Paralympics were the examples which show positive images of people with a disability, many other media programs often express condescending or demeaning attitudes toward individuals with a disability, when this population was represented. In addition, people with a disability are in some cases underrepresented especially with prime-time television (Saito, 2005).

The results of this study suggest that media sometimes displayed some disabilities as being dangerous, while neglecting positive or harmless cases of the same condition. Images of disabilities on media need be improved so the general public can receive more accurate impressions of people with a disability.

4.2 Limitations
All of the participants were undergraduate students of one university in Japan and were not necessarily representatives of Japanese college students. However, generalizability was not the objective of this study because this study was looking at "voices" from Japanese college students. This analysis was intended to provide insight into how and why perceptions are formed in the way as they are right now. The rationale behind this research is that statements made by the participants, namely undergraduate students in Japan, reflects the perceptions and images that both positively and negatively pervades in Japanese about aging and disability issues. There is a possibility that students who were interested in the issues related to disabilities or aging society were more likely to have participated in the focus group. In fact, approximately half of the participants majored in disability sciences. Hence, this study is limited to generalize these issues. Despite the limitations, this study provides the contextual knowledge distinct in Japan, in particular in a college setting about perceptions of aging and disability among undergraduate students in Japan, which is not available elsewhere.

4.3 Conclusions
This study explored perceptions of aging and disability among college students in Japan and contributes to increased knowledge about the perceptions. Formal and human resources to support the elderly, and the awareness of the issues related to physical and mental disabilities need to be increased. Images of people with physical and mental disabilities in society and media need to be more realistic. Based on the results of this study, the following three future study areas are suggested. First, future studies are necessary to further examine the issues of lack of formal and human resources and their impact on the elderly, families, and society. Second, it is necessary to develop programs to increase awareness of the issues of disabilities and evaluate the effectiveness of the programs. Cross-national comparisons on the implementations may provide useful information to improve the situations in Japan and other countries. Finally, future research is needed to empirically examine the impact of media on perceptions of people with a disability.

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