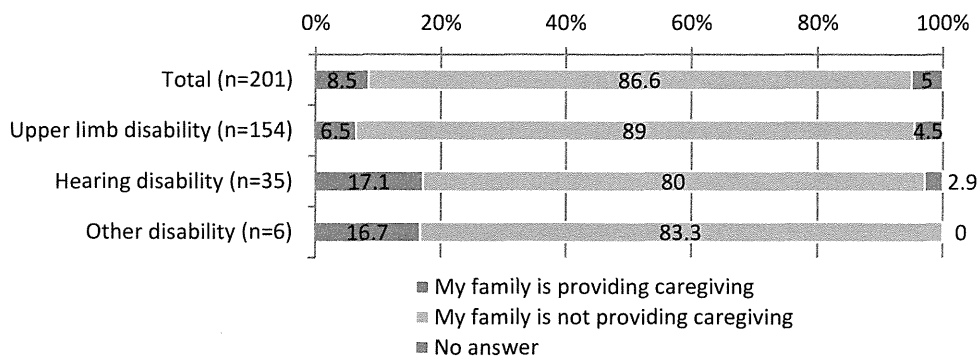


7. Status of family caregiving

- Looking at the current status of family caregiving for the respondents overall, 17 respondents (8.5%) answered “my family is providing caregiving.” Looking at the results by type of disability, 10 respondents with an upper limb disability (6.5%) and 6 respondents with a hearing disability (17.1%) are receiving care from their families.

Figure 42: Whether or not the respondents are receiving caregiving from their families; by type of disability



- Looking at the family members’ involvement in caregiving for the respondents overall, “main caregiver” ranked first with 10 respondents (55.6%).
- Looking at whether or not the caregiver lives in the same house as the person requiring long-term care for the respondents overall, 7 respondents (38.9%) answered “lives in the same house” and 10 respondents (55.6%) answered “does not live in the same house.”
- Looking at the relationship with the person requiring long-term care for the respondents overall, 15 respondents (83.3%) answered “parents and parents-in-law.”
- Looking at the status of use of caregiving insurance by the person requiring long-term care for the respondents overall, 10 respondents (55.6%) answered “I use it” and 6 respondents (33.3%) answered “I do not use it.”
- A respondent made the following statement regarding inconveniences, difficulties, unease, etc. related to caregiving.
 - “When my father is far away we cannot go to see him immediately. Currently my father is in a rehabilitation ward after undergoing surgery. He is undergoing rehabilitation in order to be discharged from hospital but after he leaves the hospital he will be living alone. My husband and I also considered going back to live with him but this is not practical for our work and daily life. We cannot let my father live alone but we cannot go to live with him. That is our most difficult problem.”

8. Worries and difficulties in daily life

(1) Worries and stress in daily life

- Looking at worries and stress in daily life for the respondents overall, 157 respondents (78.1%) answered “I have worries and stress.”
- Looking at the results by type of disability, a slightly higher percentage of respondents with a hearing disability than respondents with an upper limb disability answered “I have worries and stress.”
- Looking at the results by type of household, a higher percentage of respondents in single-person households or living with their parents only answered “I have worries and stress” than respondents in other types of households.

Figure 43: Whether or not the respondents have worries and stress in daily life; by type of disability

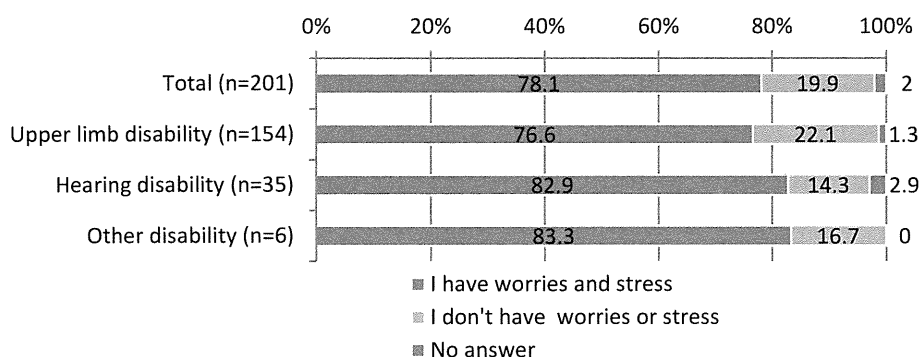
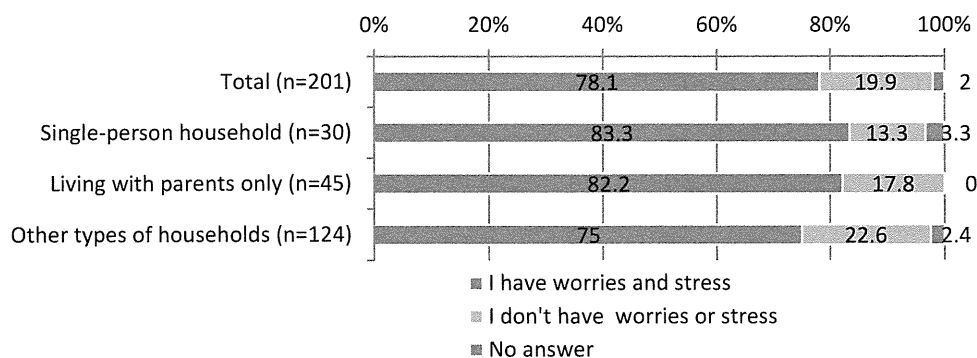


Figure 44: Whether or not the respondents have worries and stress in daily life; by type of household



(i) Content of the worries and stress

- Looking at what kinds of worries and stress the respondents feel for the respondents overall, “my own health” ranked first with 113 respondents (72%), followed by “post-retirement life design” with 83 respondents (52.9%) and “the health of my family” with 65 respondents (41.4%).
- Performing a comparison by type of disability, the worries and stress at least 10 percentage points higher for respondents with an upper limb disability than respondents with a hearing disability included “prospects for future income and assets.” On the other hand, symptoms at least 10 percentage points higher for respondents with a hearing disability than respondents with an upper limb disability included “problems in my own daily life” and “relationships with neighbors and the local community.”
- Comparing the results by type of household, a high percentage of respondents living with their parents only answered “my own health” and “the health of my family” whereas a high percentage of respondents in single-person households answered “post-retirement life design.” Furthermore, a high percentage of respondents in other types of households answered “prospects for future income and assets” and “problems in the daily life of my family.” “Problems in my own daily life” was chosen by a high percentage of respondents in single-person households or living with their parents only.

Figure 45: Content of the worries and stress (multiple-answer question); overall

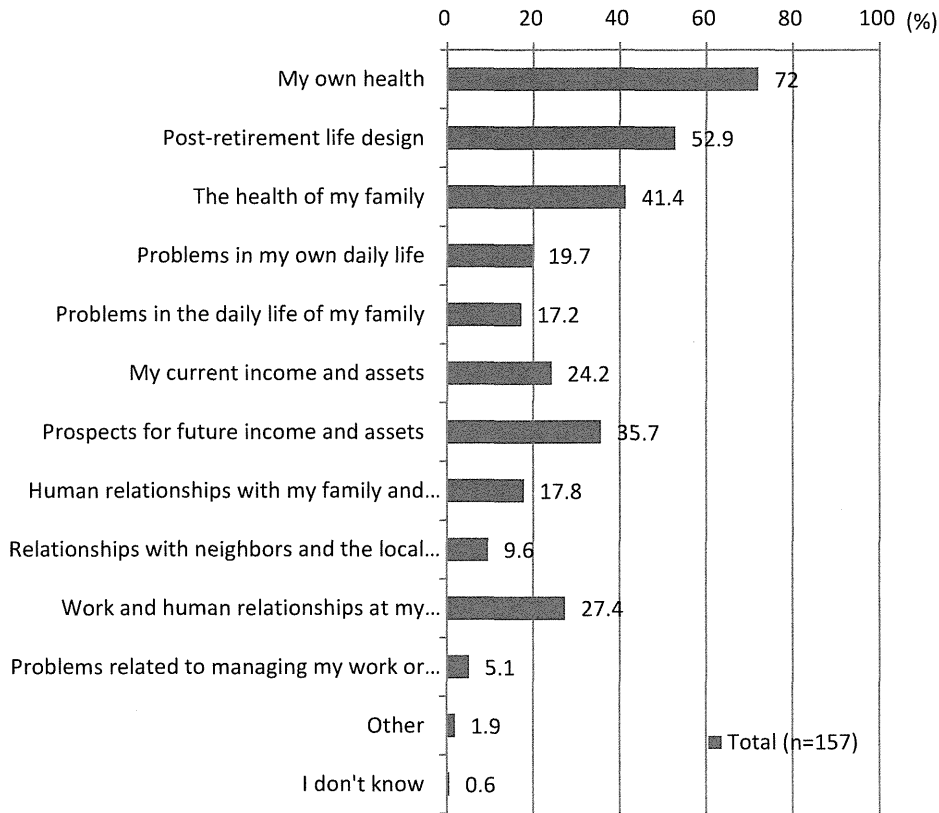


Figure 46: Content of the worries and stress (multiple-answer question); by type of disability

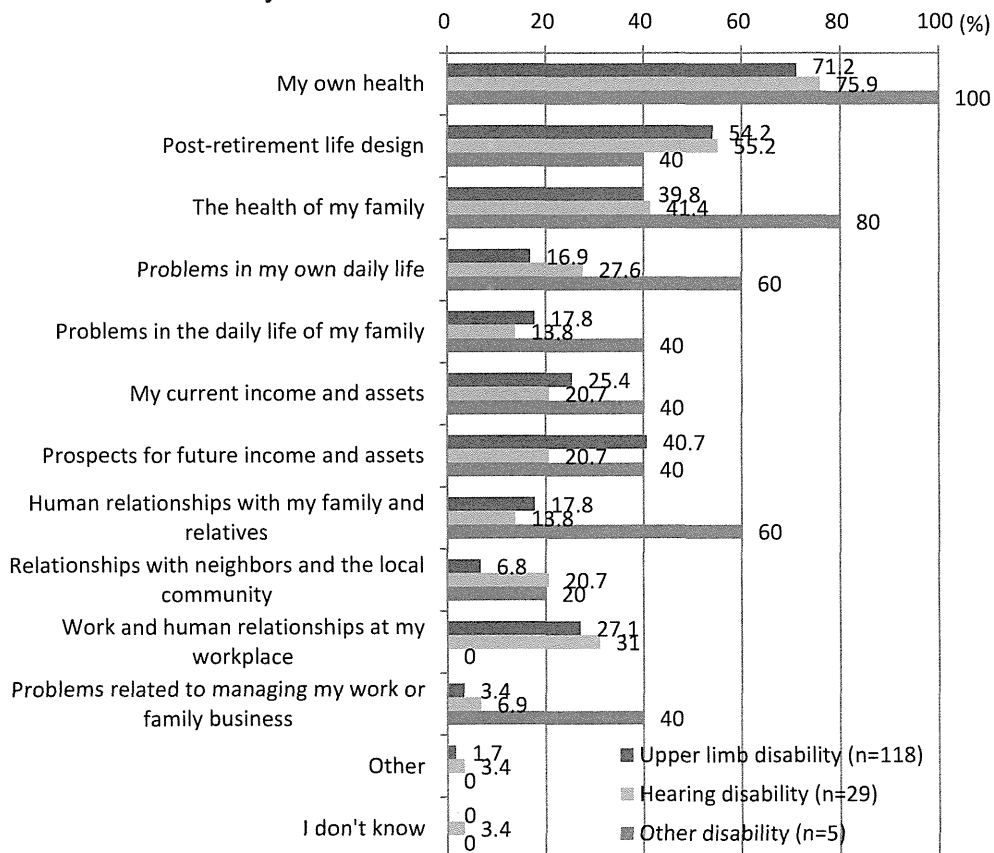
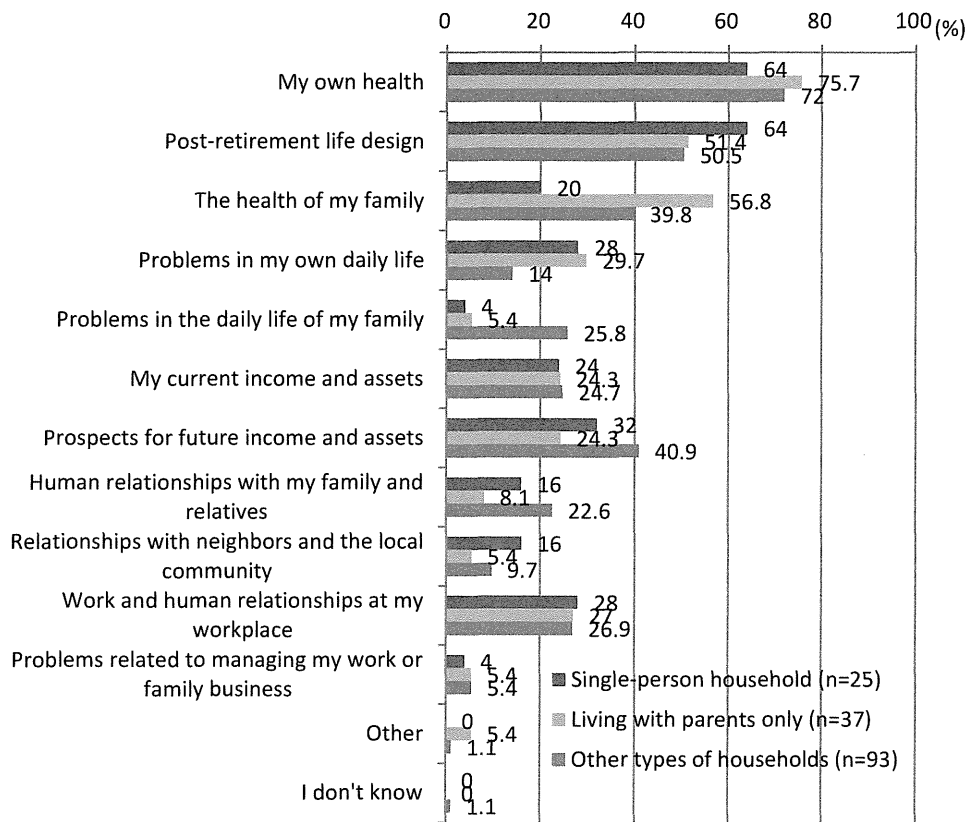


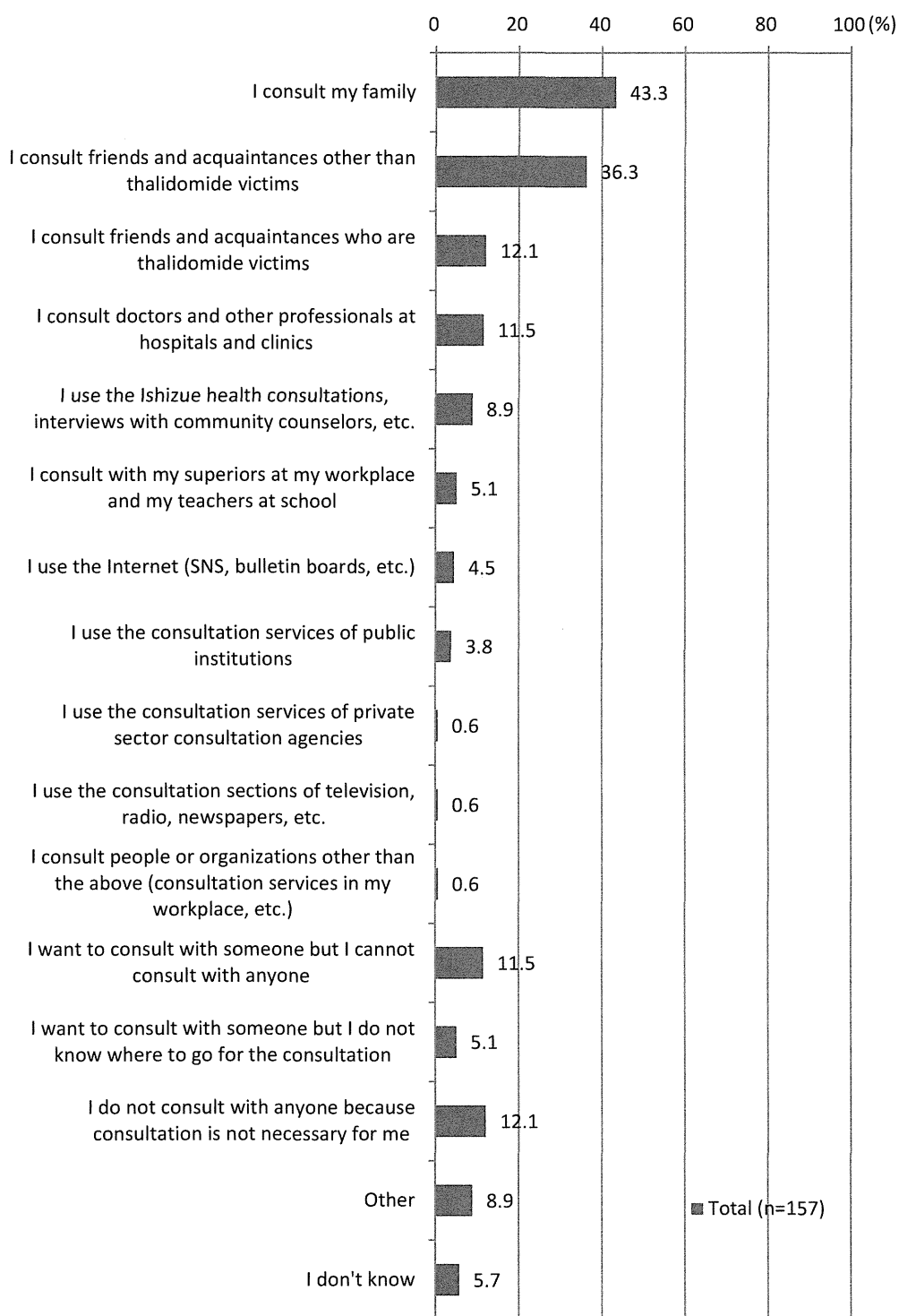
Figure 47: Content of the worries and stress; by type of household (multiple-answer question)



(ii) The people the respondents consult about their worries and stress

- Looking at the people the respondents consult about their worries and stress for the respondents overall, “I consult my family” ranked first with 68 respondents (43.3%), followed by “I consult friends and acquaintances other than thalidomide victims” with 57 respondents (36.3%) and “I consult friends and acquaintances who are thalidomide victims” with 19 respondents (12.1%). On the other hand, 19 respondents (12.1%) answered “I do not consult with anyone because consultation is not necessary for me” and 18 respondents (11.5%) answered “I want to consult with someone but I cannot consult with anyone.”

Figure 48: The people or organizations the respondents consult about their worries and stress (multiple-answer question); overall

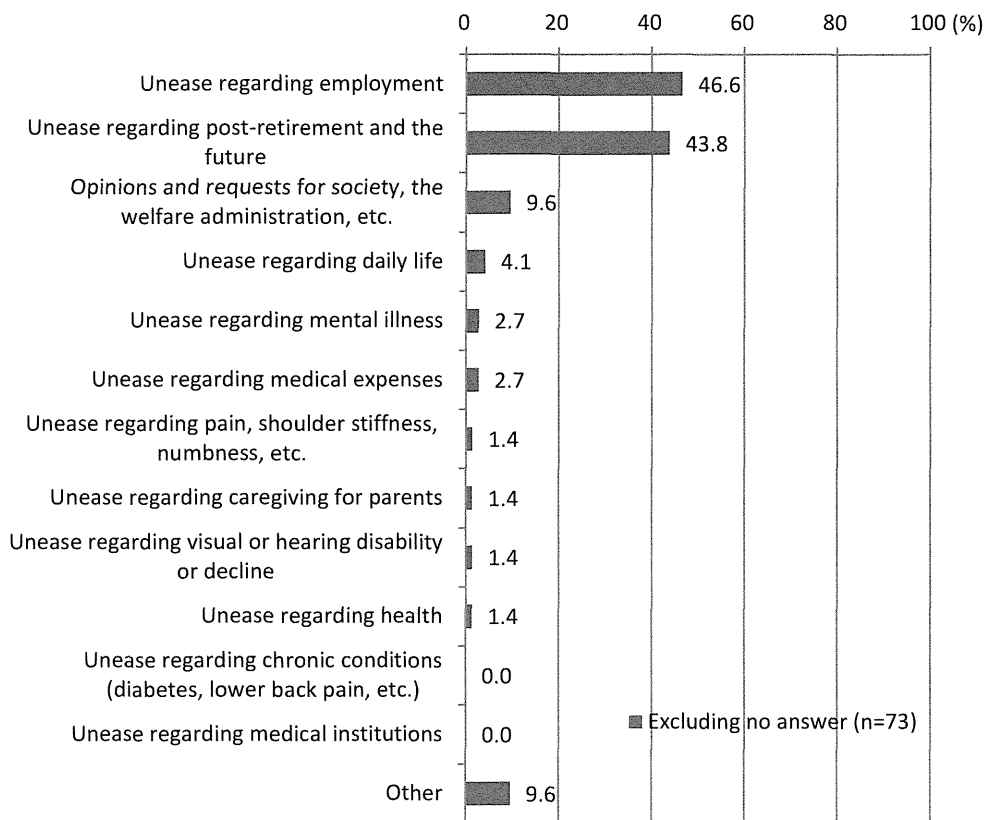


9. Current difficulties of the respondents in their daily lives, and their unease about the future (free comments)

(1) The respondents' statements about their own work, their life design for the future, the prospects for income going forward, etc.

- Comments about unease regarding employment ranked first with 34 respondents (46.6%), followed by comments about unease regarding post-retirement and the future with 32 respondents (43.8%).
- Specifically the respondents made the following statements.
 - “I am uneasy about whether I can continue working physically.”
 - “It would be a big help if there was a system enabling future life design in public workplaces, etc. that would enable me to maintain my current salary, etc. and alleviate the stress on my legs.”
 - “I am going to be living in a four-person household with my parents and husband so of course I think that if any one of us becomes unable to move around support will be necessary.”
 - “I have a housing loan but almost no savings; furthermore when I am 55 years old my income will fall to 50-60% of its current level but that is precisely when my children will be the right age for high school and university, so I am uneasy about whether or not I can afford to pay for their education.”
 - “I am worried that after the long-term continuity pension of Ishizue ends I will struggle to support myself with only the basic disability pension.”

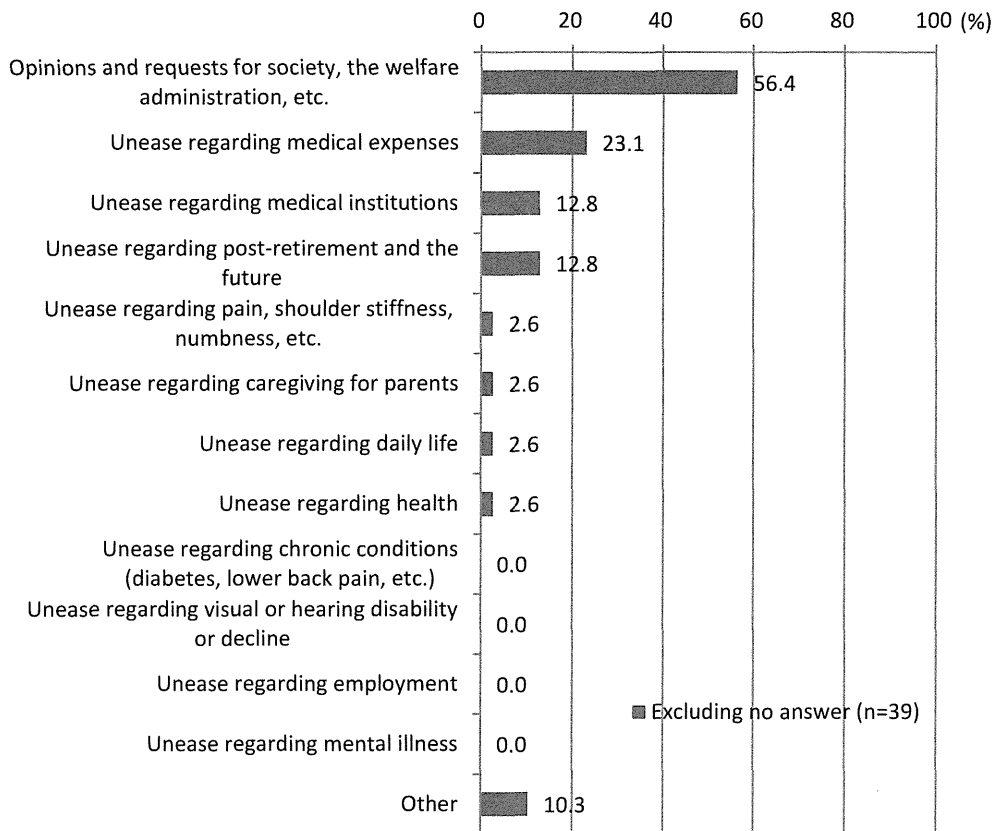
Figure 49: Current difficulties of the respondents in their daily lives, and their unease about the future [their own work, life design for the future, income going forward, etc.]; figures by category



(2) Use of medical and health care services, welfare and caregiving services, etc.

- Comments containing opinions and requests for society, the welfare administration, etc. ranked first with 22 respondents (56.4%).
- Specifically the respondents made the following statements.
 - “I don’t know what kinds of welfare services I can use.”
 - “I think it would be good if there were services based in daily life.”
 - “I am living alone and I don’t have any close relatives so I need a system to be established under which I can be given priority for receiving the services, etc.”
 - “The municipal welfare section responds to my needs poorly and slowly. I want to be able to use the services quickly.”

Figure 50: Current difficulties of the respondents in their daily lives, and their unease about the future [medical and health care services, welfare and caregiving services]; figures by category



III. Comparison of the Comprehensive Survey of Living Conditions and the Results of the Questionnaire Survey

- The Comprehensive Survey of Living Conditions is a survey that the Ministry of Health, Labour and Welfare has implemented nationwide every year since 1986. It asks questions about basic matters in the daily lives of citizens, such as household composition, the health of the people, medical care, welfare, pensions, employment, income, etc. and is implemented to obtain the basic data needed to plan, design, and run the health, labor and welfare administration going forward.
- Here we compare the results of the Fiscal Year 2010 Comprehensive Survey of Living Conditions (50-54 years old, n=7,659) assessing the living conditions of people in the same generation as the thalidomide-impaired people, and the results of this questionnaire survey. By doing this we aim to analyze the differences and similarities between the unique daily life challenges of the thalidomide-impaired people and the shared challenges of people in the same generation resulting from the aging process.

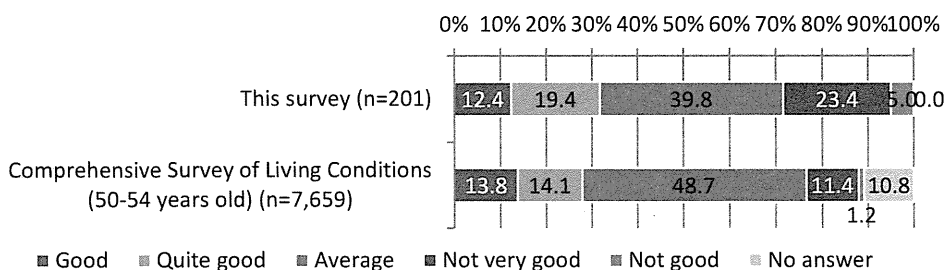
1. Conditions in daily life

- The current state of health of the thalidomide-impaired people is not good compared to other people in the same generation. Furthermore, it is apparent that their health problems are having an impact in a variety of situations in their daily lives.

(1) Current state of health

- The percentage of respondents answering that their current state of health is “not very good” or “not good” is 28.4% in this survey, higher than the 12.6% of respondents in the Comprehensive Survey of Living Conditions.

Figure 51: Current state of health; comparison with the results of the Comprehensive Survey of Living Conditions (50-54 years old)



(2) The impact of health problems on daily life

- The percentage of respondents answering that their health problems had an impact on their daily lives was 40.8% in this survey, higher than the 9.7% of respondents in the Comprehensive Survey of Living Conditions.
- Furthermore, looking at the specific impacts of health problems on daily life, the percentages were higher in this survey than in the Comprehensive Survey of Living Conditions for all of the items.

Figure 522: Whether or not health problems are having an impact on daily life; comparison with the results of the Comprehensive Survey of Living Conditions (50-54 years old)

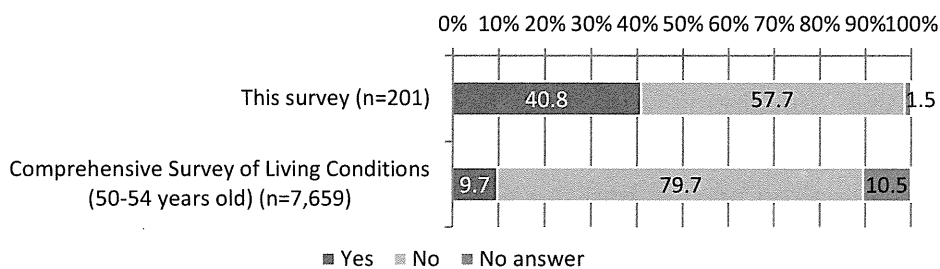
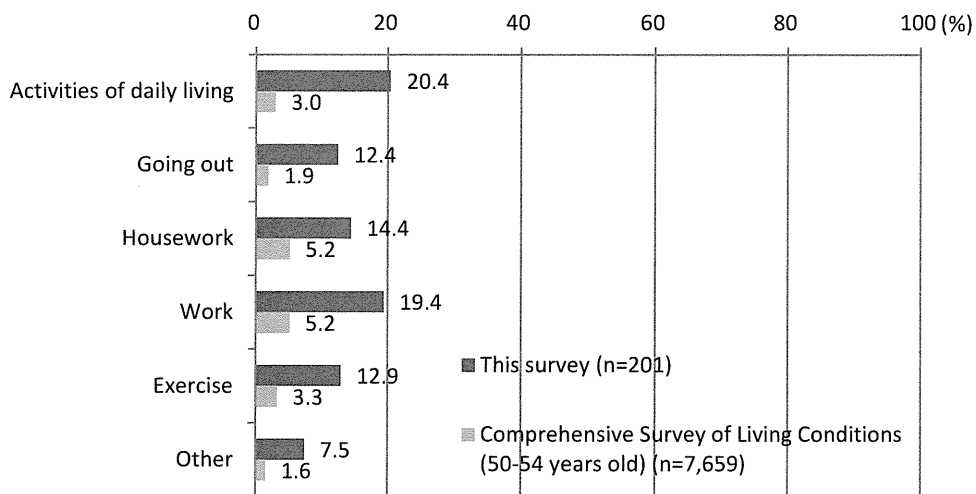


Figure 533: Specific impacts on daily life (multiple-answer question); comparison with the results of the Comprehensive Survey of Living Conditions (50-54 years old)



* Housework and work in the Comprehensive Survey of Living Conditions have the same options so they are treated as the same numbers in this figure.

2. Use of medical and health care services

- Compared to other people in the same generation, thalidomide-impaired people have a greater number of physical problems due to diseases or injuries, etc. (subjective symptoms). In particular, compared to other people in the same generation they have a higher percentage of musculoskeletal system symptoms, limb symptoms and the symptoms “body is weak,” “headaches,” “blurry vision,” “difficult to see objects” and “poor hearing.”
- Reflecting the large number of subjective symptoms, thalidomide-impaired people are also currently being treated at hospitals for a larger number of diseases and injuries than other people in the same generation. In particular, they have a higher morbidity rate than other people in the same generation for “hyperlipidemia,” “eye disease or disability,” “ear disease or disability,” “shoulder stiffness,” “lower back pain”, etc.
- Regarding undergoing medical examinations, etc., a marked difference between thalidomide-impaired people and other people in the same generation was not seen.

(1) Physical problems due to diseases or injuries, etc. (subjective symptoms)

- In this survey 64.7% of respondents said they had experienced physical problems due to diseases or injuries, etc. (subjective symptoms) in the last few days, higher than the 32.4% of respondents giving this answer in the Comprehensive Survey of Living Conditions.
- Furthermore, the average number of specific subjective symptoms was 7.1 in this survey, higher than the 3.8 symptoms in the Comprehensive Survey of Living Conditions.
- Moreover, looking at the specific content of the subjective symptoms, the percentages were higher in this survey than in the Comprehensive Survey of Living Conditions for all of the items. In particular, subjective symptoms at least 10 percentage points higher included “body is weak,” “headaches,” “blurry vision,” “difficult to see objects,” “poor hearing,” “shoulder stiffness,” “lower back pain,” “pain in the limb joints,” “poor limb movement,” and “limb numbness.”

Figure 54: Whether or not the respondents had physical problems due to diseases or injuries, etc. (subjective symptoms) in the last few days; comparison with the results of the Comprehensive Survey of Living Conditions (50-54 years old)

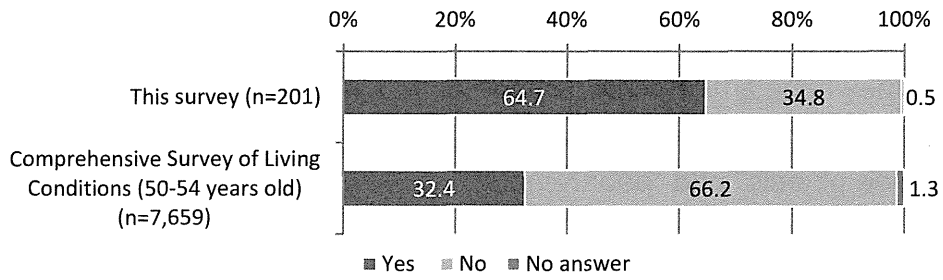
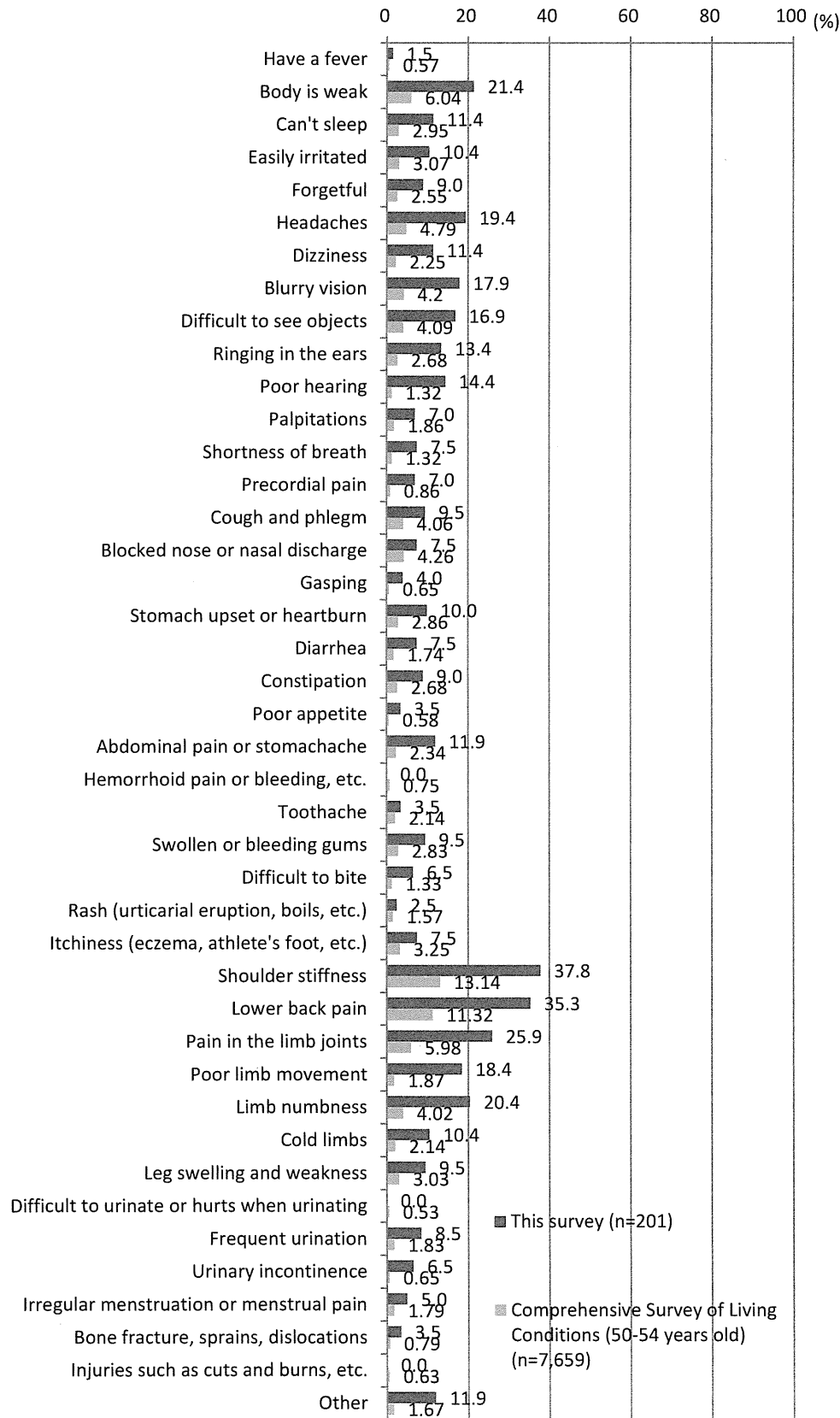


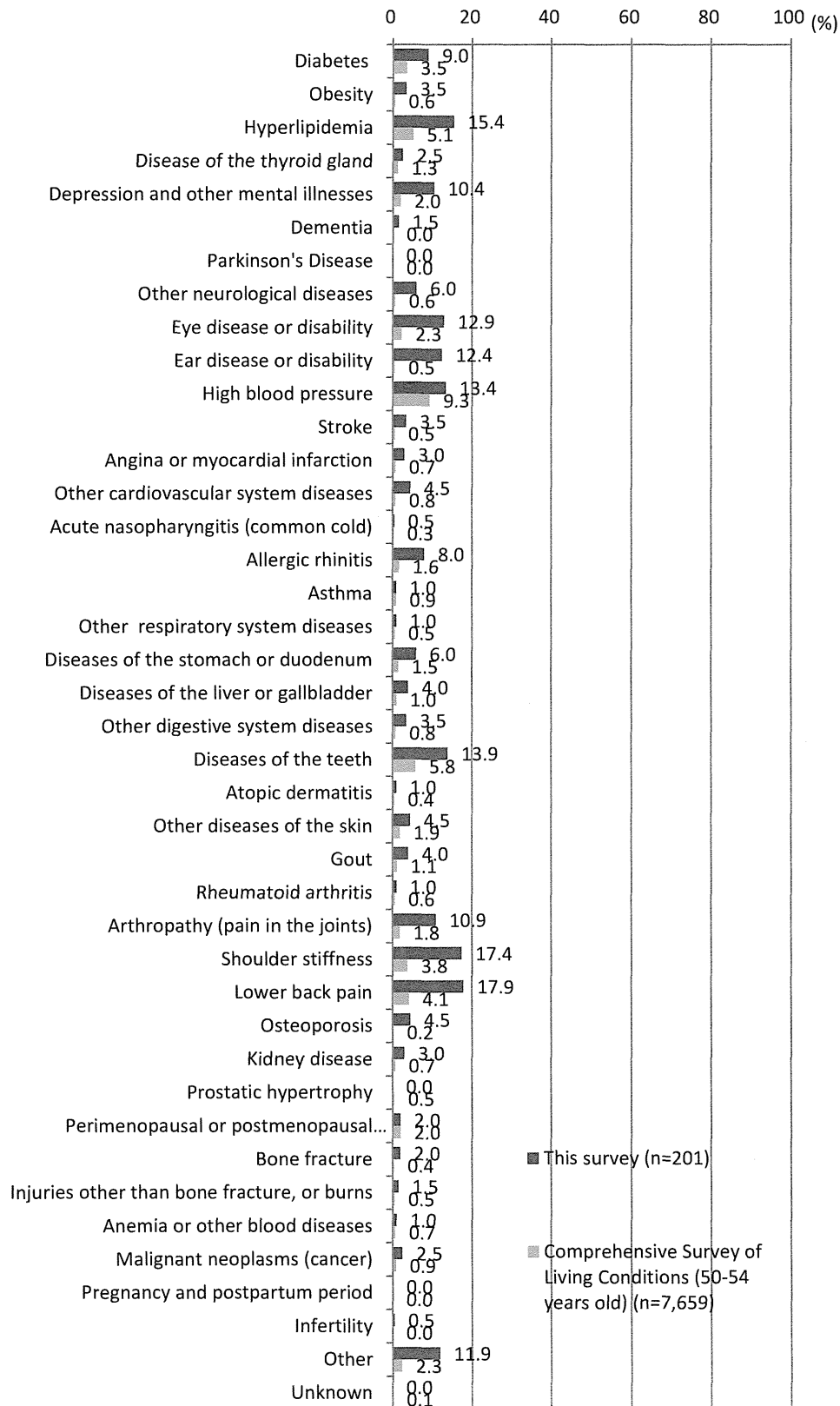
Figure 545: Specific content of subjective symptoms (multiple-answer question); comparison with the results of the Comprehensive Survey of Living Conditions (50-54 years old)



(2) Hospital treatment due to disease or injury

- The average number of diseases and injuries currently being treated at a hospital was 3.5 in this survey, higher than the 1.6 in the Comprehensive Survey of Living Conditions.
- Moreover, looking at the specific diseases or injuries for which the thalidomide-impaired people are receiving treatment at the hospital, were higher in this survey than in the Comprehensive Survey of Living Conditions for all of the items. In particular, the diseases and injuries at least 10 percentage points higher included “hyperlipidemia,” “eye disease or disability,” “ear disease or disability,” “shoulder stiffness” and “lower back pain.”

Figure 556: Specific diseases or injuries for which the thalidomide-impaired people are receiving treatment at the hospital; comparison with the results of the Comprehensive Survey of Living Conditions (50-54 years old) (multiple-answer question)



(3) Undergoing medical examinations, etc.

- In this survey 69.7% of respondents said they had undergone medical examinations, etc. in the past year, about the same level as the 73% of respondents giving this answer in the Comprehensive Survey of Living Conditions.
- Regarding opportunities to undergo medical examinations, etc., the pattern is similar in both this survey and the Comprehensive Survey of Living Conditions, with “a medical examination implemented by my workplace or a health insurance society, etc.” ranked first followed by “a medical examination implemented by my municipality.”

Figure 567: Whether or not the respondents are undergoing medical examination; comparison with the results of the Comprehensive Survey of Living Conditions (50-54 years old)

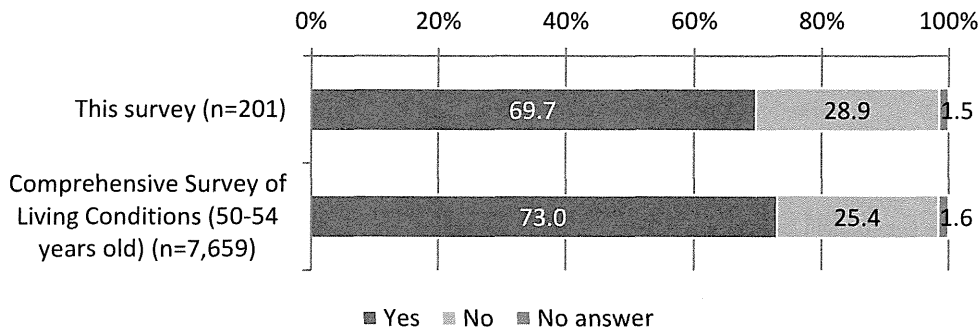
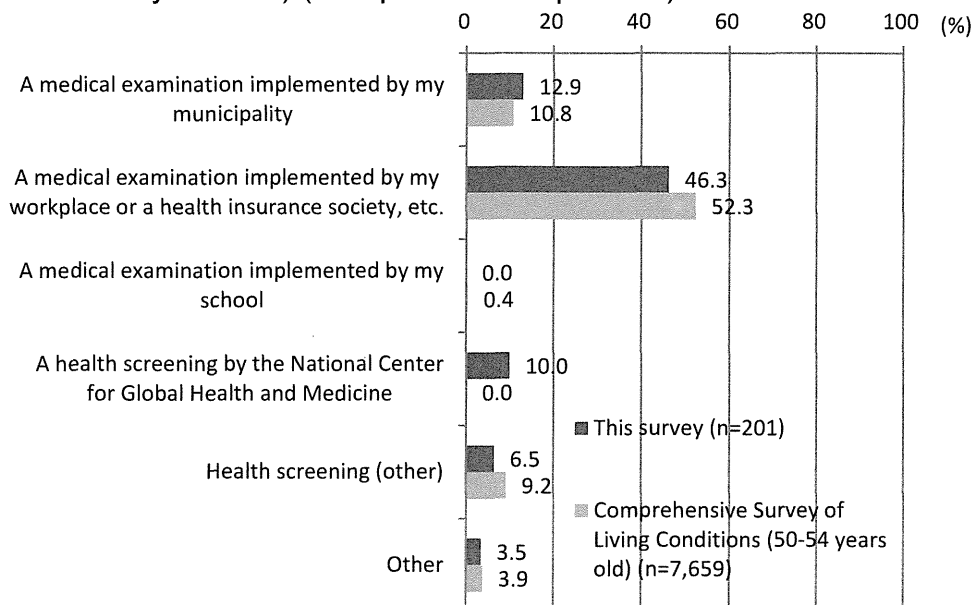


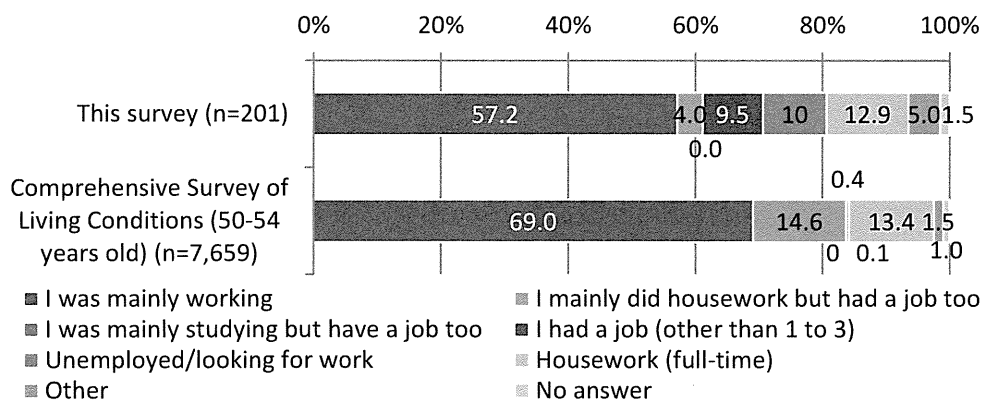
Figure 578: Opportunities to undergo medical examinations, etc.; comparison with the results of the Comprehensive Survey of Living Conditions (50-54 years old) (multiple-answer question)



3. Job situation

- In this survey 70.7% said they had some kind of work, including “I was mainly working” and “I mainly did housework but had a job too,” etc., lower than the 84.1% of respondents with some kind of work in the Comprehensive Survey of Living Conditions. Furthermore, 57.2% of respondents answered “I was mainly working” in this survey, also lower than the 69% of respondents who gave this answer in the Comprehensive Survey of Living Conditions.
- On the other hand, 10% of respondents answered “unemployed/looking for work,” an item only established in this survey, so it can be deduced that the working styles and labor environment of the thalidomide-impaired people are different from those of the other people in the same generation.

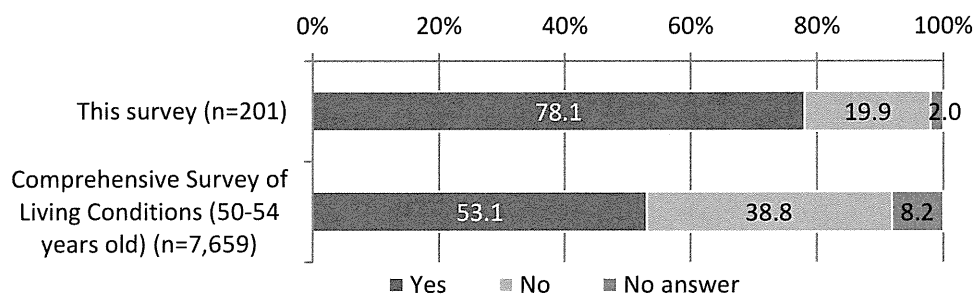
Figure 59: Job situation during June; comparison with the results of the Comprehensive Survey of Living Conditions (50-54 years old)



4. Worries and difficulties in daily life

- In this survey 78.1% of respondents answered that they currently had worries and stress in their daily lives, higher than the 53.1% of respondents giving this answer in the Comprehensive Survey of Living Conditions.

Figure 580: Whether or not the respondents have worries and stress; comparison with the results of the Comprehensive Survey of Living Conditions (50-54 years old)



This survey was implemented as a part of the Health and Labour Sciences Research “Nationwide Research into the Health and Living Conditions of Thalidomide Embryopathy Patients (research implementation period: April 2012 to March 2015 (planned)).”

Published March 2013

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