

Nepalese Migrants in Japan: What is Holding them Back in Getting Access to Healthcare?

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Abstract:

Migrants are one of the most deprived and vulnerable groups who receive the least health services in the society. Only a few studies have been conducted on access to healthcare among migrants in Asia, despite hosting 75 million migrants. Most of the Nepalese migrants in Japan may have limited access to health care due to their low socioeconomic status, language barriers, cultural differences, and poor living and working conditions. However, little is known about their access to health care in Japan. Based on the Andersen's model, we examined the factors associated with access to health care among Nepalese migrants in Japan.

We conducted a cross-sectional study among 642 Nepalese migrants residing in 10 prefectures of Japan. We used two separate multivariable regression models to explore the key predisposing, enabling, and need factors with or without combining them, respectively.

The key factors associated with migrants' better access to health care were longer length of stay (predisposing factor), not needing the Japanese language interpreter during the visit to health facility and paying the health insurance premium regularly (enabling factors), and self-rated health status as good or very good or excellent (need factor). The migrants were more likely to perceive better access to health care (AOR=9.69, 95% CI 3.81-24.63) when they had all these three key factors, compared to those who had none of them. They were less likely not to see health worker when needed (AOR=0.17, 95% CI 0.03-0.81) when they had predisposing and enabling factors, compared to those who had none of them.

Nepalese migrants are more likely to have better access to health care in Japan when they have all the key predisposing, enabling and need factors, compared to those who have none or either two of them. These key factors are length of stay (predisposing factor), Japanese language skill and health insurance (enabling factors) and self-rated health status (need factor). Among them, enabling factors may play more important role.

About the Speaker:

Prakash Shakya is a medical doctor from Nepal. He is currently a post-doctoral researcher at Kyorin University and visiting scientist at The University of Tokyo. He completed his PhD in global health from The University of Tokyo in 2017. Before going to Japan, he worked in a rural government hospital of Nepal for two years. His research interests are migrants' health and systematic reviews in healthcare research. His latest research project was on TB and HIV among international migrants in Japan. He is also involved with ASHA- an NPO registered in Tokyo, as a director of research and implementation.