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Health Service Access and Health Problems among Foreign Residents in the Kawaguchi Area

Team No 5

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I. INTRODUCTION

Kawaguchi city is located in the very southern part of Saitama prefecture, with only the Arakawa River separating it from Tokyo. With approximately 460,000 people it ranks as one of the major economic and cultural centers of the prefecture. It also has the largest foreign population in the prefecture; almost 10,000 from more than 70 countries⁽¹⁾.

Requirements for getting medical attention are: health insurance card, suitable photo identification and money.

There are no private health insurance plans in Japan. Everyone is covered by either Employee's health insurance (*Shakai Hoken*) or the National Health insurance (*Kokumin Hoken*), and the coverage is 70%⁽²⁾. Any foreign resident who is not registered in the Employee's plan and whose authorized period of stay is more than one year, is eligible for the National health insurance program. As a developed nation, Japan attracts many foreigners for work, study, business and asylum. Some foreigners live without proper registration and this hinders them from utilizing some essential social services including health care. Many studies have revealed significant differences among different population groups in accessing health services. These may be influenced by various factors such as socioeconomic status (SES), insurance coverage, awareness, attitude, patient preferences, stage or severity of disease, availability of health care information and services, and race and ethnicity^(3,4). Various studies have demonstrated that minority populations use fewer formal medical care services despite having greater needs^(5,6). This calls for action in health policy and is a complex challenge facing researchers worldwide to determine why such disparities occur^(6,7,8).

Significance of Study :

We initially looked at the commonly held view that many health service benefits to foreign nationals are not being fully utilized, probably due to poor communication, fear of rejection by health providers, lack of insurance and the attitudes of foreigners towards the health service.

Many concerns regarding foreigners' utilization of medical facilities were considered during the initial study. These included lack of communication, fear of rejection, ignorance of where to go, lack of health insurance, and securing money for health expenses.

With the problems thus defined, at least in broad terms, we decided to contact a Non-Governmental Organization/Non-Profit Organization (NGO/NPO) called Global Emigrants Network in Saitama (GENKI) which is closely related with many foreigners in Kawaguchi and responsible for conducting and subsidizing annual medical checkups for them.

Objectives :

The broad objective of our study was to identify factors inhibiting access to health services for foreigners and to determine health problems afflicting them.

The specific objectives were:

- 1) to investigate ways in which foreigners obtain information on health services;
- 2) to evaluate the medium of communication between foreigners and health providers;
- 3) to assess the attitude of foreigners toward health services;
- 4) to determine the health problems afflicting them.

II. METHODS

Foreign residents who attended a church service on 5th October 2003 and those who attended the annual health check up were included in our study. The structured questionnaire was constructed based on five factors: access, attitudes, communication, health problems and

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GENKI activities. Items lacking in the church questionnaire were namely: previous history of long standing disease prior to coming to Japan; preference for particular health facilities and expectations of GENKI's activities were added and a revised questionnaire was made before 19th October 2003 administration.

Data Analysis: A coding manual was created and missing values were assigned. It was entered into Excel and imported into SPSS, and then analyzed.

Ethical considerations: Consent was obtained from all respondents prior to administration of the questionnaire. GENKI gave proxy consent for their clients. Approval was also provided by NIPH and the Kawaguchi Public Health center.

III. RESULTS

1. Attributes of subjects

Table 1 characterizes the respondents by nationality and sex. Distribution in the survey was as follows: Philippines 40.7% (n=24), Ghana 32.2% (n=19), Kurdish, 18.6% (n=11), Nigeria 3.4% (n=2), Turkey 3.4% (n=2) and China 1.7% (n=1). In total, 40.7% females and 59.3% males were surveyed.

Table1 Breakdown of respondents by nationality and sex

Nationality/Sex	Female	Male	Total (%)
Philippines	14	10	24 (40.7)
Ghana	4	15	19 (32.2)
Kurd	5	6	11 (18.6)
Nigeria	0	2	2 (3.4)
China	1	0	1 (1.7)
Turkey	0	2	2 (3.4)
Total	24 (40.7)	35 (59.3)	59 (100)

2. Duration of stay

Table 2 addresses attributes of the respondents by duration of stay. It demonstrates that most of the respondents (88.1%) had stayed more than one year in Japan.

Table2 Distribution of foreign residents by duration of stay

Duration (Months)/	No. (%)
— 11	7 (11.9)
12 — 59	24 (40.7)
60 — 119	11 (18.6)
120	17 (28.8)
Total	59 (100)

3. Inhibiting factors to access of health services

Table 3 addresses five factors hindering respondents' access to health services, knowledge of location of health facilities, financial constraints, fear of rejection by health providers, communication barriers and health insurance.

Table 3 Factors influencing respondents' access to health/medical advice or treatment.

Factor	Magnitude			Total (%)
	Big problem (%)	Small problem (%)	No problem (%)	
Knowing where to go	14 (25.9)	4 (7.4)	36 (66.7)	54 (100)
Getting money	28 (50.9)	12 (21.8)	15 (27.3)	55 (100)
Fear of rejection	12 (22.2)	6 (11.1)	36 (66.7)	54 (100)
Communication problem	18 (32.7)	8 (14.2)	29 (52.7)	55 (100)
Health insurance	37 (68.7)	3 (5.6)	14 (25.9)	54 (100)

Health insurance and financial constraints were shown to be the main hindering factors.

4. Attitude

The respondents' attendance of GENKI health check up and the magnitude of the insurance problem is depicted in Table 4.

Table 4 Respondents' attendance of GENKI and magnitude of health insurance

GENKI check up	Health Insurance			Total (%)
	Big problem (%)	Small problem (%)	No problem (%)	
First time	20 (62.5)	3 (9.4)	9 (28.1)	32 (100)
Second time	7 (77.8)	0 (0)	2 (22.2)	9 (100)
Third time	3 (100)	0 (0)	0 (0)	3 (100)
Fourth time	1 (50)	0 (0)	1 (50)	2 (100)
Total	31 (64.7)	3 (6.5)	12 (26.1)	46 (100)

About 65% (n=31) had a big problem with health insurance, 6.5% (n=3) had a small problem and 26.1% (n=12) had no problem.

In order to assess their health seeking behavior, we compared action taken by those who had ever been taken ill since coming to Japan.

Table 5 Health seeking behavior when ill

		Sex		
		Female (%)	Male (%)	Total (%)
Action taken when ill	Self medication	3 (25.0)	4 (23.5)	7 (24.1)
	Hospital/clinic	9 (75.0)	11 (64.7)	20 (69.0)
	Did nothing	0 (0)	2 (11.8)	2 (6.9)
Total		12 (100)	19 (100)	29 (100)

Nearly 98% (n=27) had taken some action when ill and most of them 69.0% (n=20) sought medical attention from health facilities, i.e. hospitals and clinics. It was determined that the majority of respondents go to hospitals and clinics when ill.

As shown in Table 6, the respondents' attitude towards health checkup was assessed by their opinion on the necessity and attendance of regular check-ups. Ninety-one percent (n=41) of the respondents indicated that check-ups were necessary. Of the subjects, 34% (n=20) had a health check-up in Japan.

Table 6 Respondent's opinion and attendance on health check-ups by nationality

Health check-up/Nationality	Phil.	Ghana	Kurd	Nig.	China	Turkey	Total (%)
Opinion							
Necessary	22	5	10	1	1	2	41 (91.1)
Not Necessary	2	1	1	0	0	0	4 (8.9)
Total	24	6	11	1	1	2	45 (100)
Regular attendance							
Yes	4	9	5	2	0	0	20 (33.9)
No	20	10	6	0	1	2	39 (66.1)
Total	24	19	11	2	1	2	59 (100)

NB: opinion was not asked for at church but was asked for at the GENKI health checkup on 19 October 2003. This accounts for the differences in the totals (45 for opinion and 59 for attendance).

5. Communication

Contrary to our expectations, more than half of the respondents (52.7%) indicated that communication was not a problem in accessing health care services (Table 3).

Table 7 shows the frequency distribution of respondents by their knowledge on source of health information. Most respondents (41.5%) indicated that they receive health service information from hospitals.

Table 7 Distribution of respondents on their knowledge of health information sources.

Source of information	N (%)
Hospital	22 (41.5)
Clinic	1 (1.9)
Health center	2 (3.8)
Don't know	20 (37.7)
Others (church, friends, NGO etc)	8 (15.1)
Total	53 (100)

Regarding communication network, most indicated doing so mainly through friends (72.3%) and their country associations (25.5%) as shown in table 8.

Table 8 Communication Network.

Network	Yes (%)	No (%)
Country associations	12 (25.5)	31 (66.0)
Embassy	4 (8.5)	39 (83.0)
Friends/relatives	34 (72.3)	9 (19.1)
Church	19 (40.4)	24 (51.1)
Others	4 (8.5)	39 (83.0)

IV. DISCUSSION

This study has several limitations. Firstly, the target population was not randomly selected; hence the findings cannot be seen as generalized. For the same reason, conclusions about the significance of the observed differences cannot be made on statistical grounds. Finally, the study's cross-sectional design means that causal inferences regarding associations between variables cannot be made.

Among the factors surveyed, lack of health insurance and financial constraints were the main ones hindering access to health facilities. According to the study by Subani et al⁽⁵⁾, factors associated with decreased and delayed utilization included a higher proportion of uninsured individuals, lack of regular providers, long waits, language barriers and problems making appointments.

The issue relating to uninsured individuals in this study corresponds to our study findings where the biggest problem was health insurance 68.7%(n=37), followed by financial constraints 50.9%(n=28).

Findings of the respondents' health seeking behavior were contradictory. Most had positive opinions of health check up (91%) yet only 34% had endeavored to have one. This infers that foreign residents only consider acute illness a main reason for seeking health services. From the focus group discussion, it was established that most foreigners in Kawaguchi were not in possession of appropriate resident documents. Despite the findings, it was noted that the majority of respondents visit hospitals or clinics when taken ill. This indicates that, even with the lack of health insurance and money, health-seeking behavior was found to be positive.

In assessing communication, we established that it was not as big an inhibiting factor as earlier thought compared to insurance and money constraints. This finding is not surprising as the majority of our respondents had stayed in Japan for more than one year (88.1%) and, therefore, had developed language skills. Most of our perceived hindering factors did not affect access to health facilities. This is attributed to the existence of a strong informal

communication network among foreign residents. Further studies are warranted to better elucidate these findings.

V. CONCLUSION

Our study concludes that the main inhibiting factors for foreign residents in Kawaguchi area to utilize health services are lack of health insurance and financial constraints.

Communication barriers, employment status and knowing the location of health facilities are found not to be hindering factors to access. This unexpected result is due to the existence of a strong informal community network among foreign residents that should be improved. Although many problems facing foreign residents stem from their unstable residential status, socio-economic factors and cultural barriers should be taken into consideration by public health policy planners. Organizations like GENKI can help to alleviate the health problems encountered by foreign residents living in Japan.

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