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Enhancing healthcare access during disasters and emergencies: Recommendations from Nepali migrants in Japan

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ABSTRACT

Migrants in Japan often face difficulties accessing healthcare due to language barriers, lack of information, shortage of interpreters, amongst other barriers. With an increase in the number of foreigners in Japan, it is also expected that health and safety concerns for migrants will rise during times of crisis or disaster. The purpose of this article is to present recommendations from Nepali migrants themselves about various actions that stakeholders or policymakers could take to improve healthcare access during future disasters, emergencies, or crises in Japan. Recommendations from Nepali migrants in this study include mobilization of Nepali healthcare professionals, self-preparedness, a disaster information centre by the embassy, Nepali hotline services, telehealth services, and mutual help. By working together and leveraging available resources, it is possible to ensure that migrants are not left behind in the face of disasters and emergencies. Further research is required to determine the most effective ways to improve healthcare access for migrants in Japan during disasters, crises, or emergencies.

1. Introduction

Healthcare access can be defined as, "the opportunity to identify healthcare needs, to seek healthcare services, to reach, to obtain or use healthcare services and to need services fulfilled" [1]. Migrants are often among the most vulnerable members of society who are often subjected to xenophobia, discrimination, poor living, and working conditions, and are at risk of being disadvantaged or marginalised when it comes to accessing healthcare services [2]. They may face barriers such as language and cultural differences, financial constraints, and a lack of knowledge about how to access healthcare in their destination country [3,4]. As a result, migrants may be less likely to receive the healthcare they need, leading to negative impacts on their health and well-being [5,6]. On top of that, disasters and emergencies can exacerbate the impact on the health and well-being of affected communities including migrants, particularly those who are already vulnerable due to their socioeconomic status, age, or other factors [7,8]. In such situations, ensuring access to healthcare becomes critical in mitigating the impact of the disaster and saving lives. During the Great East Japan Earthquake of 2011, many foreigners panicked due to the lack of information available in languages other than Japanese and the limited information from local sources [9]. People who did not speak Japanese fluently were found to rely mostly on family and friends of the same nationality for information and support, rather than using Japanese-language media [10]. Additionally, refugees faced increased risks of contracting infectious diseases during this disaster [11]. The COVID-19 crisis has further compromised healthcare access around the world, exacerbating the vulnerabilities of migrants. In Japan, while government policies provided health and financial support to foreigners during COVID-19, many still had difficulty accessing these resources due to structural inequalities [12]. Although Japan has a highly advanced healthcare system, migrants may encounter difficulties accessing healthcare services due to language and cultural barriers, lack of health information, and other obstacles [13]. These issues highlight the ongoing importance of addressing health disparities among migrants.

Japan is a popular destination for Nepali migrants, with 97,109 Nepali citizens consisting of 55,744 males and 41,365 females living and working in the country [14]. The majority are predominantly of working age, with a significant proportion being in their mid-20s to mid-30s [14]. About 17.4% are students, 12.5% hold skill-visa status, 20% are engaged in technology/humanities and international business, while the largest 33.2% are dependents [15]. In terms of employment, the largest group of Nepali migrants work in the accommodation, food, and beverage service industry, followed by other service industries and wholesale and retail trade [16].

A previous study has shown that Nepali migrants in Japan face challenges in accessing healthcare due to communication problems, a lack of understanding of health insurance, and a shortage of interpreters [17]. Most Japanese municipal hospitals also agree that trained language interpreters are needed to improve risk management [18]. However, in a survey

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conducted, out of the 5611 hospitals that responded, 5323 (94.9%) did not have medical interpreters [19]. The survey suggested that phone-based medical interpretation should be more widely available. The pre-existing vulnerabilities of migrants, combined with a shortage of interpreters, can further lead to health inequalities and reduce access to healthcare during emergencies or disasters. Given these challenges, there is a need to explore ways to improve healthcare access for Nepali migrants in Japan during emergencies or disasters. This article presents suggestions and recommendations made by Nepali migrants themselves on actions that could improve their healthcare accessibility during such situations in Japan. By considering the suggestions put forth by the migrant population, we hope to inform policymakers and concerned authorities such as the states authorities/or administrations, non-profit organizations, service providers, researchers, healthcare providers, and the community, to carry out interventions that can enhance healthcare access and promote health equity in Japan.

2. Methodology

The original study was conducted to explore healthcare access barriers and facilitators for Nepali migrants in Japan during disasters or emergencies using a mixed-methods design. This paper, however, focuses solely on the recommendations made by Nepali migrants on ways to improve healthcare access during disasters and emergencies, which was also conducted as a part of the research.

Firstly, Eleven Focus Group Discussions (FGDs) were conducted via Zoom involving a total of 89 Nepali participants over 18 years of age who had been living in Japan for at least six months and were not on a refugee visa status. The FGD questionnaire was based on the Health Care Access Barrier (HCAB) model of Carrillo et al. [20], and participants were encouraged to express their healthcare access experiences, issues they faced, factors that helped overcome difficulties, and recommendations for improving access during disasters or emergencies. Data was coded using both categories and focused coding, with data saturation reached within eight FGDs. Then, the survey instrument was designed based on the themes derived from the FGDs. To ensure credibility, consultations were undertaken with various experts and stakeholders including the Embassy of Nepal in Japan, the Non-resident Nepali Association (NRNA), Nepali scholars living in Japan, as well as a small group of representative participants, and supervisors. Similarly, to determine the clarity, simplicity, and flow of questions, 30 Nepali migrants who did not belong to FGDs were piloted online. Then, the final version of the questionnaire was designed using Google Forms. A minimum sample size of 384 was calculated, using the sample size formula, $n = z^2p(1-p)/d^2$, based on an estimated proportion (p) of 50% considering healthcare accessibility and a 5% margin of error (d) [21,22]. Ethical approval (Reference number: 21–52) was obtained from the Independent Research Ethics Review Committee of the University of Kochi in Japan. The survey form was distributed through various social media platforms and emails, resulting in 1234 responses. However,

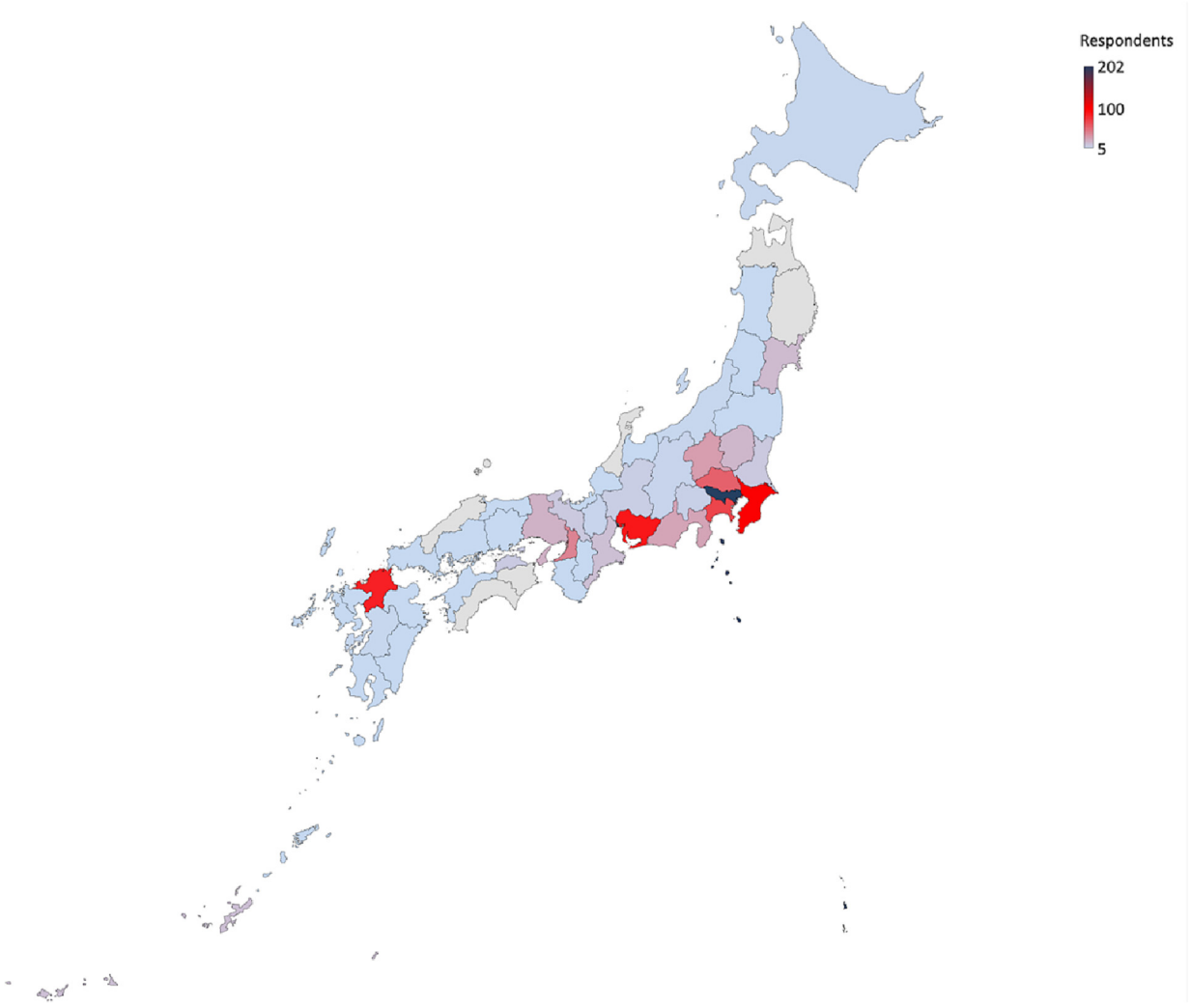

Fig. 1. The number of respondents by location.

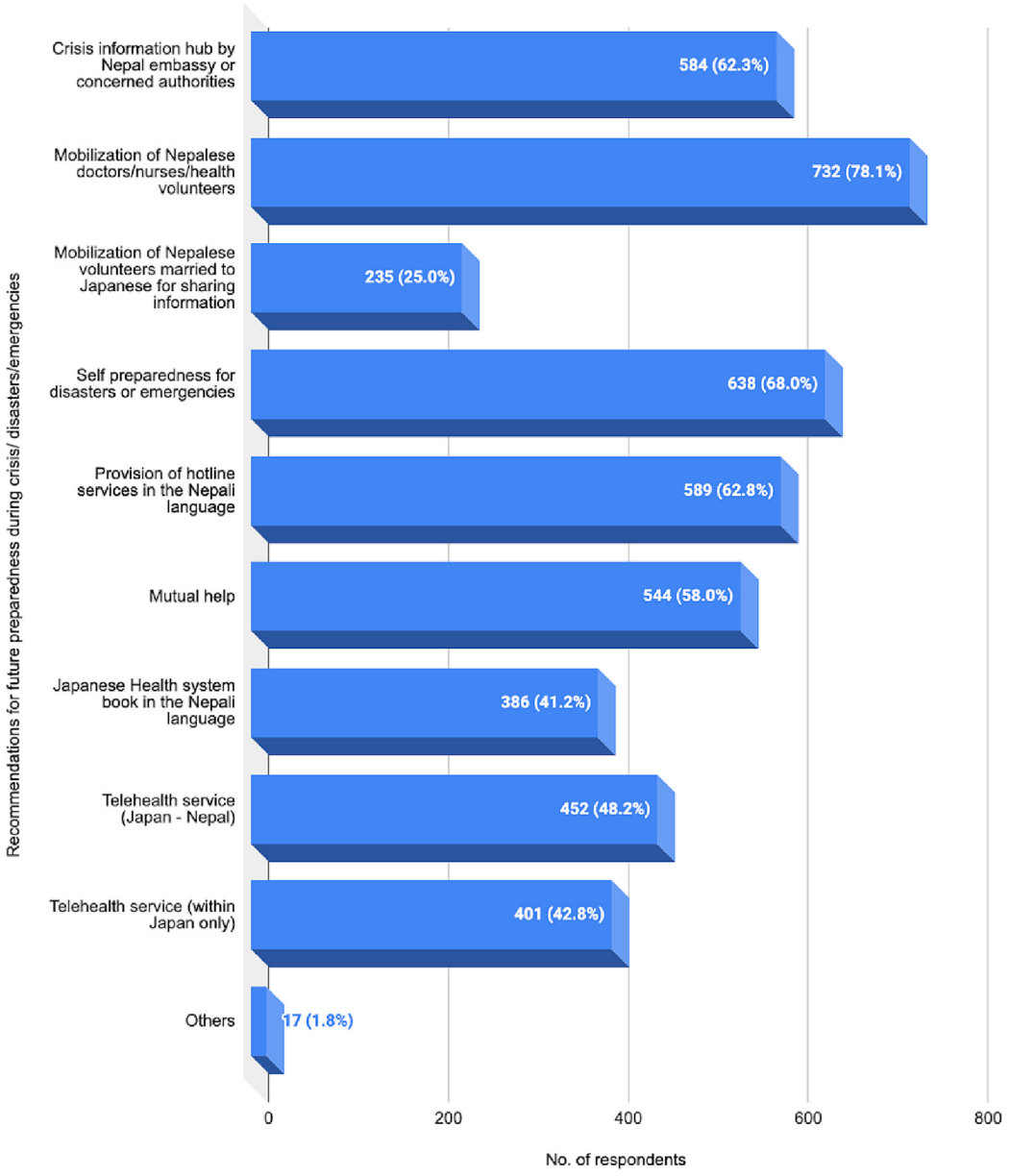

Fig. 2. Bar graph showing suggestions for enhancing healthcare access during future emergencies, disasters, or crises in Japan.

297 responses were eliminated as they were incomplete or invalid, as the respondents mentioned that they had never used any health services or sought any information during the COVID-19 crisis, leaving a final sample of 937 responses for analysis. As this paper only discusses the recommendations for enhancing healthcare access, all recommended points made by participants were included in the survey as multiple-choice questions, and the data was analysed using descriptive statistics, including frequencies and percentages.

3. Results

3.1. Number of respondents by location

The number of respondents by location is presented in Fig. 1. The respondents were from 40 prefectures in Japan. The majority were from Tokyo (202), followed by Chiba (102), Aichi (90), Fukuoka (80), Kanagawa (70), Saitama (57), and Osaka (42) while 20 other prefectures had more than 5 respondents. The map feature of Microsoft Excel version 16.55 was used to create the following map chart.

3.2. Suggestions for enhancing healthcare access during future emergencies, disasters, or crises in Japan

Fig. 2 represents the various actions that respondents suggested stakeholders or policymakers could take to improve healthcare access during future disasters, emergencies, or crises in Japan. The majority of respondents 732 (78.1%) perceived that the mobilization of Nepali doctors, nurses, and health volunteers living in Japan at the time of disasters would be helpful. In addition, a significant number of respondents (68%) considered the importance of self-preparedness for such events. Other recommendations included the provision of hotline services in the Nepali language (62.8%), the establishment of a crisis or disaster information hub by the Embassy of Nepal or concerned authorities (62.3%), and the promotion of mutual help (58%). Nearly half of the respondents also agreed that the use of telehealth services within Japan and Nepal is helpful to access healthcare. Two fifths (41.2%) also suggested publishing a Japanese healthcare system book in the Nepali language, while a smaller group (25%) believed that mobilization of Nepali individuals married to Japanese could help share important information in the Nepali language.

4. Discussion

Given the importance of ensuring healthcare access for all individuals, particularly during times of disaster, the recommendations provided by Nepali migrants in this study offer valuable insights into potential solutions.

The presence of foreign-licensed doctors and nurses living in Japan offers an opportunity for mobilization as volunteers to help save the lives of both native and non-native populations during mega-disasters, thus ensuring that no one is left behind. Similarly, in the current era of the infodemic, where there is a proliferation of misinformation, native migrant influencers living in Japan can be effective in using their media platform to transmit essential, credible information to various age groups. In addition, Nepali Telehealth services are available to address the health needs of Nepali living in different parts of the world [23]. These services have the potential to be optimized to improve healthcare access, particularly for individuals with language barriers or during times of disaster when accessing healthcare in person may be difficult. The use of telehealth has increased during the COVID-19 pandemic [24], and these services could be similarly helpful in providing remote consultations and follow-up care, in future disaster situations, as long as internet or telephone access is available. Referral health facilities could also utilize telehealth approaches to improve patient safety and quality of care by providing remote consultations reducing the need for in-person visits. There are also many freelance translators that the government could utilize, but certification of interpreters is necessary to maintain the quality of healthcare.

As the Nepali population in Japan has significantly increased, making it the largest South Asian community in the country, it is equally important for the central government to provide accessible hotline services in the Nepali language. Likewise, it is crucial for the Embassy of Nepal or concerned authorities such as Non- Resident Nepali Association in Japan to establish a disaster information hub. One study found that the Nepali immigrants living in Japan had limited knowledge and practice related to disaster preparedness [25]. The study identified insufficient information on the Japanese government website as one of the concerns. Another study, which included participants from Brazil, Peru, and Vietnam, also highlighted the need to improve information provision for foreign residents [13]. In this case, the embassy of a host country can play a crucial role in disaster preparedness by setting up an information centre to inform and protect its citizens. Several embassies in Japan such as the United States Embassy, the Embassy of the Republic of the Philippines, the Embassy of the Kyrgyz Republic, and the Embassy of Switzerland are among those providing information on emergency preparedness, including tips on how to prepare for natural disasters and what to do during and after emergencies [26–29].

Similarly, enhancing a community's disaster risk-reduction capacities requires a combination of self-help, mutual assistance, and government aid. While government aid may be limited in large-scale disasters, mutual assistance can help to increase a community's ability to respond to disasters [30]. In a systematic study on the mental well-being of international migrants in Japan, it was emphasized that in addition to the creation of social support networks for migrants and cross-cultural education for the public were also crucial [31]. Policymakers, stakeholders, and medical professionals including nurses should work to enhance mutual assistance in the community as a way to reduce disaster risks. Nepali migrants also gave a new idea to mobilize volunteers married to Japanese nationals so that the volunteers can provide information more in detail. This could also help reduce language barriers and make rapid information flow during disasters. Another suggestion was to prepare a Japanese health system book in the Nepali language. Preparing new or updating books/notes that are already available in the Nepali language, and letting Nepali migrants know about the availability of these resources, could help to better educate and prepare them for disasters which also aligns with self-preparedness for disasters. Implementing these recommendations could help to ensure that Nepali migrants in Japan have the support and resources they need to access healthcare during disasters and emergencies. However, it is important to note that addressing disaster preparedness for migrants may require a multifaceted approach, including both individual-level and public interventions.

5. Conclusion

Foreign residents in Japan continue to experience difficulties accessing healthcare, and disasters and emergencies can further pose a significant impact on the health and well-being of migrants in Japan. To address challenges like language barriers, lack of information, and shortage of interpreters, it is crucial to explore ways to improve healthcare access for migrants in Japan. Recommendations from Nepali migrants in this study include mobilization of Nepali healthcare professionals, self-preparedness, disaster information centre by the embassy, Nepali hotline services, telehealth services, and mutual help. Implementation of these suggestions requires a coordinated and well-planned approach that involves various stakeholders, including governments, the embassy, healthcare providers, NGOs, and the community. Further research is needed to identify and evaluate the most effective strategies for enhancing healthcare access for migrants in Japan during times of crisis.

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Ethical approval

Ethical approval was obtained from the Independent Research Ethics Review Committee of the University of Kochi in Japan.

Authorship contribution

Manuscript writing: SP, SK.
Supervision: SK.

Declaration of Competing Interest

No conflict of interest has been declared by the author(s).

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