

capital might indirectly have an impact on income via these variables. I hypothesize that human capital accumulations would eventually result in more likelihood of working longer hours, and becoming a full-time employee or self-employed.

I observe in Tables 6 and 7 whether human capital would enable Brazilians to increase work hours per week and to move toward self-employment or standard employment. Both Tables 6 and 7 indicate that human capital acquisitions have no significant impact on increasing work hours and growing likelihood of leaving the subcontracting work. With regards to work hours, I interpret that income earnings among Brazilians would depend largely upon labor demand in the factories where they are actually sent, regardless of human capital. The findings with respect to employment status imply that labor market sector would to some extent determine income among Japanese Brazilians though social capital which are not examined in this research might raise their earnings and increase the probability of exit from subcontracting working situation. Even if Brazilians attain higher educational qualifications and improve their language fluency, it would be difficult to attain larger earnings without going out of a kind of external and flexible labor market sector.

## **7. Discussion**

This research attempted to compare between Japanese Brazilians and Chinese migrants with regards to how effective human capital is to raise their income level. The findings imply that income earnings among Japanese Brazilians are

less dependent on human capital than their Chinese counterparts. Although we observed the significant relationship between them in two of the four regression models among Brazilians of Japanese descent, I note not only that adjusted coefficients of determination are very weak, but that these regressed equations do not significantly explain the variance of income. Therefore, Japanese Brazilians are thought to face difficulties in raising their income level even if they accumulate more human capital compared with Chinese migrants.

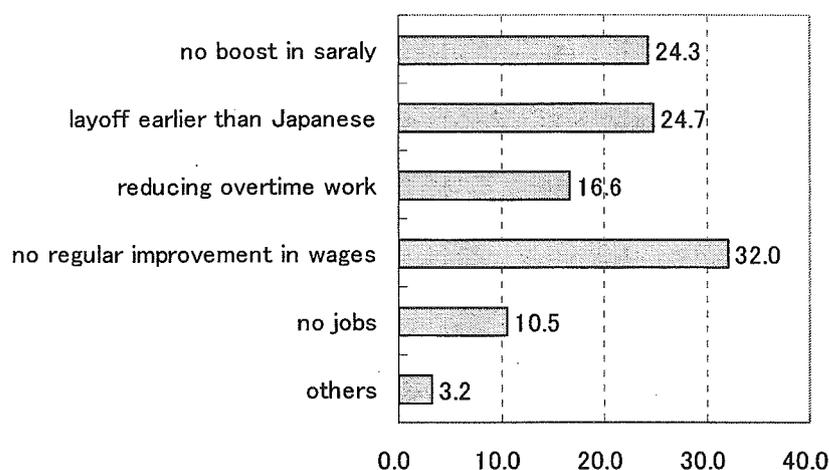
Hence, I paid attention to labor market situations where Brazilian respondents belong, in order to search for the factors which significantly explain income earnings instead of human capital. Implications of the findings are twofold. First, income levels among Brazilians are largely dependent upon labor demand in factories for subcontract workers. No characteristics of Brazilian labor supply such as human capital and job shift behaviors have contributed to improvements in their earnings. In that sense, I pronounce that labor demand actually conditions work outcomes among Brazilians more largely than features of labor supply.

Second, we have observed a weak but significant impact on upgrading income levels of exit from labor market for subcontract workers. Thus, as long as Brazilians with Japanese descent continue to stay in this flexible labor market sector, it would be very difficult for them to increase their income earnings. Moreover, even if they often changed jobs, they really remained in lower pay. As Figure 4 actually clarifies, roughly thirty percent of Brazilian

respondents experience troubles such as ‘no regular improvements in wages’ and a quarter of them complain that there is ‘no boost in salary.’ Hence, Brazilian respondents also have a subjective sense of a difficulty in increasing their income level. Since we observed a significant wage gap between subcontract workers and

regularly employed and self-employed workers in spite of controlling for human capital and work hours per week, I suppose that labor market sectors for subcontract workers would prevent Brazilian migrants from improving their earnings.

Figure 4 Trouble with a current job (N=247)



As argued above, subcontract workers have to change workplaces more often through the job broker because subcontractor’s companies can easily fire them in terms of labor contracts as soon as the demand of factory products and labor demand actually declines. They are not expected to continue to work for a relatively long period and to accumulate human capital, so they are actually involved in unskilled jobs which require no job training and it would eventually be difficult for Brazilians to increase their income. On the other hand, regular employees, in particular among men, have been expected to continue working for a long period and to improve skill levels through on-the-job

training. Therefore, I suppose that transition from indirect to direct employment would enable even Brazilians to have some opportunities to get skilled.

Moreover, entry into self-employment gives Brazilians a chance to get more earnings, even though there are quite a small number of respondents who are now involved in self-employment.<sup>14</sup> A population census in 1995 actually showed that less than one percent of Brazilian nationals in Japan were in self-employment (Kajita et al. 2005). Whereas ethnic entrepreneurs didn’t thus prevail among Japanese Brazilians, transition from indirect employment to self-employment could also

result in raising economic outcomes.

This research has tried to compare between Japanese Brazilians and Chinese migrants with respects to the determinants of earnings. According to the findings in this research, we could not observe the results presupposed by theory of human capital. How effective human capital is for raising income level depends largely upon the type of immigrants like professional migrants and labor migrants in Japan. In that sense, these two immigrant groups are thought to form different segmentations in the Japanese labor market.<sup>15</sup>

This research has some defects with regards to representative features of samples. The survey on Chinese migrants adopted non-random sampling procedure. The Brazilian Survey restricted the sampling area to a district of a specific local government. Future research will have to collect nation-wide representative samples if possible.

Moreover, the model which this research employed is restricted to the simple causal relationships between human capital, labor market situations and income earnings. For example, Higuchi and Tanno (2003) argued that employment status and work period in a company among Brazilian migrants greatly differed by firm size. According to their research survey which targeted manufacturing companies in Toyota city in 2000, small and medium-sized firms are more likely to regard foreign migrant workers as a substitute of Japanese regular working staffs, while large-sized companies tend to employ them as temporary workers. During the economic recession in the 1990s, while large-sized

companies attracted Japanese female and aged part-time workers, small sized companies suffered from labor shortage even in the period of less labor demand. Therefore, future research should consider whether work outcomes are influenced by firm size and work period in a company when analyzing incorporation of Japanese Brazilians into the Japanese labor market.

#### NOTES

<sup>1</sup> An earlier version of this paper was presented at a conference of the Research Committee on Social Stratification of the International Sociological Association, held in Los Angeles, CA, U.S., from 18<sup>th</sup> until 21<sup>st</sup> August, 2005. This research was supported by grants from the Ministry of Health, Labour and Welfare and grants for young scholars from Shizuoka University.

<sup>2</sup> Portes et al. (1996: 14-25) classified transnational migrants into four types of migrants, which consist of labor migrants, professional migrants, entrepreneurs and refugees.

<sup>3</sup> See Araragi (2000) with regards to adaptation toward Japanese society, housing, educational attainment, incorporation into labor market, and others, among Chinese of Japanese ancestry.

<sup>4</sup> See Kajita (2002), and Tsuda and Cornelius (2004) with regards to recent trends in the immigration policy.

<sup>5</sup> Some empirical results have supported differential returns on human capital between immigrant groups or between foreign born and native born (Reimers 1984, 1985).

<sup>6</sup> Takenoshita (2005b) examined differential rates of return on human capital between Japanese Brazilian migrants and native Japanese.

<sup>7</sup> This research was conducted in collaboration with Liu Xiaodan (Keio University) and Mioko Tsuboya (Yokohama City University).

<sup>8</sup> We asked the following associations to help us hand out our questionnaire. These are: an association organized by mothers with regards to education and child care, an association which consists of Chinese employees who work for companies in Japan, an association which consists of permanent residents who came from

China, an organization for Chinese university students, three private tutoring schools for Chinese students and so on.

<sup>9</sup> See Takenoshita (2003, 2005a) for detailed information on this research of Chinese migrants in Japan

<sup>10</sup> Variables which are analyzed in this research were also measured for the spouse of the respondent if any. Therefore, if spouses of female respondents are Chinese and have an occupation, they were added to the samples of the dataset. If the respondents or their spouses engage in manual occupation, they were excluded from the dataset because I especially focus on Chinese migrants who have non-manual occupations.

<sup>11</sup> Kanagawa Survey has no information on detailed distinctions regarding country of origin. Therefore, I just used the data on respondent's occupation by region of origin. While Chinese and Brazilians make up a significant part of the Latino and East Asian population, these classifications might not be comparable in a strict sense.

<sup>12</sup> The comparative analysis of career mobility between transnational migrants is based on the findings of Takenoshita (2005).

<sup>13</sup> Indices of dissimilarity between jobs in the sending country and current jobs can be interpreted as an index of structural mobility in the transnational migration.

<sup>14</sup> Higuchi and Takahashi (1998) actually reported that they observed six companies, whose annual turnover was more than one hundred thousand million yen, among the 77 Brazilian entrepreneurs they interviewed. In that sense, the success of self-employment among immigrants would result in the economic upward mobility in the host society.

<sup>15</sup> This comparative analysis is restricted to male respondents due to the small numbers of female respondents in the survey on Chinese migrants. On the other hand, Takenoshita (2005b) focuses on the differential rates of return on human capital among both male and female Japanese Brazilian migrants, compared with the native Japanese population.

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Hirohisa Takenoshita

Department of Sociology

Faculty of Humanities and Social Sciences

Shizuoka University

E-mail: jhtaken@ipc.shizuoka.ac.jp

**Foreign Workers and Health Insurance in Japan:  
The Case of Japanese Brazilians**

**Hiroshi Kojima**

**Abstract**

This is a preliminary analysis of a 2004 survey of Japanese Brazilians conducted by Iwata City in Shizuoka Prefecture. According to the survey results, only 28.3% of Japanese Brazilians are covered by any health insurance. Among them a little more than 30% are covered by the Employer's (Health) Insurance (Shakai Hoken) while only a little more than 40% by the National Health Insurance (Kokumin Kenko Hoken) and a little more than 20% by other types of health insurance. This analysis has revealed that the coverage and type of health insurance affect medical care (health-seeking) behaviors of Japanese Brazilians when they get sick or injured. It has also found that the ability to collect information and to communicate, including fluency in Japanese language, and the necessity for health and medical services (particularly among those with infants and young children) also affect health insurance coverage and medical care behaviors. As previous studies found, this analysis has found that the type of employment (direct or indirect) affects the coverage and type of health insurance, and that the characteristics related to the employment type, including monthly income, housing, work hours, number of job changes, may also affect the ability to collect information and to communicate, and the necessity for health and medical services. Japan's social integration policy for international migrants, including health insurance, medical care and language-teaching programs, should strengthen the linkage between international migration policy and social security policy.

**Key Words:** Japanese Brazilians, international migrants, health insurance, medical care

**1. Introduction**

In Japan, many foreign workers are not covered by health insurance. Most undocumented foreign workers are not covered by the Japanese health insurance program due to their residence status. Even documented foreign workers are not necessarily covered partly because their

contribution is collected together with the contribution to the Japanese old-age insurance program, which requires at least a 25-year payment for entitlement to receive pension. The maximum amount of reimbursement when they opt out at the time of returning home is only up to three years' contribution. Foreign workers

who expect to stay in Japan for more than 3 years are likely to lose additional returns on their contribution unless they come back to stay and contribute for 25 years in total.

Thus, many foreign workers have an incentive to avoid the contribution to the Japanese old-age insurance program. In doing so, they must unwillingly avoid the contribution to the Japanese health insurance program. Many foreign workers are not covered by health insurance also because their Japanese employers naturally have an incentive to avoid making a matching contribution for their workers in order to cut labor costs. They can also avoid the matching contribution if the contract of employment is for less than two months, which has increased the number of Japanese and foreign workers on a short-term contract of less than two months. Among foreign workers, Japanese Brazilians are often working on a short-term contract because they are often employed indirectly by subcontracting / outsourcing companies which subcontract workers for work done at a factory on a weekly or monthly basis, instead of being employed directly by the factory or the company owning it. Consequently, many Japanese Brazilians cannot join the Employer's Insurance (Shakai Hoken) Program.

Some subcontracting companies encourage their workers to join the National Health Insurance (Kokumin

Kenko Hoken) Program. However, the National Health Insurance Program, which is a municipality-based program and primarily for the self-employed and the non-employed, also requires those covered to pay contributions to the National Pension (Kokumin Nenkin) Program. In addition, the contributions are usually higher than for the Employer's Insurance Program because there is no matching contribution from the employers even though it is subsidized by tax revenue. Due to the Program's deficits, some local municipalities do not permit employees of subcontracting companies (often Japanese Brazilians among foreign workers) to join the Program because they are virtually employed continuously for more than two months by the same company and are supposed to join the Employer's Insurance Program.

A new law to allow the dispatch of non-specialized workers (including factory workers) was implemented in 2004, which may shift some factory workers from subcontracting/outsourcing companies (wherein the subcontracting company manages its workers at the factory) to dispatching companies (wherein the factory manages the workers) and which may also increase the number of workers on a short-term contract. However, its effect on foreign workers is not clear because language and other skills are required to manage them. In any case, there may be no change to the tendency of employers

to avoid the matching contribution to the Employer's Insurance Program.

Private medical insurance in Japan only supplements the parts not covered by the patient's Japanese health insurance programs and cannot be used as an alternative. Some short-term foreign workers are enrolled in a travel insurance policy at home or in Japan, but many of them end up being uninsured, putting them at greater health risk. Another problem with the travel insurance is that it does not cover the whole family and the children can be exposed to an even greater health risk.

However, it is not easy to make special legal arrangements for foreign workers under the principle of equality among nationalities. If the Japanese Government tries to enforce contributions from foreign workers and their employers, it may increase underground work even by documented foreign workers, particularly Japanese Brazilians who have a special residence status to stay and work in Japan without any qualification requirements or time limit since the 1989 revision of the immigration control law. Thus, not only the immigration control law, but the labor law should also be coordinated with the social security law to increase the coverage of foreign workers by the health insurance and possibly the old-age and labor accident insurances.

According to the results of a survey conducted by Iwata City in

2004, only 28.3% of Japanese Brazilians are covered by any health insurance. Among them a little more than 30% are covered by the Employer's (Health) Insurance while only a little more than 40% by the National Health Insurance and a little more than 20% by other types of health insurance. Major problems regarding the medical care of foreigners are broken down into the following two by Ikegami (2002): 1) burden of medical care costs due to non-coverage by health insurance; and 2) communication gap at medical care facilities due to lack of Japanese language fluency.

This study examines the determinants of health insurance coverage, medical care behaviors and troubles with medical care facilities, drawing on micro-data from the 2004 survey of Japanese Brazilians in Iwata City. It tries to derive implications for possible measures to help foreign workers get Japanese health insurance coverage and maintain a healthy life, with a focus on Japanese Brazilians. It also seeks to explore the ways to modify and coordinate immigration control, labor and social security laws without distorting the equality among workers of different nationalities and without endangering the health of foreign workers staying in Japan. This is particularly important for Japanese Brazilians because many of them are likely to stay in Japan more or less permanently.

The present author has been

interested in the social integration of international migrants and has conducted both theoretical research (e.g., Kojima 1993) and empirical research (e.g., Kojima 2003, 2005b). This is an extension of Kojima (2005a), which shares with Kojima (2005b) the author's interest in the relationship between migration and health.

## 2. Literature Review

There are not too many Japanese empirical studies on the health insurance coverage of foreigners and on health behaviors, while there is an increasing number of studies on these topics in the US and Europe (e.g., LeClere et al. 1994, Ku and Matani 2001, Yu et al. 2004, Prentice et al. 2005, *Migrations: Études* 2002, 2004) due to their policy-oriented interests. The relative lack of Japanese empirical studies is partly due to the limited availability of both micro- and macro-data, particularly those collected for administrative purposes in Japan, and partly due to the limited interests of Japanese scholars studying international migrants. Fukawa (1997) may be the only study showing macro-data for the health insurance coverage of Japanese Brazilians at the prefecture level, which showed a relatively low coverage by the National Health Insurance and the variation among local municipalities. Hochi et al. (1992) may be the first survey-based work on the health and health-related behaviors of Japanese South Americans including Brazilians.

Hayashi and Ikegami (1998) drew policy implications from the results of a survey of participants in a medical NGO's free health examination. Unfortunately, these Japanese surveys tend to be too small in scale or tend to use samples too selected for statistical analysis. However, the 2004 Iwata survey had about 500 usable cases, which Kojima (2005a) has conducted a preliminary analysis on health insurance coverage, medical care behaviors and attitudes, while Chitose (2005) and Takenoshita (2005a, 2005b, 2006) analyzed them from a different focus (children and income).

No hypotheses are constructed in advance due to the lack of past empirical studies in Japan. However, this study will broadly draw on the analytical frameworks presented by the (U.S.) Institute of Medicine (2001: Fig. A.1, 2.2; 2003: Fig. 1.1, 1.2) for the interpretation of the results. This is still a preliminary study in this sense.

## 3. Data and Method

Iwata City is located near the western end of Shizuoka Prefecture (near the center of the main island along the Pacific coast), next to the major industrial center of Hamamatsu City and not too far from Toyota City in the eastern part of Aichi Prefecture (capital city: Nagoya). Iwata is also an industrial city itself with manufacturers of machinery including those related to automobiles and motorcycles. It has a population of

almost 170,000, of which almost 5% are registered foreigners after the integration of the city with surrounding towns on April 1, 2005. The percentage of foreigners was about 6% at the time the survey was conducted between August and October 2004 even though the total population was nearly one half the current population. More than three quarters of registered foreigners are Brazilians (mostly those of Japanese descent and their family members).

In terms of absolute number, Iwata City had 6,597 registered Brazilians as of June 30, 2005. But the city proper had 3,713 as of March 31, 2004, which is one year before the integration with surrounding towns. The number of Brazilians in 2004 has almost doubled from 1997 (1,875) and has grown by 50% from 2001 (2,566). The proportion of foreigners to the entire population has grown steadily from 0.9% in 1991, 2.0% in 1994, 3.6% in 2000 to 5.3% in 2004. It has declined a little to 4.9% in 2005 after the integration. In terms of percentages among households, however, those headed by foreigners represent 8.2% in 2005.

This study draws on micro-data from the sample survey of Japanese Brazilians conducted by Iwata City in 2004. According to the survey report (Iwata City 2005), the aim of the survey was to collect basic information for the improvement of measures for foreign citizens and to promote multicultural cohesion in its

policy planning. The subjects were South Americans (mostly Brazilians of Japanese descent) aged 18 and above living in the city (with usable questionnaires for 497 respondents). The questionnaires in Portuguese were distributed, and the self-enumerated ones were collected between August and October 2004. The items questioned included demographics, work, housing, health insurance and medical care, living conditions and attitudes, language learning, children's education and future plans.

This analysis has applied, to the 2004 Iwata survey data, the binomial logit model with stepwise selection of independent variables constructed from answers to related questions as well as demographic, socioeconomic and cultural characteristics. It has used the SAS/LOGISTIC procedure. The frequency distribution of dependent variables is presented in Appendix 1 and that of independent variables in Appendix 2.

### **3. Results**

#### **1. Health Insurance Coverage**

Table 1 shows the results of the logit model with stepwise selection for determinants of health insurance coverage, type of insurance and reason for non-coverage. The analysis is based on the response to Question 21 which is as follows:

Q21. Are you covered by any type of health insurance?

1) Covered (Circle one that is applicable)

- A. Notional Health Insurance  
(Kokumin Kenko Hoken)
- B. Employer's Insurance (Shakai Hoken)
- C. Travel Insurance
- D. Others ( )

2) Not covered (Circle all that are applicable) (M.A.)

- A. The employer refuses to cover.
- B. It is too costly.
- C. It is difficult to understand the Japanese insurance system.
- D. I plan to return home soon.
- E. Others ( )

The last two types of insurance (travel insurance and others) are collapsed into one category, "others" because of the low frequency of each. The first column in the upper panel shows the determinants selected for health insurance coverage. Among Japanese Brazilians, those aged 25-29 or 45+, those with two children, those who first arrived in 1991-92, those who first arrived to visit relatives, those fluent in Japanese and those wishing to study Japanese are more likely to be covered by health insurance. But those employed indirectly, those who never changed jobs or changed jobs once, those living in housing contracted by the employer and those uncertain about obtaining Japanese nationality are less likely to be covered by health insurance.

As mentioned qualitatively in

previous studies, indirect employment has a negative effect on health insurance coverage. Japanese Brazilians who speak Japanese fluently seem to be in a better position to negotiate with the employer for coverage. Those with two children should have greater needs for health insurance coverage to insure their children, particularly when they are small.

When we look more closely at the factors affecting whether the respondent is covered by each kind of health insurance in the following three columns in the upper panel, the following points become clearer. As for the determinants selected for coverage by the National Health Insurance (Kokumin Kenko Hoken) in the second column, single Japanese Brazilians, those who first arrived in 2003-2004, those living in a private apartment or public housing, and those with Japanese-speaking children are more likely to be covered. Those employed indirectly are less likely to be covered, which may be less readily understandable than if covered by the Employer's Insurance (Shakai Hoken). Perhaps it implies that those directly employed are more likely to be covered by the National Health Insurance even if they could not be covered by the Employer's Insurance.

The third column shows the determinants selected for coverage by the Employer's Insurance. Japanese Brazilians with children aged 0-2, those living in Iwata for 3 years, those

employed directly, those who joined the community association (Chonai-kai), and those fluent in Japanese are more likely to be covered, while single Japanese Brazilians and those contacting Japanese for consultation are less likely. As expected, those employed directly, those fluent in Japanese and those with greater needs are more likely to be covered by the Employer's Insurance.

The fourth column presents the determinants selected for coverage by other types of insurance, including travel insurance. Japanese Brazilians with children aged 15+, those who first arrived in 1991-92, those working for 11 hours or more per day, and those living in company dormitory or apartment are more likely to be covered, while those living with children are less likely. This seems to imply that older Japanese Brazilians who came to Japan alone are more likely to be covered by other types of insurance.

The lower panel of Table 1 shows the results for reasons of non-coverage among Japanese Brazilians who are not covered by any type of health insurance. The first column presents the determinants selected for refusal by the employer as a reason for non-coverage. Japanese Brazilians employed indirectly, those working for 9-10 hours per day, and those sending their children to a Brazilian childcare center are more likely to be not covered by health insurance due to the refusal by the

employer, possibly because they have less negotiation power. Single Japanese Brazilians are less likely to be not covered for this reason, probably because they are more likely to be covered by the National Health Insurance as shown by the second column in the upper panel.

The second column in the lower panel shows the determinants selected for high cost as a reason for non-coverage. Japanese Brazilians who first arrived in 1995-96 or 2001-2002, those contacting Japanese for consultation or those who have never contacted them, those for whom Brazilian papers are their information source, and those sending their children to a Brazilian school are more likely to be not covered by health insurance due to the high cost, possibly because they are more interested in saving money for their life in Brazil. Japanese Brazilians wishing to study Japanese are less likely to be not covered for the cost reason, probably because they are more likely to be covered by whatever health insurance as shown by the first column in the upper panel.

The third column presents the determinants selected for difficulty to understand the Japanese insurance system as a reason for non-coverage. Japanese Brazilians with children aged 15-17 are more likely to be not covered for this reason possibly because their children who have not received Japanese education cannot help their parents understand the

system. Japanese Brazilians living in public housing, those fluent in Japanese, and those not planning to obtain Japanese nationality are less likely to be not covered for this reason probably because the first two groups are more likely to be covered by one of the two major insurances as shown in the upper panel.

The last column presents the determinants selected for plan to return soon as a reason for non-coverage. Japanese Brazilians aged 40-44, those who first arrived at ages 15-19, those living in Iwata for one year, those without job changes, those for whom Brazilian papers are their information source, and those sending their children to a Brazilian school are more likely to be not covered for this reason possibly because many of them are new-comers migrating to Japan just to work for a short period. Japanese Brazilians living with children are less likely to be not covered for this reason possibly because they are covered by the National Health Insurance or the Employer's Insurance or they are not covered for other reasons as shown by the rest of Table 1.

## 2. Medical Care Behaviors

Table 2 shows the results of the logit model with stepwise selection for determinants of medical care (health-seeking) behaviors in case of sickness or injury, partly to examine the effects of health insurance coverage. The analysis is based on

the response to Question 22 which is as follows:

Q22. What would you do if you get sick or injured? (Circle one that is applicable)

- 1) I would go to the doctor immediately.
- 2) I would buy medicine to take.
- 3) I would wait and see.
- 4) Don't know.
- 5) Others ( )

The last three choices are collapsed into one category "others" because of low frequency of each. The first column shows the determinants selected for going to the doctor immediately in case of sickness or injury. Japanese Brazilians aged 45+ and those living in public housing are more likely, possibly because the first group is older and more concerned about health. Japanese Brazilians who first arrived in 1993-94, those who arrived at ages 40+, those living in Iwata for less than one year, and those not covered by health insurance are less likely. As expected, those without health insurance coverage are discouraged from going to the doctor immediately. Those living in Iwata for less than one year are less likely to go to the doctor immediately and are more likely to buy medicine (as shown in the second column) probably because they are not knowledgeable about medical care facilities in Iwata.

The second column presents the

determinants selected for buying medicine to take in case of sickness or injury. Japanese Brazilians living in Iwata for less than one year, those earning less than 100,000 yen per month, those not covered by health insurance, and those covered by other types of insurance (including travel insurance) are more likely, possibly because they are discouraged from going to the doctor due to the lack of information or financial resources. Japanese Brazilians sending their children to a Brazilian school are less likely.

The third column show the determinants selected for other responses in case of sickness or injury. Japanese Brazilians with two children, those who first arrived in 1993-94 or 2001-2004, those living in Iwata for less than one year, those who first arrived to work, those living in a private apartment, and those uncertain about obtaining permanent residence are more likely to choose other responses, while those with a long term (Teijusha) residence status and those having changed jobs twice are less likely. It is difficult to interpret these results due to the diversity of choices included.

### **3. Troubles at Medical Care Facilities**

Table 3 shows the results of the logit model with stepwise selection for determinants of experience with troubles at medical care facilities and type of trouble if any. The analysis

is based on the response to Question 23 which is as follows:

Q23. Have you ever had trouble at medical care facilities?

1) Yes. (Circle all that are applicable)  
(M.A.)

A. Medical care fees are high.

B. It is difficult to communicate with doctors.

C. I have never got medical care.

D. It is difficult to know where to get medical care.

E. Others ( )

2) No.

The first column shows the determinants selected for the experience with troubles at medical care facilities. Japanese Brazilians living alone or with children, those who changed jobs 6 times or more, those living in a private apartment, those covered by other types of health insurance (including travel insurance), those for whom Brazilian stores are their information source, and those wishing to study Japanese are more likely to have experienced troubles at medical care facilities. Japanese Brazilians who first arrived at ages 40+, those who first arrived to visit relatives, those covered by the Employer's Insurance, those fluent in Japanese, those sending children to a (Japanese) primary school or a Brazilian school are less likely to have experienced troubles at medical care facilities. As expected, those covered by the Employer's Insurance

are less likely to have troubles at medical care facilities, while those covered by other types of insurance are more likely.

The following four columns show the determinants selected for whether the respondent experienced each type of trouble at medical care facilities. "Others" (other troubles) have not been analyzed because of its low frequency and the difficulty to interpret the results. The second column presents the determinants selected for whether the respondent has experienced the trouble of high fees. Japanese Brazilians of 3<sup>rd</sup> or 4<sup>th</sup> generation, those married to a Brazilian, those living with children, those who first arrived at ages 20-24 or 35-39, those working for 7-8 hours per day, those who changed jobs 6 times or more, and those for whom friends or relatives are their information source are more likely to have experienced the trouble of high fees. Japanese Brazilians who have never changed jobs, those covered by the National Health Insurance or the Employer's Insurance, and those sending children to a (Japanese) primary school are less likely. As expected, those covered by the National Health Insurance or the Employer's Insurance are less likely to have experienced the trouble of high fees at medical care facilities because they only have to pay 20-30% of the actual costs.

The third column shows the determinants selected for whether the

respondent has experienced communication problems at medical care facilities. Japanese Brazilians with the following residence statuses--spouse/child of a Japanese national or long term residence status, those living alone or with children, those who first arrived in 1995-96, those who changed jobs 6 times or more, those covered by the National Health Insurance or other kinds of insurance, those for whom Brazilian stores are their information source, and those wishing to study Japanese are more likely to have experienced communication problems at medical care facilities. Japanese Brazilians who first arrived at ages 40+, those who visited Japan twice, those who first arrived to work, those who have never changed jobs, those for whom Japanese papers are their information source, and those fluent in Japanese are less likely to have experienced communication problems. Those covered by the National Health Insurance or other types of insurance are more likely to have experienced communication problems, possibly because they are more likely to visit medical care facilities thanks to the insurance, but because, unlike those covered by the Employer's Insurance, the medical care facilities or the Brazilian patients cannot easily seek the help of somebody fluent in both Portuguese and Japanese.

The fourth column presents the determinants selected for whether the respondent has ever been treated at

medical care facilities. While the substantive meaning of this choice is not clear, Japanese Brazilians aged 35-39, those with permanent residence status, those employed directly, and those who have never changed jobs are more likely. Japanese Brazilians working for 7-8 hours per day, those living in public housing, and those for whom Brazilian magazines are their information source are less likely. This choice has nothing to do with the coverage by health insurance, possibly because of the difficulty to understand the substantive meaning of this choice.

The fifth column shows the determinants selected for whether the respondent has experienced difficulties in finding where to go for medical care. Japanese Brazilians with children aged 3-5, those who first arrived in 1993-94, those who first arrived at ages 40+, those living in Iwata for less than one year, those who changed jobs 6 times or more, and those planning to obtain Japanese nationality are more likely to have experienced difficulties in finding where to go, while those of first or second generation are less likely. This choice has nothing to do with the coverage by health insurance, possibly because it is more directly related to knowledge rather than financial situation.

#### **4. Conclusion**

This analysis has revealed that the coverage and type of health insurance

affect medical care (health-seeking) behaviors of Japanese Brazilians when they get sick or injured. It has also found that the ability to collect information and to communicate, including fluency in Japanese language, and the necessity for health and medical services (particularly among those with infants and young children) also affect health insurance coverage and medical care behaviors. As previous studies found, this analysis has found that the type of employment (direct or indirect) affects the coverage and type of health insurance, and that the characteristics related to the employment type, including monthly income, housing, work hours, number of job changes, may also affect the ability to collect information and to communicate, and the necessity for health and medical services. Japan's social integration policy for international migrants, including health insurance, medical care and language-teaching programs, should strengthen the linkage between international migration policy and social security policy.

As reconfirmed by this study, the low coverage rate of Japanese Brazilians by the Employer's Insurance Program is caused by both the subcontracting companies' needs to hire enough Japanese Brazilians at a lower cost by avoiding the payment of matching contribution to the insurance program and the Japanese Brazilians' resistance to receive a lower take-home pay after contribution to

the virtually non-refundable old-age insurance program which is inseparable from the health insurance program (Ikegami 2002:169-170). This situation continues in spite of efforts by the Social Insurance Agency and local governments (Suzuki 2004:39). Tanno (2001:106), in considering Japanese Brazilians as a target group, proposes the following three recommendations: 1) those establishments being supplied labor force in the form of indirect employment through subcontracting should be required to accept workers only from subcontracting companies which pay matching contributions to the Employer's Insurance Program (both health and old-age insurances); 2) the total amount of contribution to the Employer's Insurance Program should be paid by employers for the workers on a short-term contract; and 3) the total amount of Employment Insurance should be paid by employers. They seem to be difficult to realize in terms of the consistency between laws and the principle of non-discrimination, but they seem to include effective propositions for the improvement of the working conditions of both Japanese and foreign workers.

"The Saõ Paulo-Londrina Declaration" adopted by the Brazilian-Japanese Association of Comparative Law in 2002 includes propositions for 1) effective control by the authorities with strict punishment on violators; 2) automatic

coverage of workers by the Employer's Insurance and the Labor Insurance immediately after the conclusion of contracts; and 3) bilateral agreement to sum up the pension contribution periods in the two countries to attain the minimum contribution period required for the receipt of pension in Brazil by Japanese Brazilian workers, with increment for the contribution period in Japan (Ozaki 2002:8). While stricter control may be feasible, the revision of laws and the conclusion of bilateral agreements require consensus among the interested and are time-consuming even when consensus can be reached.

According to the results of the 2004 Iwata City survey, even though the percentage of respondents choosing, as the reason for non-coverage by any health insurance, "it is difficult to understand the Japanese insurance system" (18.8%) is smaller than the percentage choosing "it is too costly" (31.6%), it is larger than the percentage choosing "the employer refuses to cover" (16.4%). Therefore, the city's monthly paper with some Portuguese-language articles can be better utilized for giving Japanese Brazilians precise knowledge on insurance programs including the merits and demerits of being covered, particularly because the survey proved the paper's small effectiveness in communicating administrative information about the social security system, except for the

National Health Insurance Program (Kokumin Kenko Hoken) and the National Pension Program (Kokumin Nenkin).

Another feasible measure with possible effectiveness is to help Japanese Brazilians, particularly those with greater needs for health and medical services, to improve the ability to collect information and to communicate including fluency in Japanese, which can also be useful for other purposes. Another possible measure, which could be implemented as a part of family policy, is to lower or waive the fees for the health and medical services with interpreters for pregnant women, infants and children. The health and medical services for adults could be provided, as a part of industrial and public health policies, in the form of increased frequency of free medical examinations and consultations with interpreters to promote preventive care. However, there should be constraints in the budget, manpower and facilities at the local municipality level, requiring the support of the prefectural and central governments, the business circle and NGOs.

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