tion, we cannot rely on any specific analytical framework in this study. Thus, we have to rely on the hypotheses for each independent variables based on past studies mentioned above.

2. Hypotheses

We are going to present hypotheses on the determinants of health of Japanese managers on overseas assignment and their accompanied wife, below, for each set of independent variables in the models, drawing on the results of past surveys and case studies. Due to the lack of demographic and socioeconomic background information, independent variables mainly include work- and mission-related variables: age, seniority, living arrangement (separation from the family), number of employees and industry of home company and overseas company, job and position before, during and after the mission, rule and standard for duration of mission, past experience of overseas mission, world region of stay, duration of stay, timing of notification and training for return, and years after return.

1) Age and Seniority: The results of the 1988 JIL survey show that the stress is the greatest among those in the thirties and those with the seniority of 10-15 years. The results of the 1991/92 family adaptation survey suggest that younger persons are more likely to have difficulty for the initial adaptation. Thus, we hypothesize that those aged under 35 and those with the seniority of less than 15 years are more likely to experience bad health.

2) Separation from the Family: Inamura (1980, p.197) indicates that the separation from the family has a negative effect on mental health. But the results of the 1991/92 family adaptation survey suggests that those living with the family are faster in adapting themselves to the work, but that the initial stress is smaller among those living separately from the family. Thus, we cannot hypothesize that those living separately from the family are more likely to have bad health.

3) Health Condition during the Mission: Since Inamura (1990, p.205) indicates that adaptation is easier for those who are both mentally and physically healthy, we can expect that bad health during the mission hinders adaptation after the return and, in turn, brings about bad health.

4) Number of Employees and Industry of Home Company: Inamura (1980, p.241) suggests that small and medium-size companies are less able than bigger ones to have a link with local hospitals and, thus, those in a home company with a small number of employees are expected to have bad health. In addition, the 1989 mental health survey reveals that the support for employees and their family before and after the mission gets better as the size of local subsidiary increases. Thus, the health condition after the return is expected to be better as the size of company increases.

On the other hand, the 2000 JIL survey indicates that various provisions for employees on the overseas mission is inferior among the home companies with 10,000-19,999 employees and that their employees staying overseas are more likely to indicate concerns about health after their return. Thus, their employees on overseas mission and accompanied wives are expected to have bad health.

When the home company is in manufacturing industry, it is more likely to be located in non-metropolitan areas where the contact with those who experienced a life abroad is more difficult to get. Thus, its repatriated employees and their spouse are more likely to have bad health due to the lack of health-related information and support as well as specialized medical facilities.

5) Number of Workers and Industry of Overseas Company: The 1991/92 family adaptation survey indicates that, as the size of overseas subsidiary increases, there will be more communication gap between Japanese managers and the local staff. Thus, Japanese managers are expected to experience more stress and consequently more bad health as the size of overseas subsidiary increases. For the same reason of remote location as the home company in manufacturing, the employees in its manufacturing subsidiary and their spouse are expected to have bad health due to the lack of health-related information and support as well as specialized medical facilities.

6) Job and Position before the Mission: Since the job and the position before the mission are considered to be similar to those during the mission (the position during the mission is generally two-rank higher), there do not seem to be any analyses and we cannot get any inferences for our hypotheses. But the hypotheses regarding the job and the position during the mission below may be applicable.

7) Job and Position during the Mission: The 1988 JIL survey suggests that the stress is more strongly felt by technical managers than non-technical ones on the mission, particularly among Advisors, Directors and Managers. The 1991/92 family adap-

tation survey indicates that Directors and Executives are more likely to feel difficulties in human resource management. It also suggests that those in technical jobs are more likely to feel difficulties in human resource management and to take time adapting themselves to the work abroad. Thus, it is expected that those in technical jobs and those in high-ranking position are more likely to have bad health. On the other hand, the 1989 mental health survey indicates that those in non-managerial position are more likely to have bad mental health condition and, thus, they are also expected to have bad health. It is also possible that their wife is also in a similar mental health condition due to the equivalent hierarchy among wives. But the effect of the husband's job cannot be hypothesized.

8) Job and Position after the Mission: Since the job and the position after the mission are also considered to be similar to those during the mission (the position during the mission is generally one- or two-rank higher), there do not seem to be any analyses and we cannot get any inference for hypotheses. But it is possible that they exert different effects on the health condition after the return.

9) Rule and Standard for Duration of Mission: Miyaji (1996, p.12) indicates that mental health condition is worse among those men and women who are not sure about the timing of their return. When the company has a rule or a standard for the duration of mission, their employee and his family can plan ahead and experience less stress, thus, they are expected to have better health condition during and after the mission.

10) Past Experience of Overseas Mission: The 1991/92 family adaptation survey indicates that as Japanese managers repeat their overseas mission, they are less likely to face communication gap with the local staff and to feel stress. Thus, it is possible that past experience of overseas mission improves their health condition. On the other hand, Ishida (1996, p.18) suggests that those who had overseas mission earlier with better working condition are now more likely to face more stress because of general lowering of condition due to the increase in number of those on overseas mission. Therefore, the effect of past experience cannot be hypothesized.

11) World Region of Stay: The 1989 mental health survey suggests that those who are staying in the Middle East, Asia and Eastern Europe, particularly those in the Middle East are more likely to have neurosis. The 2000 JIL survey reveals that the incidence of injury is much higher than the average in Africa and slightly higher in

Asia among managers on the mission, but it is higher in Asia and Europe among their family members. The proportion of respondents mentioning "health problems" as a major concern after their return is also found to be much higher in Africa and slightly higher in Asia. The 1990 MPA-ERI survey of returnees also reveals that a higher proportion indicates "health problems" as a demerit of overseas mission among those having returned from the Middle East, Africa, Asia, Oceania and Eastern Europe, possibly because climatic conditions are different and the level of medical technology is lower, except for Eastern Europe. Similarly, the 1998 JIL survey found that the level of stress is particularly high among those staying in the Middle East and Africa. Thus, the health condition of those staying in and returning from this region is expected to be worse.

12) Duration of Stay: The 1989 mental health survey reveals that those having stayed overseas between 6 and 12 months tend to have bad mental health condition. But Miyaji (1996, p.18) indicates that those having stayed overseas less than a year tend to have good mental health and that men having stayed for 1-3 years and women having stayed for 1-5 years have bad mental health condition. Therefore, it is difficult to hypothesize about the effects of duration of stay on the health during the mission. On the other hand, the 1991/92 family adaptation survey reveals that as men and their family stay overseas longer, they are more adapted to the work and life there and to feel less stress. But those who stayed overseas longer are expected to face more difficulties to readjust themselves to work and life in Japan, to feel more stress and to have worse health condition after the return.

13) Timing of Notification and Training for Return: When the return is of short notice, the preparation period for moving is short, which may result in bad health immediately after return, particularly that of the spouse. Since the 1991/92 family adaptation survey reveals that the preparation training for the spouse before the mission does not have too large effects on adaptation, the preparation training before the return is also expected to have limited effects on the re-adaptation and health of the spouse.

14) Years after Return: Re-adaptation to Japan is expected to proceed with the years after return in the same way as adaptation to overseas proceeds with the duration of stay.

Ⅳ. Data and Methods

1. Data

In the fall of 2001 the National Institute of Population and Social Security Research (attached to the Japan Ministry of Health, Labour and Welfare) conducted a survey on returned managers with a sample size of 2,280 (903 usable questionnaires) thanks to the cooperation of the Japan Overseas Enterprises Association (JOEA) and personnel managers of member companies as well as respondents. The questionnaires were distributed with a return envelope to respondents who have returned to Japan during the past five years through the JOEA and member companies in early September and the respondents returned the filled questionnaire by mail through the end of October. However, the questionnaire asked the facts as of September 1.

The survey team consisting of Prof. Mitsuhide SHIRAKI of Waseda University, Prof. Hirohisa NAGAI of Tsukuba University and the author was formed within our Institute's research project on the social integration of international migrants (P.I.: Hiroshi KOJIMA) and the questionnaire was mainly developed by the first two members, partly drawing on that of the JIL 2000 survey of Japanese mangers on overseas mission because they are also its project members.

While we mainly asked questions regarding adaptation and re-adaptation related to work, we also asked self-evaluated health conditions of the respondents and their accompanied spouse during the overseas mission, immediately after the return and at the time of survey. Due to major interests of survey designers, demographic and socio-economic background information on respondents is limited, most independent variables are work- or mission-related, and independent variables had to be selected among them for this analysis. Readers might refer to Kojima et al. (2002) for details of the survey and the questionnaire.

2. Methods

We have analyzed the determinants of health conditions at three stages and those

of changes, applying logit models to the microdata from the survey. Logit models are most suitable for the analysis of dependent variables for discrete choice, particularly when no mid-point or neutral choices are provided. The health conditions at each of three stages were collapsed into two categories (Good/Bad) from the original four categories (Very good/Good/Bad/Very bad) because of skewed distribution of choices. Actually, 71-77% of respondents chose "Good", 13-20% "Very Good", 7-12% "Bad", and around 1% "Very Bad". Then, the two dependent variables for health change were constructed from the two sets of binary variables for health conditions at two consecutive stages. Since almost all the respondents (99%) are males, we have excluded female respondents from our analysis. The frequency distributions of dependent variables are presented in Table 1.

Independent variables have been already previewed in the third section and their frequency distributions are shown in Table 2. They are mainly work- and mission-related variables due to the lack of standard background information as shown in Table 2. For the analysis health immediately after return and at the time of survey, and the changes in health conditions, control variables for previous health conditions are also included. We have included almost the same set of independent and control variables in each model in an attempt to assess the relative effect of each variable on health conditions because of the exploratory nature of this study. All the independent and control variables used dummy coding for ease of computation and interpretation. The frequency distribution of dependent and independent variables are presented in Tables 1 and 2. For the spouses (wives), we have restricted the analysis to those who stayed abroad at least partly (75%). In the analysis of health conditions immediately after return and at the time of survey, an additional model controlling for the past health condition was also estimated.

Table 1. Frequency Distribution of Dependent Variables

Dependent Variable Category	Frequency (%)
Health Abroad	
Bad	8.41
Good	91.59
Wife's Health Abroad	
Bad	7.27
Good	92.73

Table 1. *Continued*

Dependent Variable Category	Frequency (%)
Health at Return	
Bad	13.29
Good	86.71
W's Health at Return	
Bad	10.27
Good	89.73
Current Health	
Bad	8.66
Good	91.34
Wife's Current Health	
Bad	6.95
Good	93.05
Couple's Health Abroad	
Both Bad	2.69
One or Both Good	97.31
Couple's Health Abroad	
One or Both Bad	11.69
Both Good	88.31
Couple's Health at Return	
Both Bad	4.27
One or Both Good	95.73
Couple's Health at Return	
One or Both Bad	18.33
Both Good	81.67
Couple's Current Health	
Both Bad	2.69
One or Both Good	97.31
Couple's Current Health	
One or Both Bad	12.32
Both Good	87.68
Health Change at Return	
Good to Bad	10.25
Good to Good	89.75
W's Health Change at Return	
Good to Bad	8.52
Good to Good	89.75
W's Health Change at Return	
Good to Bad	8.52
Good to Good	91.48
Current Health Change	
Good to Bad	3.80

Note: The cases for wife and the couple exclude singles and those husbands separated from their family.

Table 2. Frequency Distribution of Independent Variables

Independent Variable Category	Frequency (%)	Independent Variable Category	Frequency (%)
Age		Job Abroad	
<35	9.15	Accounting	12.80
35–39	22.07	Planning	10.00
40–44	29.39	Sales	34.02
45–49	19.15	Technical	12.32
(50+)	20.24	(Others)	30.86
Seniority		Position Abroad	
<15	21.22	President/CEO	17.07
(15+)	78.78	Executive	13.90
Liv. Arran. Abroad		Director	26.95
Alone	21.59	Manager	25.37
(With Family)	78.41	(Others)	16.71
Health Abroad		Job at Return	
Bad	8.41	Accounting	8.66
(Good)	91.59	Planning	15.98
Wife's Health Abroad		Sales	31.34
Bad	5.61	Technical	13.66
(Good)	94.39	(Others)	30.36
Health at Return		Position at Return	
Bad	13.29	Director +	23.05
(Good)	86.71	Manager	42.07
Wife's Health at Return		Chief	24.51
Bad	7.93	(Others)	10.37
(Good)	92.07	Rules for Duration	
Preschool Kids		Rule	18.54
Yes	22.80	(Standard)	65.97
(No)	77.20	No Rule/Standard	15.49
Kids' Return Education		Past Mission Abroad	
Yes	10.61	Yes	40.73
(No)	89.39	(No)	59.27
# Workers Japan		Region of Stay	
<1000	6.95	China	11.34
1000–4999	25.24	(Asia except China)	30.36
5000–9999	23.41	Oceania	2.32
10000–19999	16.22	North America	25.37
(20000+)	28.18	C. and S. America	4.39
Industry in Japan		Europe	21.71
Manufacturing	67.68	ME and Africa	4.51
(Non–Manufacturing)	32.32		

Table 2. *Continued*

Independent Variable Category	Frequency (%)	Independent Variable Category	Frequency (%)
# Workers Abroad		Duration of Stay	
<10	10.37	<= 2 years	10.24
10-49	20.49	2-4 years	28.17
50-99	11.95	4-6 years	34.76
100-999	39.63	(6+ years)	26.83
(1000+)	17.56	Time Notified	
Industry Abroad		0-2 months before	30.12
Manufacturing	53.05	3 months before	24.88
(Non-Manufacturing)	46.95	(4+ months)	45.00
Job before Abroad		Return Training	
Accounting	9.63	Yes	8.54
Planning	10.12	(No)	91.46
Sales	37.56	Wife's Return Training	
Technical	15.73	Yes	3.41
(Others)	26.96	(No)	96.59
Position befofre Abroad		Years after Return	
Director +	11.34	<= 1years	64.88
Manager	27.56	1-2 years	15.61
Chief	33.29	2-3 years	8.90
(Others)	27.81	(3 years+)	10.61

Note: The cases for wife and the couple exclude singles and those husbands separated from their family.

V. Results

1. Health Condition during Mission

Table 3 shows the results of logit analysis for determinants of self-rated bad health during the overseas mission for Japanese managers (husbands) themselves and their accompanied wives. The first column for the husband's bad health shows that the health condition during the mission tends to be bad among those with less than 15 years of employment in their home company, those whose home company has 10,000-19,999 employees, those whose job was planning and whose position was President during the mission, and those who stayed in the Middle East and Africa. The health condition tends to be good among those whose overseas subsidiary had less than 10 employees, those whose job before the mission was planning or sales,

Table 3. Determinants of Bad Health of Returnees and Their Accompanied Wife During Overseas Mission

Independent Variable Category	Bad Health			
	Returnee	Wife	Both	1+
Constant	−2.876 **	−2.581 *	−2.861	−2.410 *
Age				
<35	−0.164	1.218	−1.025	1.473#
35-39	0.429	0.539	−0.543	1.075
40-44	0.289	0.322	0.211	0.732
45-49	0.705	−0.158	0.242	0.453
Seniority				
<15	0.829#	0.244	0.632	0.502
Liv. Arran. Abroad				
Alone	0.227	−	−	−
Health Abroad				
Bad	−	−	−	−
# Workers Japan				
<1000	0.086	−0.743	$	−0.919
1000-4999	−0.049	0.507	0.018	0.256
5000-9999	−0.375	−0.915	−1.329	−0.838*
10000-19999	0.686#	0.492	2.313 *	−0.068
Industry in Japan				
Manufacturing	−0.558	−0.625	−2.966 *	−0.426
# Workers Abroad				
<10	−1.319 #	−0.279	−1.065	−0.500
10-49	−0.232	−0.009	0.428	−0.221
50-99	−0.042	0.314	−0.142	0.297
100-999	−0.282	−0.251	0.269	−0.296
Industry Abroad				
Manufacturing	0.328	−0.207	1.588	−0.240
Job before Abroad				
Accounting	−0.529	0.358	−0.275	0.013
Planning	−1.601 *	−1.304#	$	−0.916
Sales	−0.787 *	−1.022*	−1.593#	−0.636
Technical	0.161	−2.124*	−1.006	−0.495
Position befofre Abroad				
Director +	0.564	1.176	0.508	1.022
Manager	0.424	0.733	−0.831	1.046#
Chief	−0.451	0.782	−1.526	0.507
Job Abroad				
Accounting	0.199	−0.123	1.876#	−0.376
Planning	0.830 #	0.914#	0.382	0.838#
Sales	0.586	0.086	1.411	0.026
Technical	−0.105	1.492	−0.472	0.241
Position Abroad				
President/CEO	1.080 #	1.144#	1.441	1.177*
Executive	0.437	−0.307	−1.521	0.185
Director	0.543	−0.439	−0.441	−0.260
Manager	0.749	−1.049#	−1.504	−0.281

Table 3. *Continued*

Independent Variable Category	Bad Health			
	Returnee	Wife	Both	1+
Rules for Duration				
Rule	0.322	0.205	0.502	0.361
No Rule/Standard	−0.495	−0.468	−1.168	−0.859 #
Past Mission Abr.				
Yes	−0.005	−0.019	0.577	0.040
Region of Stay				
China	0.100			
Oceania	−1.426	−0.262	$	−0.546
North America	−1.121 *	−0.698	−1.093	−1.338 **
C. and S. America				
Europe	−0.674	0.501	−0.659	0.036
ME and Africa	1.031 #			
Chi square	414.21	271.24	90.71	389.05
N	820	633	633	633

Note: #p<0.10, *p<0.05, ** p<0.01, *** p<0.01, $ two few cases.

and those having stayed in North America. The husbands having lived separately from their family are somewhat more likely to have bad health during the mission, but the effect is not statistically significant.

The second column for the accompanied wives shows that, unexpectedly, the accompanied wife's health condition during the mission is also affected by similar work-related variables possibly because it is assessed by the husband and possibly because the health conditions of spouses are correlated. The wives tend to have bad health when their husband's job was planning and their husband's position was President during the mission, as in the case of their husbands. Similarly, wives tend to have good health when their husband's job before the mission was planning and sales. However, there are differences with the case of husbands: the wives tend to have good health when their husband's job before the mission was technical and when their husband's position before the mission was Manager.

The third column shows the results for infrequent cases in which both the husband and the accompanied wife have bad health. The health conditions of both spouses tend to be bad when the husband's home company has 10,000-19,999 employees, when the husband's job during the mission was accounting, and when the couple stayed in the Middle East and Africa. The health conditions of both spouses tends to be good when the husband's home company is in manufacturing and when the husband's job before the mission was sales.

On the other hand, the fourth column shows the results for cases in which either the husband or the accompanied wife had bad health. The health condition of either spouse tends to be bad when the husband's age is below 35, when the husband's position before the mission was Manager, when the husband's job during the mission was planning, and when the husband's position during the mission was President. The health condition of either spouse is good when the husband's home company has 5,000-9,999 employees, when the home company has no rule or standard for the duration of stay, and when the couple stayed in North America.

2. Health Condition Immediately After Return

Table 4 shows the results of logit analysis for determinants of self-rated bad health immediately after return to Japan from the overseas mission for Japanese managers (husbands) themselves and their accompanied wives. This is the time when bad health is most prevalent. The first column for the husband's bad health shows that the health condition immediately after return tends to be bad for those in their late 40s and those in the home company of 10,000-19,999 employees. When we control for health condition during the mission as presented in the fifth column, however, those whose job immediately after return is sales and those stayed in North America are also more likely to have bad health immediately after return. As expected, bad health during the mission has a very significant and positive effect on bad health immediately after return. However, the health condition tends to be good when the husband's seniority is less than 15 years, when the home company is in manufacturing industry, when the husband's job during the mission is technical, when the husband's position after return is Manager, and when the duration after return is 1-2 years.

The second column for the accompanied wife's bad health shows different results from the first column, which was not the case with the health during the mission. Perhaps, each spouse is exposed to different health risk at work and at home. The wife's health condition immediately after return tends to be bad when the husband's home company has 5,000-9,999 employees and in manufacturing industry, and when the husband is notified about the return three months before. Similarly, the wives tend to have good health when their husband's position immediately after return is

Table 4. Determinants of Bad Health of Rerurnees and Their Accompanied Wife at Return

Independent Variable / Category	Bad Health				Aft. Cotrol for Past Bad H.	
	Returnee	Wife	Both	1 +	Returnee	Wife
Constant	−1.142	−3.742 **	−6.022 **	−1.564 #	−1.542 #	−4.122 **
Age						
<35	0.183	0.230	2.811 #	−0.122	0.506	0.210
35−39	0.292	0.043	2.029	0.069	0.413	0.049
40−44	0.125	−0.067	1.418	0.312	0.228	−0.102
45−49	0.710 #	−0.262	0.642	0.554	0.715 #	−0.144
Seniority						
<15	−1.085 *	0.180	−1.160	−0.178	−1.323 **	0.146
Liv. Arran. Abroad						
Alone	0.382	−	−	−	0.383	−
Health Abroad						
Bad	−	−	−	−	2.268 ***	2.114 ***
# Workers Japan						
<1000	0.588	0.848	1.430	0.329	0.676	1.023
1000−4999	0.360	0.410	−0.470	0.478	0.395	0.369
5000−9999	0.333	0.676 #	1.023	0.451	0.470	0.859 *
10000−19999	1.006 **	−0.350	0.085	0.377	0.851 *	−0.436
Industry in Japan						
Manufacturing	−0.734 *	0.986 *	1.209 #	−0.197	−0.571	1.097 *
# Workers Abroad						
<10	0.244	0.196	0.828	0.318	0.509	0.091
10−49	−0.531	−0.269	0.066	−0.506	−0.549	−0.354
50−99	0.480	0.472	1.095	0.278	0.487	0.345
100−999	−0.040	0.318	0.552	0.162	0.010	0.304
Industry Abroad						
Manufacturing	0.237	−0.308	−0.805	0.134	0.116	−0.199
Job Abroad						
Accounting	−0.119	−0.215	0.455	−0.784	−0.056	−0.205
Planning	−0.324	0.555	−0.412	0.322	−0.582	0.468
Sales	−0.249	−0.026	0.165	−0.300	−0.434	−0.088
Technical	−0.904 #	0.328	−0.705	−0.337	−0.939 #	0.330
Position Abroad						
President/CEO	−0.037	0.229	−0.396	0.255	−0.492	−0.115
Executive	0.134	−0.325	0.113	0.066	−0.049	−0.492
Director	0.184	−0.394	−0.785	0.243	−0.003	−0.401
Manager	−0.091	−0.307	−2.140 **	0.156	−0.373	−0.254
Job at Return						
Accounting	0.176	−0.921	−0.796	0.154	0.008	−1.054
Planning	−0.022	−0.824 #	0.035	−0.499	0.237	−0.701
Sales	0.524	−0.444	0.318	0.045	0.753 *	−0.306
Technical	0.658	−2.078 **	−1.515	−0.540	0.546	−2.250 **
Position at Return						
Director +	−0.845	−0.197	−0.935	−0.742	−0.701	−0.133
Manager	−1.152 *	0.538	−0.663	−0.810 #	−1.046 *	0.571
Chief	−0.080	0.252	0.063	−0.091	−0.088	0.211
Rules for Duration						
Rule	0.039	−0.273	−0.266	−0.003	0.023	−0.272
No Rule/Standard	0.182	−0.103	−0.894	−0.244	0.370	−0.079

Table 4. *Continued*

Independent Variable / Category	Bad Health				Aft. Cotrol for Past Bad H.	
	Returnee	Wife	Both	1 +	Returnee	Wife
Past Mission Abroad						
Yes	−0.330	0.133	0.490	0.015	−0.333	0.168
Region of Stay						
China	0.080	0.705	0.994	0.278	0.015	0.699
Oceania	−0.042	−0.330	1.323	−1.173	0.276	−0.453
North America	0.479	0.082	0.585	0.238	0.686 *	0.217
C. and S. America	0.678	0.396	0.474	0.479	0.473	0.434
Europe	0.205	0.590	0.190	0.484	0.344	0.533
ME and Africa	0.847	0.355	0.570	−0.071	0.664	0.180
Duration of Stay						
<= 2 years	0.277	0.128	−0.847	0.179	0.147	−0.425
2−4 years	−0.173	−1.074 *	−1.743 *	−0.240	−0.191	−1.205 **
4−6 years	−0.079	−0.074	−0.235	−0.134	0.016	−0.150
Time Notified						
0−2 months before	−0.180	−0.021	−0.598	0.209	−0.256	−0.007
3 months before	−0.044	0.627 #	0.371	0.389	−0.155	0.755 *
Return Training						
Yes	−0.646	0.104	−0.306	−0.290	−0.641	0.094
Years after Return						
<= 1years	−0.300	0.783	1.667 #	0.115	−0.291	0.858
1−2 years	−0.807 #	0.539	0.413	−0.369	−0.764	0.670
2−3 years	−0.689	0.748	1.816	−0.251	−0.758	0.562
Chi square	578.76	373.16	173.96	565.35	531.95	351.3
N	820	633	633	633	820	633

Note: # p < 0.10, * p < 0.05, ** p < 0.01, *** p < 0.01, $ too few cases

planning or technical and when the duration of stay is 2-4 years. It is interesting to see that the industry of husband's home company has the opposite effects on bad health of each spouse. The results after controlling for the past health conditions presented in the sixth column show almost the same tendency in the second column.

The third column shows the results for cases in which both the husband and the accompanied wife have bad health immediately after return. It seems to largely reflect the results for the wife in the second column, except for the effect of age and years after the return. The health conditions of both spouses tend to be bad when the husband is aged under 35, when the husband's home company is in manufacturing industry, and when the couple returned within the past one year. The health conditions of both spouses tend to be good when the husband's position during the mission was Manager and when the duration of stay is 2-4 years. On the other hand, the fourth column for bad health of either spouse shows almost no significant effects, except for the weak negative effect of husband's position as Manager. Thus, either spouse is likely to have good health when the husband is Manager immediately after return.

3. Current Health Condition

Table 5 shows the results of logit analysis for determinants of self-rated bad health at the time of survey for Japanese managers (husbands) themselves and their accompanied wives. The first column for the husbands shows that health condition at the time of survey tends to be bad among those having stayed overseas without their family, those in home company of 10,000-19,999 employees, those in sales job immediately after return, and those having stayed in the Middle East and Africa. However, those whose overseas subsidiary had 10-49 employees are also more likely to have bad health at the time of survey when we control for health during and immediately after the mission as shown in the fifth column. Similarly, the husband's' health condition tends to be good when the husband is Manager immediately after return, and when the duration of stay is 2-4 years, but the former effect disappears after controlling for the previous health conditions.

The second column for the accompanied wife's bad health shows again different results from the first column. The wife's health condition at the time of survey tends to be bad when the husband's home company is in manufacturing industry, when his job during the mission was sales, when the couple stayed in China, Europe, the Middle East and Africa, when she had training for return, and the couple returned within the past three years. After controlling for the past health conditions, the effects of stay in China and Europe and years after the return lose their significance (sixth column). Similarly, the wife's health condition tends to be good when husband's overseas subsidiary has 100-999 employees, when the husband's job immediately after return is technical and when there is no rule or standard for duration of stay. After controlling for the previous health conditions, however, the effect of the husband's job disappears while the effect of the number of 10-49 employees appears.

The third column shows the results for cases in which both the husband and the accompanied wife have bad health at the time of survey. It does not seem to directly reflect the results for husbands and wives in the first and second columns, except for the positive effects of stay in the Middle East and Africa on bad health of both spouses. The health conditions of both spouses tend to be bad when the husband worked for the home company for less than 15 years, when the husband's home

company is in manufacturing industry, when the husband's overseas subsidiary had 10-49 employees, when the couple stayed in the Middle East and Africa, when the duration of stay is 4-6 hears, and when the wife had training for return. On the other hand, the fourth column shows that either spouse has bad health at the time of survey when the husband's job immediately after return was accounting, and when the couple stayed in Europe, the Middle East and Africa. Similarly, either spouse has good health when the husband's overseas subsidiary has 100-999 employees.

Table 5. Determinants of Bad Health of Returnees and Their Accompanied Wife at Present

Independent Variable Category	Bad Health				Aft. Cotrol for Past Bad H.	
	Returnee	Wife	Both	1 +	Returnee	Wife
Constant	−3.378 **	−5.200 **	−19.753 ***	−1.864 #	−5.397 ***	−5.978 **
Age						
<35	0.434	−1.106	−0.561	−0.706	0.209	−0.812
35−39	0.349	−1.452 #	−1.137	−0.582	0.346	−1.413
40−44	0.653	−0.909	0.513	−0.316	0.910	−1.159
45−49	0.616	−1.106	−1.881	−0.047	0.043	−0.785
Seniority						
<15	0.002	0.550	2.136 #	0.278	0.724	0.252
Liv. Arran. Abroad						
Alone	0.730 #	−	−	−	0.332	−
Health Abroad						
Bad	−	−	−	−	1.489 **	1.387 *
Health at Return						
Bad	−	−	−	−	3.358 ***	3.677 ***
# Workers Japan						
<1000	0.268	−0.573	$	−0.039	−0.190	−0.838
1000−4999	0.550	0.485	0.459	0.550	0.380	0.805
5000−9999	0.012	0.438	0.651	0.032	−0.335	0.341
10000−19999	0.733 #	0.421	0.749	0.080	−0.083	0.673
Industry in Japan						
Manufacturing	−0.038	1.205 *	2.107 #	0.182	0.563	1.024
# Workers Abroad						
<10	0.427	−1.083	2.603	−0.418	0.995	−1.310
10−49	0.604	−1.029	3.028 #	−0.678	1.564 *	−1.444 #
50−99	0.320	−0.729	2.636	−0.685	0.266	−1.019
100−999	−0.168	−1.200 *	0.958	−0.723 #	−0.032	−1.718 **
Industry Abroad						
Manufacturing	0.102	−0.241	−0.569	−0.010	−0.071	−0.096
Job Abroad						
Accounting	0.165	−0.777	−0.257	−0.410	0.501	−0.911
Planning	0.029	1.152 #	0.168	0.396	−0.182	0.428
Sales	−0.101	−0.079	−1.376	−0.166	−0.206	−0.808
Technical	0.288	2.205 **	0.340	1.061	0.810	2.058 *
Position Abroad						
President/CEO	−0.226	0.290	1.495	−0.211	−1.023	−0.728
Executive	0.333	0.820	2.615	0.449	0.073	1.434
Director	−0.052	−0.207	0.595	−0.176	−0.308	0.171
Manager	0.334	0.594	1.707	0.412	0.478	1.072

Table 5. *Continued*

Independent Variable / Category	Bad Health				Aft. Cotrol for Past Bad H.	
	Returnee	Wife	Both	1 +	Returnee	Wife
Job at Return						
Accounting	0.819	0.559	−0.863	1.038 #	0.874	0.977
Planning	0.226	−0.389	−0.853	0.057	0.394	0.586
Sales	0.938 *	−0.184	0.110	0.519	0.995 *	0.731
Technical	0.530	−2.262 *	0.679	−1.157	0.758	−1.506
Position at Return						
Director +	−0.562	−0.783	−1.002	−1.001	0.297	−0.655
Manager	−0.926 #	0.468	0.448	−0.623	−0.280	0.157
Chief	−0.356	0.551	0.034	−0.055	−0.416	0.525
Rules for Duration						
Rule	−0.170	−0.510	−0.461	−0.539	−0.475	−0.752
No Rule/Standard	0.306	−1.991 *	$	−0.451	0.377	−2.440 *
Past Mission Abroad						
Yes	−0.027	0.205	0.848	0.284	0.349	0.031
Region of Stay						
China	−0.361	1.309 #	1.231	0.464	−0.711	0.933
Oceania	0.473	−0.094	0.599	−0.765	0.383	−1.085
North America	0.582	0.214	−0.237	0.450	0.325	0.256
C. and S. America	−0.734	$	$	$	−3.127 *	$
Europe	0.217	1.222 *	−0.705	0.786 *	0.026	1.036
ME and Africa	1.603 **	2.528 **	2.887 *	1.654 **	1.593 *	3.167 ***
Duration of Stay						
<= 2 years	−0.974 #	−0.083	$	−0.620	−2.180 **	−0.758
2−4 years	−0.590	0.358	−0.221	−0.102	−0.746	0.935
4−6 years	−0.416	0.188	1.904 #	−0.349	−0.440	0.060
Time Notified						
0−2 months before	−0.071	0.570	−0.099	0.367	0.200	0.705
3 months before	−0.309	0.491	−0.644	0.283	−0.325	0.361
Return Training						
Yes	−0.206	0.907 *	2.244 *	0.129	0.094	1.382 *
Years after Return						
<= 1years	0.152	1.539 #	$	0.091	0.233	1.202
1−2 years	−0.435	1.566 #	$	−0.039	−0.279	1.436
2−3 years	−0.461	2.116 *	$	0.543	−0.753	1.382
Chi square	429.5	246.45	82.26	421.86	310.04	178.38
N	820	633	633	633	820	633

Note: # $p < 0.10$, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.01$, $ too few cases.

4. Changes in Health Condition

Table 6 shows the results of logit analysis for determinants of worsening of self-rated health from the time of overseas mission to the time immediately after return and from the time immediately after return to the time of survey for Japanese managers (husbands) themselves and their accompanied wives. Thus, health conditions are removed from independent (control) variables. The first column for husbands shows that their health condition worsens from the time of mission to the time imme

Table 6. Determinants of Health Deterioration of Returnees and Their Accompanied Wife

Independent Variable / Category	From Abroad to Return		From Return to Present	
	Returnee	Wife	Returnee	Wife
Constant	−0.831	−5.169 ***	−6.043 **	−6.219 *
Age				
<35	0.707	1.114	2.368	−0.720
35−39	0.594	0.021	1.141	−0.601
40−44	0.285	−0.257	0.985	−0.086
45−49	0.585	−0.311	0.518	−0.021
Seniority				
<15	−1.429 **	−0.297	0.952	−0.835
Liv. Arran. Abroad				
Alone	0.057	−	0.601	−
# Workers Japan				
<1000	0.723	1.563 *	0.373	0.205
1000−4999	0.220	0.505	0.581	1.725 #
5000−9999	0.341	0.995 *	−0.143	0.114
10000−19999	0.441	−0.366	−0.019	1.028
Industry in Japan				
Manufacturing	−0.613	1.363 *	0.214	0.923
# Workers Abroad				
<10	0.332	0.266	0.715 *	−0.485
10−49	−0.773	−0.202	1.114	0.187
50−99	0.560	1.005	−0.560	−1.976
100−999	−0.063	0.269	−0.681	−2.400 *
Industry Abroad				
Manufacturing	0.107	0.128	0.413	0.385
Job Abroad				
Accounting	−0.502	−0.467	−0.175	−0.761
Planning	−0.871	−0.188	0.483	0.357
Sales	−0.330	−0.177	−0.525	−1.029
Technical	−1.279 #	0.215	0.235	1.050
Position Abroad				
President/CEO	−0.541	0.106	−0.500	−2.470
Executive	−0.058	−0.336	1.324	0.596
Director	0.033	−0.404	−0.086	−1.028
Manager	−0.563	−0.275	0.421	0.230
Job at Return				
Accounting	0.504	−1.489	1.828	1.323
Planning	0.531	−0.502	$	1.345
Sales	0.829 *	−0.044	1.355 #	0.502
Technical	0.849	−2.345 *	1.715 #	−0.023
Position at Return				
Director +	−0.979	0.003	0.331	−0.305
Manager	−1.437 **	1.161	1.093	−0.260
Chief	−0.435	0.433	0.576	0.237
Rules for Duration				
Rule	0.096	−0.565	0.503	−0.550
No Rule/Standard	0.258	−0.192	0.433	−2.056
Past Mission Abroad				
Yes	−0.330	0.339	1.102 #	0.444

Table 6. *Continued*

Independent Variable / Category	From Abroad to Return		From Return to Present	
	Returnee	Wife	Returnee	Wife
Region of Stay				
China	0.205	0.627	−1.534	1.225
Oceania	0.354	0.209	$	$
North America	0.509	0.413	0.076	0.287
C. and S. America	−0.648	0.292	$	$
Europe	0.325	0.868 #	0.216	0.704
ME and Africa	0.302	0.080	1.921 *	2.942 **
Duration of Stay				
<= 2 years	−0.108	1.027	$	0.631
2−4 years	−0.039	−1.441 *	−1.145	1.365
4−6 years	0.107	−0.021	−0.595	0.411
Time Notified				
0−2 months before	−0.345	−0.325	−0.667	0.745
3 months before	−0.021	0.689 #	−1.513 *	0.256
Return Training				
Yes	−0.816	0.230	−0.308	1.686 #
Years after Return				
<= 1years	−0.474	0.801	−0.672	0.685
1−2 years	−0.817	0.476	−0.064	1.420
2−3 years	−0.857	−0.357	−0.170	2.166
Chi square	438.08	280.37	157.97	117.19
N	751	587	711	568

Note: # $p < 0.10$, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.01$, $ too few cases.

diately after return when their job immediately after return was sales, while it does not worsen when they worked less than 15 years in the home company, their job during the overseas mission was technical and when they were Manager immediately after return. Naturally, the results somewhat resemble those in the first column of Table 4.

It is also true of the second column of Table 6 for the accompanied wives, which shows that their health condition worsens from the time of mission to the time immediately after return when the husband's home company has less than 1,000 or 5,000-9,999 employees, when the husband's home company is in manufacturing industry, when the couple stayed in Europe, and when the return was notified three months before. It does not worsen when the husband's job immediately after return was technical and when the duration of stay was 2-4 years.

The third and fourth columns show the results of logit analysis for determinants of worsening of health from the time immediately after return to the time of survey, which do not resemble the first two columns of Table 5 too much. The third column for the husbands shows that their health condition worsens from the time immediately after return to the time of survey when their job immediately after return was sales and technical, they experienced past missions, and when they stayed in the Middle East and Africa. It does not worsen when the return was notified three months before.

On the other hand, the fourth column for the accompanied wives shows that their health condition worsens from the time immediately after return to the time of survey when their husband's home company has 1,000-4,999 employees, when the couple stayed in the Middle East and Africa, and when they had training for return. It does not worsen when their husband's overseas subsidiary had 100-999 employees.

VI. Conclusion and Policy Implications

Some of the hypotheses presented above have been confirmed by empirical analyses, but others are not. The stay in the Middle East and Africa almost consistently causes bad health of Japanese managers and their accompanied spouse. But some independent variables have turned to have opposite effects for each spouse or at each stage (e.g., home company in manufacturing). It is not always easy to interpret the effects of work-related independent variables. It is particularly because we did not collect much information on general demographic and socioeconomic characteristics of respondents due to our survey focus on work-related adaptation and re-adaptation of returnees. Consequently, at least part of the results above should reflect the effects of the missing information from the survey. In addition, the information on health condition is self-rated and the information on the spouse's health condition is collected from respondents. Thus, we cannot deny the limitation of this study and our survey.

However, considering the rich information related to work and unexpected effects of work-related variables revealed by this study, the limitation is compensated to some extent. Since much of support for the employees and their family before, during and after the overseas assignment is provided by the companies and the public support, which tends to supplement it, often goes through the company, this study can be justified in including many work-related variables.

Since many Japanese corporations are cutting down their benefits and services to their employees, we cannot expect them to improve their support to their employees

on overseas assignment and their family before, during and after the mission. However, their productivity and competitiveness also depend on the quality of human resources, including health condition and consequent adaptability to work and life, both in Japan and abroad. Kojima (2002) revealed that bad health immediately after return tends to induce negative evaluation of the situation in Japan, including disposable income, social status, job clarity, job authority and job autonomy. Bad health upon return is also found to promote maladjustment to daily life, housing, food, transport, climate, association with Japanese, relationship with Japanese, work responsibility, achievement expectation, and management responsibility.

Thus, we would like to see more support for Japanese managers on overseas mission and their family, particularly support for their health by the companies themselves as well as the trade unions and the government. At the same time, personnel managers should take special measures for those with greater health risk, including continued rigorous health examination before and after the mission and a holistic transition program for returnees to make the precious human resources even more productive and competent to make their corporation even more productive and competitive in the global market.

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諸外国の外国人政策と地方自治体の対応

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1 外国人をめぐる情勢の変化

近年、わが国でも、外国人の多く居住する地域では、地方自治体の政策対応が、ますます重要性を増している[1]。しかし、わが国の外国人政策においては、国の出入国管理政策や雇用政策に比べ、地方自治体の果たすべき役割が、法的に正当に位置づけられているとは思われない。地方自治体が有する外国人に関する情報、権限および財源は、依然として小さい[2]。しかも、入国管理、雇用、社会保険、教育などの国の行政は縦割りで、自治体での外国人住民の実態把握すら困難にしている。こうしたなかで、外国人をめぐるわが国と地域の情勢は、新たな局面を迎えるに至っている。

第1に、国内の外国人労働者は、推定87万人を超え、その家族の定住化傾向も顕著になってきた（表1）。このうち、「ニューカマー」の外国人（特別永住者を除く）であって、原則10年（配偶者は5年）の在留を必要とする「一般永住権」を取得した外国人の労働者は8万人と推定される[3]。

また、永住権を取得しない場合でも、滞在の長期化は南米日系人において顕著である。南米日系人の大半は、事業請負業者のもとで不安定に就労し、契約期間も2ヶ月前後と短く、社会保険にも加入していない。日系人の子弟については、日本語教育が不十分なまま、進学や就職に困難をきたす状況が深刻化してきた。同時に、これら子弟は、母国語も中途半端で、帰国しても社会的な適応が難しい。その影響は、特定の地域における南米系若年者の犯罪増加となって現われている[4]。

なお、不法残留者であったが、法務大臣の「在留特別許可」により合法化された外国人数は2004年は1万3000人程度に達したとみられる。これらの外国人は、既に10年以上も日本に在留していることが少なくなく、日本人と結婚したり、日本語しかできない子弟が就業可能な年齢に近づきつつあるなど、定住化の傾向を裏づける動きといえよう。

第2に、わが国人口の少子化は加速し、政府が少子化対策を拡充しているにもかかわらず、歯止めがかからない。2004年の「合計特殊出生率」（女性が一生の間に出生する子ども数の推定値）は1.29と前年に続き過去最低となった。看過できないのは、1990年代半ばから始まった若年層の人口減少の影響で、地域の産業レベルでは、後継者不足や技能・技術の継承の問題が深刻化してきたことである。

実際、15～24歳層の減少は、5年間に10%を超える速度で進んでいる。これは、厳しいリストラの時期に新規採用を減少させるのに好都合ではあったが、長期的には、正社員層の年齢構成の高齢化を加速させる。こうしたなかで、高校新卒者の替わりとしても、外国人の技能実習生が職場で重要な存在となっている。

1）外国人集住都市会議（2004）を参照。
2）わが国の主要な外国人法制には、出入国管理及び難民認定法と外国人登録法があるに過ぎず、市町村における外国人登録では、しばしば、居住場所も正確に把握されておらず、就労場所や社会保険加入状況などを体系的に把握できる状況にない。

外国人研修生の受け入れには、原則として常用労働者の５％という枠がある。しかし、２年目に技能実習に移行することで、更に５％相当の外国人研修生を受け入れられる。その結果、最大で15%相当の労働力を、常時、外国人研修生と技能実習生で事実上充足できる。

なお、日系人の地域別分布も、学卒労働力の流入減少した地域や、自動車・電子機械産業などの事業請負業が集中する業種の分布と正の相関関係にある。しかし、日系人は国内の移動が自由で、繊維産業など比較的低賃金の業種には分布していないなどの相違点も見られる。[5]

こうしたなかで、わが国でも、出入国管理政策中心のわが国の外国人政策を、地域・自治体レベルの総合的施策により補強することの緊急性は高まっていると考えられる。

そこで以下では、世界的な外国人政策の動向を展望するとともに、欧州諸国における「統合政策」と、そこで自治体の果たす役割に注目したい。

表１　日本の外国人労働者の推移（推計）

（人）＼（年）		1990	1995	1999	2000	2001	2002	2003
就労目的の在留資格を有する者		67,983	125,726	154,748	168,783	179,639	168,783	185,556
技能実習生など（注１）		3,260	6,558	19,634	29,749	37,831	46,455	53,505
留学・就学生の資格外活動（注２）		10,935	32,366	38,003	59,435	65,535	83,340	98,006
日系人労働者（注３）		71,803	193,748	220,844	233,187	239,744	233,897	230,866
不法就労者	不法残留者	106,497	284,744	251,697	232,121	224,067	220,522	219,418
	資格外活動者（注４）	－	－	－	－	－	－	－
一般永住者		－	17,412	30,266	39,154	56,161	71,090	86,942
合計（注５）		260,000＋α	620,000＋α	690,000＋α	740,000＋α	790,000＋α	830,000＋α	870,000＋α

出所：法務省入国管理局資料に基づき厚生労働省推計
（注１）ワーキングホリデーや外交官などの家庭のメイドを含む。（注２）留学生または就学生で、地方入国管理局から資格外活動の許可を得て就労する者。（注３）日系人労働者は、「日本人の配偶者等」または「定住者」といった在留資格を有し、日本国内での活動に制限がなく、就労していると推定される者をいう。（注４）資格外活動で不法就労する者の総数は、推定が困難である。（注５）1990年の数値には、永住権を有する外国人を含まない。

2　世界的にみた外国人政策の変化

こうした日本の国内の動きに加え、諸外国においては国際的な人の移動の高まりとともに、1990年代後半以降、諸外国の外国人政策は大きな変化を経験してきた。[6]

(1) 世界的な人材獲得競争の激化

第１に、IT（情報通信技術）労働者など、高度人材をめぐる「人材獲得競争」が激化した。その結果、1990年代後半には、史上初めて、「グローバル」な人材市場が成立したと考えられる。

特に、「IT革命」の中心となったアメリカは、インド、中国などアジア諸国を中心に多くの「高度人材」を受け入れることに成功した。これに対抗し、欧州諸国も、外国人技術者の入国規制の緩和や、留学生の学位取得後の就労の許可、永住権取得の要件緩和などの措置を講じた。さらに、中国、韓国、シンガポールなど東アジア諸国も、「高度人材」の入国・滞在に優遇措置を導入した。しかしながら、アメリカは、21世紀に入ってからも、依然、「人材獲得競争」の勝者の地位を堅持している。[7]

これから2010年代以後、人口減少に直面するEUでは、将来に向けて必要な人材を域外から積極的に受け入れることができるよう、

3）一般永住者は、サンフランシスコ講和条約で日本国籍を失った在日韓国・朝鮮人とその子孫（特別永住者）を除き、「永住者」の在留資格を有する者である。　4）井口（2004）などを参照。　5）志甫　啓（2005）を参照。
6）井口　泰（2005ｃ）を参照。　7）OECD（2005）は主要先進国について、国際経済交流財団（2005）には、イギリス・ドイツ・アメリカ・カナダ・韓国および東アジア諸国の最新動向が報告されている。

欧州委員会として共通移民政策を確立する努力を続けている。2005年1月には、「グリーン・ペーパー」を公表して議論を喚起し、近い将来、EUレベルの「ポイント・システム」を創設して優秀な移民を受け入れることを視野に入れている[8]。

わが国でも1980年代から、留学生の資格変更による就労が認められ、最近では、IT資格の相互認知などの措置がとられたが、在留期間の延長や永住権の要件緩和などを含めた規制改革は道半ばで、高度人材の活用は十分な成果を上げていない。

(2) 東アジアの地域統合と人の移動の活発化

第2に、1997年のアジア通貨危機をのり越え、中国の高度成長に牽引される東アジア諸国でも国際的な人の移動が活発になり、東アジアは欧州および北米に次いで移動の活発な第3の地域となった（表2）。

東アジアでは、従来は、域内の低熟練労働者の移動の円滑化や権利の保護などのために、二国間労働協定を締結する例は少なかった。ところが、事実上の経済統合が進むなか、二国間労働協定と国内法を連動させて、労働者の送出・受け入れを行う国が増加してきた。

特に2004年には、マレーシア、韓国、タイなどで、新たな国内法が整備され、多くの二国間労働協定を実施されるようになった。また、日本は、アセアンや韓国などとの経済連携協定の締結交渉を開始し、同年11月末に、限定的ながら、日本とフィリピンの間で看護・介護労働者の受け入れについて合意した[9]。

しかしながら、日本政府は、「東アジア共同体」において、国際的な人の移動が果たすべき役割についてビジョンを持たず、現行の外国人労働者受け入れ方針の範囲内で、各国から要求されたことに対応してきたに過ぎないため、イニシアチブを発揮することができない[10]。

表2　東アジアにおける国際労働力移動（主として2003年）　（単位：千人）

		労働力人口	フロー		ストック	
			外国人労働者の入国	自国人労働者出国	国内の外国人労働者	自国人の外国での就労
日本		66,666	156(145)	(55)	790 (760)	181
韓国		22,916	—	(251)	373 (363)	[56]
中国	本土	760,750	—	770* (650*)	[315*]	—
	香港	3,500	(83) [84]	—	237 (235)	[50]
	台湾	10,076	—	—	304 (300)	[120]
シンガポール		2,150	—	—	590 (590)	(44)
マレーシア		10,240	[259]	—	1,163 [880]	[200]
タイ		35,310	—	(158) [160]	1,007* [1,028]	[550]
インドネシア		100,316	20 (15)	480 (339)	(33)	2,000
フィリピン		35,120	—	868 (892)	(11)	[4,940]
ベトナム		41,920	473	[32]	(3)	(300)

資料出所：各国統計および公式推計などを基に筆者作成。*は各国統計を基に筆者推計。
注）原則として2003年の数値。（ ）内は2002年。［ ］内は2001年以前の年数値。日本の外国人労働者は、不法滞在者を含み、永住権のある者を除外。自国人の外国での就労はアジアのみ。韓国の国内労働者は、不法滞在者と研修生を含む。中国の自国人出国は人力輸出の労働者数。香港の外国での就労者数は中国への出稼ぎ者。外国人入国者には家事労働者を含まず。国内の外国人労働者は家事労働者のみ。マレーシアの外国人労働者は低熟練・不熟練労働者。タイの外国人労働者は、登録された不法就労者。

8）Commission of European Communities（2005）、井口泰（2005c）
9）井口　泰（2005d）を参照。
10）井口　泰（2005a）および井口　泰（2005b）では、東アジアにおける経済統合に伴う国際的な人の移動の問題の解決策を提起している。

(3) 欧州における「統合政策」の見直し

第3に、2001年9月11日にアメリカで発生した同時多発テロの頃から、長年、欧州諸国が講じてきた外国人の「統合政策」の実効性について、深刻な反省がなされたことである。

EU主要国は、1970年代初めの石油危機の時期から、域外外国人の受け入れに対し規制的な政策を堅持してきた。しかし、それに加え、1980年代以降、長期に滞在する域外外国人の受入国への統合を法的権利の強化を通じて促進した。さらに、1990年代以降は、例外的な受け入れ枠を拡大しつつ、域外からの労働力の送出圧力を経済協力によって緩和する政策をとってきた。

ところが、域外出身の外国人の第2世代や第3世代が増加するなかで、域外出身外国人と域内市民には、言語能力や教育水準などの格差があり、それが、就業率や失業率などに反映している。このため、従来の域外外国人に対する「統合政策」の効果は疑問視されざるを得ない。こうしたなかで、治安の悪化に関する懸念と同時に、各国で外国人排斥や人種差別的な動きが高まることが憂慮されてきた（表3）。

表3　EU主要国における域内・外国市民の就業率と失業率（2002年）　(%)

	就業率		失業率	
	域内国市民	域外国市民	域内国市民	域外国市民
ベルギー	60.6	30.7	6.3	33.5
デンマーク	77.2	49.8	4.2	13.0
フランス	63.9	43.2	8.1	24.9
ドイツ	66.5	51.2	8.1	16.9
アイルランド	65.1	58.2	4.3	−
ルクセンブルク	64.0	57.1	2.3	−
オランダ	75.3	48.6	2.5	5.7
ポルトガル	68.5	76.1	4.7	−
スウェーデン	74.9	49.9	4.8	15.0
イギリス	72.1	57.3	4.9	10.0
（参考）日本			5.4	

資料出所：（EU）欧州統計局、（日本）総務省統計局
注）就業率は15～64歳人口に占める就業者数。

そこで近年、欧州のなかでも、ドイツ、オーストリアなどで、外国人が長期滞在を希望する場合、一定水準以上の受入国の言語習得を課す動きが広がった[11]。

こうした国レベルでの外国人の「統合政策」の強化に当たっては、その実施を地方自治体に委ねる場合がほとんどである。このうち、イタリアなど一部諸国では、こうした政策の実施にあたり、自治体よりも非政府組織（NGO）への依存が高くなっている。

そこで、EU諸国における新たな「統合政策」への挑戦と、自治体の役割について、次章でさらに論じることとしたい。

3 EUにみる「統合政策」と自治体の役割

外国人政策に関しては、かつてより、「同化（assimilation）」と「多文化主義（multiculturalism）」が、相互に対極にある理念とされてきた。

このうち「同化」の考え方は、最近では、外国人が受入国に一方的に適応しなければならないという否定的なニュアンスで語られることが多く、現実的でないとの見方が強い。

11）井口　泰（2005d）を参照。

しかし、外国人に受入国との一体感を持たせるという点で、アメリカなどの定住移民受け入れにおいて、基本的な理念モデルとなっていたことは否定できない。

これに対し、「多文化主義」は、外国人が、もともと有するアイデンティティを尊重することを基本としている。その典型は、カナダやオーストラリアであって、多様な国々からの外国人を受け入れる国の理念モデルとして重要な位置を占めてきた。

しかし、「多文化主義」の下でも、受入国の一定の国是や規範を受け入れ、外国人が、それに自分を適合させることが不可欠なことから言えば、「多文化主義」も、実際には実現が困難な政策理念ということになる。

そこで欧州委員会は、外国人政策に関し、「同化」と「多文化主義」に関する果てしのない理念的論争を避け、外国人と受入国の双方が歩み寄ることにより、外国人の権利と義務を保障し、その社会参加を実現していくことを提唱し、そのための政策を「統合(integration)政策」と呼んできた。それは、外国人が社会の底辺に落ちていくことを防止するという意味の「非縁辺化(demarginalization)」に近い概念でもある[12]。もちろん、2004年5月に25ヶ国に拡大したEU内部でも、国によって外国人政策の考え方は異なっているが、EUが欧州共通移民政策を推進するに当たり、「統合政策」はEU各国が共有すべき理念となっている。

なお、日本では、「統合」という言葉のニュアンスが必ずしも良くないためか、これを実際に使う例は多くない。その代わりに使われるのは「共生」という概念である。しかし、「共生」の概念に、外国人と受入国の間の「双方向的」な働きかけの意味が含まれているのかどうか。その回答は、自治体によって様々であろう。

最近では、国・総務省や多くの自治体が、「多文化共生」という用語を使用するようになった。しかし、当該自治体で、なぜ、どのような「多文化共生」が必要かということは十分に議論されず、自明の概念のように使用されているが、具体的に何を実現しようとしているのかは必ずしも明確でない場合もある[13]。

(1) EU共通移民政策における「統合政策」の位置づけ

2005年1月、欧州委員会が公表した移民政策に関する「グリーン・ペーパー」は、EU共通移民政策の導入に関する加盟国の同意が得られなかった2001年の経験を踏まえ、今後のEUレベルの移民政策に関する選択の可能性を提起するものである[14]。

EUの共通移民政策において、第1に注目すべきことは、欧州委員会が、「効果的な統合政策」の実施こそ、「外国人受け入れ政策」の前提になるという考えを強調してきた点である。つまり、「統合政策」がうまくいかないのであれば、「受け入れ政策」そのものの成功もおぼつかない。こうした大きな考え方は、現在の日本やアジア諸国には存在していないが、外国人の定住化を前提に考えれば、極めて当然の主張と思われる。

第2に注目すべきことは、欧州委員会が、域外外国人のEU域内国での合法的滞在期間が長くなるにつれて、その権利と義務を増加させるという「漸増型アプローチ(incremental approach)」を提案していることである[15]。

2002年のEU指令は、域外外国人も、5年間合法的に滞在すれば、域内外国人と同等の権利を獲得するという考え方で、EU域内の制度の調和化を進めている。

さらに、2004年秋には、欧州委員会の議長国であったオランダ政府のイニシアチブで、域外外国人の社会的統合のための自治体およびコミュニティの指針をまとめたガイドブックが公表された。これは、域外外国人の権利

12) Kommission der Europaeischen Gemeischaften (2000) を参照。
13) 外国人集住都市会議 (2004) は、「豊田宣言」のなかで、「多文化共生社会」を独自に定義している。
14) Commission of European Communities (2005) を参照。

と義務に関するEU指令の整備と併せ、外国人の権利と義務の履行が図られるようにするため、加盟国政府、自治体やNGOの役割分担について問題を提起している[16]。

(2) EU各国の統合政策の類型と自治体の役割

詳細にみると、域外外国人受け入れに伴う統合政策は、EU各国によって非常に多様である。大きく分けて、①外国人に対する特別の措置を立法化して統合を進める場合と、②国レベルで、外国人と自国人の間の、広範な分野における差別禁止規定を設けて統合を進める場合があると言えよう[17]。

また、一定範囲の外国人には、特別措置を適用し、他の範囲の外国人には差別禁止のみで特別措置を適用しないといった組み合わせもある。

また、外国人に対する特別の措置にも、異なった類型があると考えられる。第1に、受け入れられた域外外国人の大半が、難民や家族呼び寄せなど人道的理由に基づく場合は、これら外国人には事前に仕事の機会が保障されているわけではなく、ほとんど受入国の言語も習得していない。そこで、入国時点（または滞在を延長する時点）で、言語の習得や導入コースなどを準備するのである。

第2は、外国人労働者の受け入れが中心となっている場合であって、統合政策の中心は、雇用に伴う住居の確保、社会サービスおよび教育・医療サービスの提供などを行うのである。

これらの類型も、同一の国で二者択一ということではなく、労働力としての受け入れと、人道的な理由からの受け入れの双方が行われる場合には、その両方が必要になると言えよう。

実際に、1990年代後半においては、欧州委員会の動きに対応しつつ、EU各国において、外国人の統合政策を強化するための立法措置が次々と実施されてきた。

このうち、フィンランド、デンマーク、オランダ、ドイツおよびオーストリアが、1998年から2004年にかけて行なった新たな立法措置の主要かつ共通の内容は、①語学コース、②導入コース、③職種別の職業訓練である。多くの場合、こうしたプログラムは入国後、2～3年間の間実施される。

スウェーデンの場合、1997年に、内外人同等の権利保障や機会均等をすべての政策分野において実現することを目的とする立法措置がなされた。しかし、難民に対しては、手厚い語学コースや導入コースなどが実施されている。

イギリスでは、雇用、教育、住宅および福祉の分野で、民族の間の平等と機会の均等のための法的措置が導入されている。

アイルランドでも、イギリスに類似の措置がとられた。現時点では、外国人の多くは就業目的で入国する人々であり、統合政策は、企業または労働市場を主要な舞台としている。

ギリシャでも、「社会的統合のための計画」（2003～2006年）が作成され、情報提供、労働市場、文化、教育・言語、健康サービスおよび一時的な居住に関する措置が準備されている。このうち、労働市場のイニシアチブでは、外国人に、その専門技術の登録を行わせたり、その起業を支援したりする措置が含まれている。

スペインでは、「受け入れのためのグローバル計画」（2001年～2004年）では、医療、教育、家族の統合、宗教的自由などの権利を完全に行使することを保障するとともに、労働市場へのアクセス、統合に関する協議機関の設置、民族差別および外国人排斥に反対する措置を盛り込んでいる。この計画のほか、多くの自治体も、外国人の統合のための計画を策定している。

15) Commission of European Communities（2003）pp17～18を参照。
16) Director General, Justice Freedom and Security, Commission of European Communities（2005）を参照。
17) Commission of European Communities（2003）pp37～40を参照。

ポルトガルでは、新たに設けられた「移民と少数民族のための委員会」の提案により、新規入国した外国人への情報提供を強化した。また、その施策のほとんどは、非政府組織が主体となって進める内容となっている。

同様のことはイタリアについても言える。イタリアの外国人政策は、非政府組織をはじめとする市民団体が、社会サービスや住宅を中心とする施策の実施を担い、政府ないし自治体が資金を提供する形になっている。

これら施策は、基本的には国の施策でありながら、その実施主体は、ほとんどが当該コミュニティまたは地域を管轄する自治体であるという点が重要である。また、多くの場合、財政資金の出所は国であるが、国によっては、自治体の財源によるものもある。

なお、ドイツの場合は、統合コースの財源は連邦政府であるが、実施主体は、民間または公的な機関となっている。

このほか、デンマークとフィンランドでは、統合政策を企画し、支出し、実施するのも市町村である点が大きな特色である。

外国人のための特別予算が明らかになった国に限って整理したのが、表4である。このように、導入コースおよび語学コースを設けている諸国の予算が非常に大きく膨れ上がっており、これを国（または連邦政府）が負担している。なお、フランスなどその他EU諸国は、この調査自体に回答しなかったので、残念ながら予算規模などは不明である。

表4　主要欧州諸国における外国人施策の予算規模

国　名	名　称　(財源)	予算額(年)
デンマーク（2002年）	統合プログラム（難民および移民）（国）	4億9300万ユーロ
ドイツ（2005年から）	統合コース（連邦のみ）	1億6900万ユーロ
ギリシャ（2003年）	統合のための新行動計画（国）	6500万ユーロ
イタリア（2002年）	特別統合基金（国・地方）	4200万ユーロ
オランダ（2002年）	新規入国者向け統合予算（国）	1億6500万ユーロ
	既在住者向け統合予算（国）	1億ユーロ
スウェーデン（2002年）	難民および新規移民受け入れ（国）	2億1900万ユーロ

資料出所：欧州委員会（2003）。なお、1ユーロは約132円（2005年6月半ば現在）。

地域における外国人の統合を考える場合、①言語教育や導入教育の強化に加え、②行政サービスへのアクセスの確保、③雇用機会確保および労働条件面の内外人平等なども欠かせない要素である。また、外国人への雇用・労働条件対策も、国の管轄である場合と、自治体の管轄である場合の両方がある。全般的にみれば、多くのEU諸国が、外国人の第2・3世代の雇用対策のために対策を実施している。

外国人の政策決定への参加について、EU諸国では、6ヶ月から5年間の合法的に滞在する外国人に地方自治体レベルで投票および立候補の権利を与える場合がある。あるいは、地方自治体における特別の諮問機関に、外国人住民の代表者の参加を求めている場合がみられる（ポルトガル、ルクセンブルク、デンマーク、フィンランド、ギリシャ、スペインなど）。

以上を総合すれば、EUにおける「統合政策」とは、①民主主義の基本的価値を尊重すること、②外国人の文化的なアイデンティティを尊重すること、③地域・自治体において、域外外国人に、EU市民と同等の権利の確保と義務の履行を実現すること、④経済、社会、文化、政治など各方面において、内外人平等の条件で参加を実現することといった要素を含み、外国人と受入国や自治体との間で行われる双方向的な取り組みと言うことができよう。

18）井口　泰（2004）および井口　泰（2005d）は、外国人雇用法を制定し、事業主に、まず、在留資格確認義務を新設し、外国人雇用状況の報告を義務化して「外国人雇用データベース」を構築し、各行政の情報の相互に融通することを提案している。また、海外の外国人のデータベースについては、井口　泰（2005c）を参照。

4 結 論

以上をまとめてみると、日本と諸外国の外国人政策を比較する際に、次のような視点が、それぞれ重要になっている。

第1は、世界的な「人材獲得競争」において、日本ないしアジア諸国が十分な競争力を持ち、人材を集めたり、還流させたりする諸条件を整備しているのか。第2は、日本と東アジア諸国の間で、労働者の移動および権利保護のために、どのような仕組みを整備していくべきか。第3に、バランスのとれた「受け入れ政策」と「統合政策」を実現するため、わが国の外国人政策において、国・自治体やNGOは、どのような役割を担うべきか。

特に、第3の視点に関し、日本では、国レベルの「統合政策」がいまだ確立していないこと、「統合政策」に果たす自治体の役割も明らかでなく、自治体には情報も権限も欠けていること、しかも、国の「縦割り行政」が地域における外国人施策を進める上で障害になっていることを認識する必要がある。

こうした状況を打開するためには、欧州における「統合政策」への取り組みが、わが国の政府や自治体に、非常に有益な示唆を与えてくれることがわかる。

したがって、新たな外国人政策を展望すれば、地方自治体が、外国人の出入国、就労や居住のみならず、社会保険の加入や子弟の教育状況などを総合的に把握し、外国人に権利の行使を保障し、義務の履行を確保できるようにする必要がある。そのためには、国の「縦割り行政」を自治体のレベルで横につなぐ「新機軸」が不可欠になっていると言えよう[18]。

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