

HIV/STI Risk Perception, Risky Sexual Behavior, and Mental Health issues among Nepalese Migrants living in Japan

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Introduction:

Migration is closely linked to various health issues including risky sexual behaviors and risk of sexually transmitted infections (STIs), including HIV⁽¹⁾. In recent years, Japan has reported increase in STIs and HIV cases^(2,3). Migrants who are living in substandard conditions, face increased exposure to these health risks due to their poor living and working environments and social vulnerability in the host nation, may have increase chance of contracting STIs and HIV⁽⁴⁾. Their vulnerability is further exacerbated by barriers such as limited Japanese language, restricted access to healthcare services and inadequate knowledge about available health resources^(5–7). While the public health centers in Japan have been providing free and anonymous HIV testing, these services are primarily available in Japanese⁽⁸⁾. As a result, many migrants may remain unaware of their health risk, adequate information of their symptoms, prevention methods, and the importance of regular health check-ups⁽⁹⁾.

Apart from sexual health concern, adapting to the new work culture and social environment, with minimal social support systems, places additional burden on mental health of the migrants^(10–12). Studies have reported that the mental health challenges were closely linked to their economic and social conditions, such as low socioeconomic status, job instability and social isolation^(10,11). Most of migrants could be susceptible to vulnerable health conditions, including mental and sexual health challenges. Given that mental health and sexual health may influence individual's attitude towards HIV/STIs risk perception, addressing these issues is important to improve overall well-being in this population. Efforts should focus on improving access to general and mental healthcare, providing language support, and increasing awareness about sexual health among migrant populations. However, little is known about the mental and risky sexual health of this population in Japan.

As of December 2024, there are 233,043 Nepalese living in Japan, with this number steadily increasing⁽¹³⁾. Although Nepalese migrants are living in all forty-seven prefectures of the

country, they are significantly concentrated in the prefectures of the Kanto region having the total population of 64,023⁽¹⁴⁾. Despite increase in Nepalese migrants in Japan, little is known about how they perceive the impact of mental and risky sexual behavior on their risks of HIV/STIs. Hence, this study aims to investigate HIV and STIs risk perception in relation to risky sexual behaviors, and mental health issues to inform targeted health interventions. By identifying key barriers and vulnerabilities, this research will provide valuable insight to prioritize and address them in future initiatives, guide to adopt safer health practices so as to promote health and mental well-being of the Nepalese migrant's community.

Methods:

Study design, settings and participants

This cross-sectional study targeted Nepalese migrants residing in Kanto region. Both male and female Nepalese migrants were included in this study who fulfilled the criteria as; Nepalese citizen, more than 18 years, living inside Kanto region more than 6 months to ensure that migrants are well exposed to the new living environment and to distinguish migrants from short term visitors and voluntarily willing to participate in this study. We excluded participants outside the Kanto region.

Sampling strategy and size

Participants were recruited using a combination of convenience sampling, snowball sampling, and peer referral via social networking service (SNS) like Facebook, TikTok. Initial recruitment was conducted through migrant's communities active on social media with a large number of members. Participants were then encouraged to refer their peers, expanding the sample through social networks. The survey was accessed via a direct link to the online questionnaire. With the reference population of 64,023 Nepalese migrants living in the Kanto region, the sample size initially calculated was 382 based on 95% confidence interval, 5% margin of error and assuming population proportion of 50%⁽¹⁵⁾. However, considering the sensitivity of the topic and the possibility that some people might not meet the eligibility criteria we increased the participant to 400 to ensure sufficient sample size.

Measurements

Dependent Variable

The study measured risk perception toward HIV and risk perception towards STIs as key outcome variables. The participants were asked if they think they were at risk of HIV/STIs, which measured individuals' perceptions based on their own risky sexual behaviors like; the use of condoms, multiple partners, etc. and mental health-related vulnerability like experience of stress in the past 1 month and presence of social support.

Independent Variable

Independent variables included socio-demographic factors- age, gender, marital status, educational level. Migration related characteristics- visa status, Japanese language skill, employment, perceived social support and health and behavior related characteristics- alcohol use, sleep duration, access to healthcare, sexuality, interest in HIV and STIs testing self-rated health status, risky sexual behaviors, perceived stress scale.

We assessed mental health status using the Perceived Stress Scale (PSS) to measure stress over the past month. The PSS is a 10-item scale with response options ranging from 0 (never) to 4 (very often), resulting in a total score between 0 and 40. This scale has been validated and previously used among the Nepalese population⁽¹⁶⁾.

Further we measured perceived social support using Multi-dimensional Scale of Perceived Social Support (MSPSS). This is a 12 -item scale with scores ranging from one (very strongly disagree) to seven (very strongly agree) resulting in possible score from 12 to 84. This scale has already been tested for its validity among Nepalese migrants⁽¹⁷⁾.

Data collection

We first translated questionnaire from English to Nepali language then back translated into English by independent translators. It was finalized after discussion with experts in migrants' health and HIV. Kobo toolbox (Cambridge, MA, USA) was used to create the online questionnaire and the responses were collected electronically through a self-administered survey. Participants were recruited via social media platforms popular among Nepalese migrants in Japan, like Facebook groups and TikTok, where the questionnaire link was shared. Pre-testing of the questionnaires was conducted with 20 individuals before actual data collection. We collected the data from November to December 2024.

Data analysis

Data analysis involved descriptive statistics to summarize the socio demographic characteristics, migration related characteristics and key outcome variables, including frequencies and percentages for categorical variables and means and standard deviations for continuous variables. We used bivariate and multivariate logistic regression analysis to examine factors associated with self-perceived HIV and STI risk. There was no multicollinearity among the predictor variables. We set the statistical significance at $p < 0.05$. We conducted all the analyses using STATA software, version 18 (StataCorp, College Station, Texas).

Ethical consideration

Ethical approval was obtained from the research ethics committee of Kyorin University, Tokyo, Japan. Initially the participants were directed to the informed consent page where it explained the purpose of the study, voluntary participation, potential benefits, estimated time of finish the survey (~ 20 minutes), confidentiality and data retention. Participants who provided consent then proceeded to the survey. Upon completion of the survey all participants were provided with 1000 Yen Quo card.

Result:

The sociodemographic characteristics of the participants are presented in Table 1. Out of 400 participants, 7 participants were outside of Kanto region and hence their data was excluded for the study, making the total of 393 participants. The mean age was 30.6 years (± 7.07), with a majority being male (64.1%) and the rest female (35.9%). Most participants (58.5%) resided within the 23 wards of Tokyo, while smaller proportions lived in other areas of Tokyo (10.7%), followed by Kanagawa (9.1%), Saitama (10.7%), Chiba (9.1%), or other locations (1.8%). Most of the participants were married (60.6%), and had completed higher secondary education (39.7%). The mean duration of stay in Japan was 69.3 months (± 78.6). The most common visa were student (24.4%) and specialist in humanities/international work (23.7%), followed by dependent (16.3%) and permanent resident (10.9%). Employment status showed that nearly half (48.9%) were full-time employees, while 43.5% were part-time employed. Language proficiency of most of the participants was basic (35.9%) or intermediate (29.5%) Japanese skills.

Table 1. Sociodemographic characteristics

Characteristics	Frequency (n = 393)	Percent	Mean (SD)
Age (in years)			30.6 (7.07)
Gender			
Male	252	64.1	
Female	141	35.9	
Location			
One of the 23 wards of Tokyo	230	58.5	
In Tokyo but outside the 23 Wards	42	10.7	
Kanagawa Prefecture	36	9.2	
Saitama Prefecture	42	10.7	
Chiba Prefecture	36	9.2	
Others (Gunma, Ibaraki)	7	1.8	
Marital Status			
Married	238	60.6	
Unmarried	155	39.4	
Education level			
Below higher secondary	37	9.4	
Higher secondary	156	39.7	
Bachelors	152	38.7	
Above bachelor	48	12.2	
Period of stay			
Mean (S.D)			69.3 (78.6)
Type of Visa			
Student	96	24.4	
Specialist in Humanities/International	93	23.7	
Dependent	64	16.3	
Permanent Resident	43	10.9	
Engineer	28	7.1	
Skilled Labor (Cooks)	28	7.1	
Technical Intern/Trainee	11	2.8	
Spouse/Child of Japanese National, PR, or			
Long-term Resident	14	3.6	
Refugees / Designated Activities	5	1.3	
Investor/Business Manager / Diplomat/Official	9	2.3	
Medical/Legal/Research	3	0.8	
Employment status			
Full time employee	192	48.9	
Part time employee	171	43.5	
Self-employed	14	3.6	

Unemployed	16	4.1
Japanese language skill		
Basic and below	180	45.8
Intermediate	116	29.5
Native and fluent	97	24.6

Table 2. highlights the health and behavior characteristics of the migrants. Most respondents rated their current health as Excellent/Very good/Good (49.1%) and their mental health similarly as Excellent/Very good/Good (41.2%). Nearly half of the participants reported never drinking alcohol (45.6%). Almost all respondents (96.7%) had a Japanese health insurance card, with 88% have regularly payed the premium. When ill, over half (52.7%) preferred visiting a clinic followed by hospital, local pharmacy and home treatment. Accessibility to healthcare was high for 70.5% of respondents, though one-third (33.6%) required a Japanese language interpreter. While 51.7% reported undergoing annual health checkups, only 2.5% reported to have gone for mental health consultations.

Table 2. Health related behavior and characteristics

Characteristics	Frequency (n = 393)	Percent
Current health status		
Excellent/Very good/Good	350	89.1
Fair/Poor	43	10.9
Current mental health status		
Excellent/Very good/Good	347	88.3
Fair/Poor	46	11.7
Alcohol consumption		
Everyday	13	3.3
2-3 times a week	48	12.2
At least once a week	52	13.2
Less than once a week	101	25.7
Never	179	45.6
Japanese Health Insurance card holder		
Yes	380	96.7
No	13	3.3
Regular payment of premium of health insurance		
Yes	346	88.0

No	47	12.0
First place to visit when ill		
Clinic	207	52.7
Hospital	105	26.7
Local pharmacy	34	8.7
Public health center (Hokenjo)	12	3.1
Home treatment	30	7.6
Others	5	1.3
Accessibility to health care (doctors/health worker)		
Yes	277	70.5
No	116	29.5
Need Japanese language interpreter for clinic/hospital visit		
Yes	132	33.6
No	261	66.4
Had Mental health consultation in past 6 months		
Yes	10	2.5
No	383	97.5
Annual check up		
Yes	203	51.7
No	190	48.4

Table 3. Table 3 showed the access to health care and treatment history where, 58.3% reported having access to HIV/STI testing in Japan, while only 23.2% knew where to get tested for HIV/STI and 31.3% for mental health counselling. The testing history showed 91.5% never had undergone HIV/STI testing in Japan, but 39.95% were willing to seek mental health consultation. For future testing, 14.3% expressed a definite interest in HIV testing and 11.5% for syphilis testing within a year.

Table 3. Access to health care and treatment history

Variables	Frequency (n = 393)	Percent
Access to HIV/STDs to testing in Japan		
I do not know	56	14.3
No	108	27.5
Yes		
Know about accessing HIV/STDs testing services in Japan		

No	302	76.8
Yes	91	23.2
Know about accessing mental health counselling in Japan		
No	270	68.7
Yes	123	31.3
History of treatment for mental health in Nepal		
No	366	93.1
Yes	27	6.9
Seek mental health consultation in Japan.		
No	236	60.1
Yes	157	40.0
History of HIV/STDs test in Japan and Nepal		
Never tested	324	82.4
Tested	69	17.6
Locations in Japan accessed by individuals with a history of HIV/STDs testing (n=33)		
Health center	8	24.2
Hospital/Clinic	23	69.7
Mail-in test	2	6.1
Interest in taking HIV test in Japan within 1 year		
Not at all	188	47.8
Probably Not	87	22.1
Probably yes	62	15.8
Yes, definitely	56	14.3
Interest in taking Syphilis test in Japan within 1 year		
Not at all	207	52.7
Probably Not	83	21.1
Probably yes	58	14.8
Yes, definitely	45	11.5

Table 4 denotes the risk of HIV/STIs among the 393 participants, where 64.9% reported having had sex in the past six months, predominantly with a spouse (48.1%), 4.07% reported using social networking sites or apps, while 0.25% used gay cruising spots, 2.3% for group sex and 1.8% paid sex. For condom use 25.7% always using condoms, while 44.5% reported never using them. Self-perception of HIV and STI risk was 88.6% and 89.1% considering themselves "not at

all" at risk, respectively. Awareness of pre-exposure prophylaxis (PrEP) was limited, with 47.1% unaware of it, and 65.4% did not know of the legal implications if found to be HIV positive.

Table 4. Description of Sexual Practices, Risky Behavior and Stress

Characteristics	Frequency (n = 393)	Percent	Mean (SD)
Which of the following applies to you			
Heterosexual	262	66.7	
Non-heterosexual	131	33.3	
Social networking or posting sites for having sex in the past 6 month			
Do not use SNS	303	77.1	
Use SNS	90	22.9	
Sex in the past six months			
Did not have sex	138	35.1	
Had sex	255	64.9	
Sex partner			
Spouse	189	48.1	
Boyfriend, girlfriend, or lover	50	12.7	
Friend or sex friend	18	4.6	
Ad hoc partner	5	1.3	
Others	0	0.0	
Missing	138	35.1	
Used a social networking site, or an app for sex in the past 6 months			
Yes	16	4.1	
No	377	95.9	
Had sex in a gay cruising spot in the past 6 months			
Yes	1	0.3	
No	392	99.8	
Sex with more than one person (3 or more) at the same time in the past 6 months			
Yes	9	2.3	
No	384	97.7	
Paid a partner for sex in the past 6 months			
Yes	7	1.8	
No	386	98.2	

Was paid for sex in the past 6 months		
Yes	3	0.8
No	390	99.2
Used drugs when having sex in the past 6 months		
Yes	0	0.0
No	393	100.0
Use of condom		
Never used condom	175	44.5
irregular use	117	29.8
always used	101	25.7
Self-perception for risk of HIV		
Not at Risk	348	88.6
At Risk	45	11.5
Self-perception for risk of STI		
Not at Risk	350	89.1
At Risk	43	10.9
Know about pre-sex medication (PrEP)		
Very familiar with it	93	23.7
Don't know specifically but have heard of it	115	29.3
Don't know at all	185	47.1
Perception legally allowed to stay in Japan if you are found to be HIV positive.		
TRUE	40	10.2
FALSE	96	24.4
I don't know	257	65.4
Perceived stress scale		17.5 (4.6)
Multidimensional Scale of Perceived Social Support		47.4 (21.0)

Table 5. presents the bivariate and multivariable logistic regression analysis results of factors associated with HIV risk perception. In the bivariate analysis, participants with a bachelor's degree (OR = 0.19, 95% CI 0.07–0.50, $p = 0.001$) and those with education above a bachelor's degree (OR = 0.18, 95% CI 0.05–0.71, $p = 0.015$), having access to healthcare was associated with lower HIV risk perception (OR = 0.43, 95% CI 0.23–0.81, $p = 0.009$) were significantly less likely to perceive themselves at risk. Non-heterosexual participants (OR = 4.37, 95% CI

2.28–8.40, $p < 0.001$), and participants who were definitely interested in HIV testing (OR = 4.22, 95% CI 1.91–9.32, $p < 0.001$) were significantly more likely to perceive themselves at risk.

In the multivariable analysis, participants with a bachelor's degree (AOR = 0.28, 95% CI 0.09–0.82, $p = 0.02$), access to healthcare (AOR = 0.47, 95% CI 0.22–1.00, $p = 0.049$) associated with lower risk perception. While, non-heterosexual participants (AOR = 3.84, 95% CI 1.84–8.04, $p < 0.001$), and irregular condom (AOR = 3.49, 95% CI 1.37–8.94, $p = 0.009$), participants who were definitely interested in HIV testing (AOR = 4.09, 95% CI 1.69–9.93, $p = 0.002$) remained significantly more likely to perceive themselves at risk.

Table 5. Bivariable and multivariable analysis of factors associated with HIV risk perception

Variables	OR (95% CI)	p-value	AOR (95% CI)	p-value
Age	0.93 (0.88 – 0.98)	0.005	0.97 (0.91 – 1.03)	0.325
Sex				
Female	Ref.			
Male	0.91 (0.48 – 1.73)	0.778	0.81 (0.39 – 1.69)	0.578
Education				
Below higher secondary	Ref.			
Higher secondary	0.44 (0.19 – 1.04)	0.062	0.64 (0.25 – 1.69)	0.371
Bachelors	0.19 (0.07 – 0.50)	0.001	0.28 (0.09 – 0.82)	0.02
Above bachelor	0.18 (0.05 – 0.71)	0.015	0.35 (0.07 – 1.66)	0.185
Japanese language				
Basic and below	Ref.			
Intermediate	0.48 (0.22 – 1.05)	0.067	0.54 (0.22 – 1.37)	0.196
Native and fluent	0.58 (0.26 – 1.29)	0.181	0.50 (0.19 – 1.27)	0.143
Access to healthcare				
No	Ref.			
Yes	0.43 (0.23 – 0.81)	0.009	0.47 (0.22 – 1.00)	0.049
Stress Scale	1.04 (0.97 – 1.11)	0.278	1.06 (0.97 – 1.16)	0.204
Sexuality				
Heterosexual	Ref.			
Non-heterosexual	4.37 (2.28 – 8.40)	<0.001	3.84 (1.84 – 8.04)	<0.001
Group Sex (3 or more)				
No	Ref.			

Yes	2.27 (0.46 – 11.26)	0.317	3.19 (0.52 – 19.39)	0.208
Condom use				
Never used	Ref.			
Irregular	1.57 (0.73 – 3.35)	0.244	3.49 (1.37 – 8.94)	0.009
Always used	1.86 (0.87 – 3.99)	0.11	2.30 (0.93 – 5.70)	0.072
Interest in HIV testing				
Definitely No	Ref.			
Probably Not	1.67 (0.73 – 3.80)	0.223	1.50 (0.60 – 3.78)	0.386
Probably Yes	0.80 (0.25 – 2.49)	0.695	0.73 (0.20 – 2.66)	0.632
Yes, definitely	4.22 (1.91 – 9.32)	<0.001	4.09 (1.69 – 9.93)	0.002
Previous testing history				
Never tested	Ref.			
Tested	1.86 (0.90 – 3.81)	0.092	2.29 (0.97 – 5.42)	0.058

Table 6. presents the bivariate and multivariable logistic regression analysis results of factors associated with STD risk perception. In bivariate analysis, participants with a bachelor's degree (OR = 0.28, 95% CI 0.11–0.77, $p = 0.013$), those with access to healthcare (OR = 0.32, 95% CI 0.17–0.60, $p < 0.001$) were significantly less likely to perceive themselves at risk. In contrast, non-heterosexual participants (OR = 3.20, 95% CI 1.67–6.11, $p < 0.001$), those who had engaged in group sex (OR = 7.08, 95% CI 1.82–27.46, $p = 0.005$), participants who were definitely interested in syphilis testing (OR = 3.67, 95% CI 1.57–8.60, $p = 0.003$), and those who had previously tested for STDs (OR = 3.32, 95% CI 1.68–6.58, $p = 0.001$) were more likely to perceive STD risk.

In multivariable analysis, participants with access to healthcare were less likely to perceive STD risk (AOR = 0.202, 95% CI 0.089–0.459). Higher stress score (AOR = 1.107, 95% CI 1.007–1.217), non-heterosexual participants (AOR = 3.336, 95% CI 1.524–7.303), participants who engaged in group sex (AOR = 14.013, 95% CI 2.727–72.004), irregular condom use (AOR = 3.092, 95% CI 1.165–8.205) were associated with higher STD risk perception. Likewise, participants who were definitely interested in syphilis testing than those who were definitely not interested (AOR = 4.787, 95% CI 1.790–12.80), participants with a history of STD testing (AOR = 4.467, 95% CI 1.862–10.719) were also more likely to perceive STD risk.

Table 6. Bivariable and multivariable analysis of factors associated with STDs risk perception

Variables	OR (95% CI)	p-value	AOR (95% CI)	p-value
Age	0.95 (0.90 – 1.00)	0.031	0.98 (0.91 – 1.05)	0.5
Sex				
Female	Ref.			
Male	0.84 (0.44 – 1.61)	0.597	0.74 (0.35 – 1.58)	0.44
Education				
Below higher secondary	Ref.			
Higher secondary	0.47 (0.19 – 1.19)	0.112	0.66 (0.23 – 1.91)	0.441
Bachelors	0.28 (0.11 – 0.77)	0.013	0.41 (0.12 – 1.35)	0.141
Above bachelor	0.52 (0.16 – 1.65)	0.266	1.09 (0.25 – 4.68)	0.908
Japanese language				
Basic and below	Ref.			
Intermediate	0.64 (0.30 – 1.41)	0.27	0.85 (0.33 – 2.19)	0.733
Native and fluent	0.79 (0.36 – 1.72)	0.546	0.66 (0.26 – 1.72)	0.399
Access to healthcare				
No	Ref.			
Yes	0.32 (0.17 – 0.60)	<0.001	0.20 (0.09 – 0.46)	<0.001
Stress Scale	1.05 (0.98 – 1.13)	0.187	1.11 (1.01 – 1.22)	0.036
Sexuality				
Heterosexual	Ref.			
Non-heterosexual	3.20 (1.67 – 6.11)	<0.001	3.34 (1.52 – 7.30)	0.003
Group Sex (3 or more)				
No	Ref.			
Yes	7.08 (1.82 – 27.46)	0.005	14.01 (2.73 – 72.00)	0.002
Condom use				
Never used	Ref.			
Irregular	1.57 (0.74 – 3.35)	0.244	3.09 (1.17 – 8.21)	0.023
Always used	1.58 (0.72 – 3.46)	0.257	2.10 (0.80 – 5.52)	0.133
Interest in Syphilis testing				
Definitely No	Ref.			
Probably Not	1.75 (0.74 – 4.16)	0.207	1.26 (0.45 – 3.49)	0.664
Probably Yes	1.99 (0.79 – 5.07)	0.147	1.57 (0.51 – 4.87)	0.433
Yes, definitely	3.67 (1.57 – 8.60)	0.003	4.79 (1.79 – 12.80)	0.002
Previous testing history				
Never tested	Ref.			
Tested	3.32 (1.68 – 6.58)	0.001	4.47 (1.86 – 10.72)	0.001

Discussion:

This study highlights self-perceived HIV and STIs risk, risky sexual behavior, and stress among Nepalese migrants in Japan. Despite, 64.9% of participants being sexually active in the past six months, engagement in high-risk sexual activities such as group sex (2.3%), paid sex (1.8%), and sex in gay cruising spots (0.3%) remained low. However, condom use was inconsistent, with nearly 45% of participants never using condoms and 30% using them irregularly. Despite these behaviors, self-perceived risk for HIV (11.5%) and STIs (10.9%) was low, indicating a difference between actual and perceived risk⁽¹⁸⁾.

Key findings suggest that non-heterosexual individuals and those participating in group sex, had increased odds of HIV/STI risk perception. However, 88.6% of participants believed they were not at risk, revealing the underestimation of risk and need for targeted awareness campaigns. The survey found that 14.3% and 11.5% of participants were definitely interested in HIV and syphilis testing within a year. Additionally, individuals who had previously undergone testing were 4.5 times more likely to engage in future screenings. Participants with a definite interest in syphilis testing were also significantly more likely to pursue future testing. These findings point that despite small sample size, there are individuals interested in testing. This emphasizes the need to expand accessibility to testing services and raise awareness about sexual health among migrant populations to further encourage testing.

However, most participants lacked awareness of PrEP (47.07%) and the legal aspects of being HIV positive in Japan (65.39%). The perceived Stress Scale score of 17.52 (SD = 4.59), indicating moderate stress. While 39.95% expressed interest in mental health consultations, 68.7% were unaware of where to access these services. Stress was significantly associated with STI risk perception but not with HIV risk perception suggesting stress may compromise judgment about long-term health risks and reflect limited understanding of HIV and STIs ⁽¹⁹⁾. However, an interesting trend was observed where individuals more willing to seek mental health consultations were less likely to perceive themselves as at risk. This suggests that engagement with mental health services may be linked to improved coping mechanisms or a more optimistic view of personal health⁽¹²⁾.

Overall, despite engaging in sexual regular activity with irregular condom use, self-perceived risk remained low. This could be caused by stigma from the community which could prevent self- acknowledgement among Nepalese migrants and reduce their likelihood to seek testing or recognize their own risk, highlighting critical link between mental health and risk perception⁽²⁰⁾. Hence, future prevention efforts should integrate mental health support with risk reduction strategies to enhance prevention and overall well-being in at-risk populations.

This study is self-reported data on sexual behaviors and risk perception may be subject to social desirability and recall biases. Since, our data was collected in Kanto region, sample population may not represent the entire migrant population for generalized results. Despite these limitations, this study provides important insights into the sexual health behaviors and perceptions of Nepalese migrants in Japan. It is one of the first studies to examine factors influencing HIV/STI risk perception and mental health in this population. By identifying important areas where people lack knowledge or engage in risky behaviors, these findings will help create better programs and solutions in the future.

Conclusion:

In conclusion, the low perceived risk of HIV/STIs among Nepalese migrants in Japan is influenced by a combination of cultural norms, systemic barriers, behavioral factors, and migration-specific dynamics. Finding from this study urges the need to address language barriers, integrate mental health support, awareness campaigns, and improved access to sexual health services to address knowledge gaps and promote preventive behaviors with risk reduction strategies to enhance prevention and overall well-being.

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