Healthcare for non-Japanese residents: beyond the barriers of language and culture

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Japan Association of Medical Interpreters (JAMI)
My experience

1977 Pediatrics, The University of Tokyo
1978-86 Pediatrician, Tokyo Metropolitan Hospital
   (pediatric, neuropediatric, health center)
1986 Sumatra Health Promotion Project (Indonesia: JICA)
1990 Afghanistan Refugee (Pakistan: UNHCR Health Officer)
1996 Harvard School of
   Public Health
   (Takemi Fellow)
1999 Professor,
   Graduate School of
   Human Sciences,
   Osaka University
A health volunteer checks the body weight of a baby (North Sumatra, Indonesia)
Healthcare for non-Japanese residents: beyond the barriers of language and culture (the content of today’s presentation)

1 Statistics of non-Japanese in Japan
2 The characteristics of healthcare (focused on child health)
3 Healthcare issues for non-Japanese residents
4 Medical interpreters in Japan
5 Psychosocial support after tsunami in Japan
Trends in non-Japanese Residents in Japan (Lee)

**Number of registered foreigners**

The first year of the alien registration law 1947

Treaty of Peace with Japan 1952

Yen appreciation

Bubble economy

Alteration of the Emigration, Migration and Refugee Law 1990

“newcomers” sharply increase

“oldcomers” decrease

1991~

**Korea**

1947 - 2006

**Total**

2,084,919

598,219

* Those from all Korean Peninsula lost Japanese nationality.

# Source: Statistics for Foreign Residents in Japan
The Number of non-Japanese Residents in Japan by Nationality in 2010

- **China**: 687,156 (32.2%)
- **Korea**: 565,989 (26.5%)
- **Brazil**: 230,552 (10.8%)
- **Philippines**: 210,181 (9.8%)
- **Other**: 210,971 (10.0%)

The total number of non-Japanese residents in Japan in 2010 was 2,134,151.

# Source: Statistics for Foreign Residents in Japan
Population Pyramids of Women by Age (2005)

Source: Statistics on Minister of Internal Affairs and Communications (October 1, 2005 by estimate population) and Statistics for Foreign Residents in Japan

Japanese (n=64,586,6000)
Non-Japanese (n=1,080,357)
<table>
<thead>
<tr>
<th>YEAR</th>
<th>Total Number of Marriages</th>
<th>Both Japanese</th>
<th>International Marriages</th>
<th>Ratio of International Marriages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1981</td>
<td>776,531</td>
<td>768,774</td>
<td>7,757</td>
<td>1.00%</td>
</tr>
<tr>
<td>1985</td>
<td>735,850</td>
<td>723,669</td>
<td>12,181</td>
<td>1.70%</td>
</tr>
<tr>
<td>1990</td>
<td>722,138</td>
<td>696,512</td>
<td>25,626</td>
<td>3.50%</td>
</tr>
<tr>
<td>1995</td>
<td>791,888</td>
<td>764,161</td>
<td>27,727</td>
<td>3.50%</td>
</tr>
<tr>
<td>2000</td>
<td>798,138</td>
<td>761,875</td>
<td>36,263</td>
<td>4.50%</td>
</tr>
<tr>
<td>2005</td>
<td>714,265</td>
<td>672,784</td>
<td>41,481</td>
<td>5.81%</td>
</tr>
<tr>
<td>2006</td>
<td>730,971</td>
<td>686,270</td>
<td>44,701</td>
<td>6.12%</td>
</tr>
<tr>
<td>2008</td>
<td>726,106</td>
<td>689,137</td>
<td>36,969</td>
<td>5.09%</td>
</tr>
<tr>
<td>2009</td>
<td>707,734</td>
<td>673,341</td>
<td>34,393</td>
<td>4.86%</td>
</tr>
</tbody>
</table>
The Number of Births of Non-Japanese Parents

(Ministry of Health, Labour and Welfare)
Child births in Japan (2006)

Total Number of births: 1,104,862

- Both Japanese: 1,069,211
- non-Japanese Father: 9,423
- non-Japanese Mother: 16,834
- Both non-Japanese: 9,394

The baby with non-Japanese parent: 35,651
(3.23% of the total births)
What is Needed in Healthcare for non-Japanese Residents in Japan

Ground rule
Residents in Japan have the right to receive equal health, medical, welfare, and educational services, regardless of nationality or ethnicity.
(Yasuhide Nakamura, Maternal healthcare information, 1993)

25th article of the Japanese Constitution
[right of existence]
(1) All people shall have the right to maintain the minimum standards of wholesome and cultured living.
(2) In all spheres of life, the State shall use its endeavors for the promotion and extension of social welfare and security, and of public health
Infant Mortality Rate (IMR) in Japan and the United States

Sources: U.S. Department of Health and Human Services Ministry of Health, Welfare and Labor, Japan
Possible Explanations for Japan’s Low Infant Mortality Rate

1 Narrow socio-economic distribution
2 National health insurance
3 Maternal and Child Health Handbook
4 Population-based screening and health check-ups
5 High value placed on childbearing

National Health Insurance System

1961 National Health Insurance System started
1982 Elderly Health Law
1984 Payment 10%
1997 Payment 20%
2003 Payment 30%

National Health Insurance System is requested to be re-structured.

History of MCH Handbook in Japan

1948 Mother and Child Handbook (Boshi-Techo) (20 pages)
1966 Law of Maternal and Child Health
1996 Upgrading of MCH Handbook (72 pages)

Mother and Child Handbook in 1948
Evaluation of MCH Handbook in Japan

13,271 guardians who visited 18-month health examinations of their children

Writing rate 97.8%
Loss rate 0.9%
Bringing rate 88.2%
Satisfaction of parents 87.0%

Maternal and Child Health Handbooks for Non-Japanese Parents

Maternal and Child Health Handbooks were made in foreign languages with parallel Japanese writing
(8 languages: English, Spanish, Portuguese, Chinese, Korean, Thai, Indonesian, Pilipino)

Maternal and Child Health Handbooks are distributed from the municipal government with a free pregnancy test form at the time of pregnancy notification.
The Number of Reported Cases of Child Abuse and Neglect

Child Guidance Centers in Japan (1990-2009)

(Ministry of Health, Labour and Welfare; 2010)
Characteristics of Child Abuse and Neglect in Japan (2009)

Abuse or Neglect

- Physical: 40%
- Neglect: 39%
- Psychological: 3%
- Sexual: 19%

Age of Abused Children

- 0–3: 24%
- ’3–6: 39%
- ’7–12: 14%
- ’13–15: 5%
- over15: 3%

(Ministry of Health, Labour and Welfare; 2009)
Psychosocial support for childrearing

1. The number of newborns has decreased.
2. The reported number of child abuse and neglect has drastically increased.
3. Many parents are anxious about childrearing.
4. Child-oriented network supporting childrearing has collapsed in the community.
Four Issues of Healthcare for non-Japanese Residents in Japan

- Information/Language/Interpreting
  *Communication issues*
- Residence qualification/insurance
  *Human rights and financial issues*
- Culture/religion/customs/customs
  *Cross-cultural understanding issues*
- How multicultural/multiethnic societies should be
  *How our society should be?*
Promotion of Multicultural program
(Ministry of Internal Affairs; 2006)

1 Communication support
- information by multi-languages
- consultation services for non-Japanese
- community interpreting services

2 Livelihood support
- education, labor, disaster preparedness
- medical and welfare
  medical interpreting system should be established
Guidelines for nursing schools in Japan
6-year-old children

They should understand the people who have different culture, such as non-Japanese.
Communication Issues

Simple Japanese
- Always writing the numbers
- Writing down *kana* and alphabet along with *Kanji*

Fixed format
- Maternal and child health (MCH) handbook (1992)
- Immunization guidebook for parents (1995)

Explanations of healthcare system in Japan
- MCH system guidebook (5 languages; 2004)

Medical treatment tools on the internet
- Multilingual medical interview sheet (Yokohama)
- non-Japanese handbook for Medical institutions (Gunma)

Medical Interpreting
Cross-cultural Understanding in Japan

Health and Medical care providers should understand the unique culture associated with health and disease.

Health conception: Overdressing for health
Diet: Islam (Halal meat)
Family dynamics: Male permission necessary
Death: Religion and customs

Japanese culture on illness and health (Onuki, 1985)
Maternity belt on the day of dog
Problems of Healthcare for Non-Japanese

1. The measures of local and central governments cannot catch up with increasing permanent residents
   Pioneering approaches are limited to only a few local governments.

2. Insufficient provision of useful information on healthcare service
   Notices on pregnancy, child birth, and parental care are mostly provided only in Japanese. Helpful information (multilingual MCH Handbooks, websites, etc.) don’t reach non-Japanese.

3. Double burdens for Non-Japanese residents
   Non-Japanese with disabilities, child abuse and neglect, domestic violence in non-Japanese families have more difficulties.

4. Lack of medical interpreting system
Participation of the Non-Japanese Party

Non-Japanese proactive participation in health and medical care service is essential.

Many non-Japanese specialists are living in Japan.

The viewpoint of non-Japanese is important.

Etic view (outsider view)

Emic view (insider view)

Parents Class for non-Japanese residents in English in 1995
Demands in Medical Interpreting in Japan

Precise information on medical care
  Interactive communication from medical staff to patients, from patients to medical staff

Bridge communication gaps between patients and medical service providers
  Non-verbal communication common in Japan
  Many patients complain doctors do not listen to them (as same as Japanese patients)

Medical interpreters often substitute for medical staff at hospital

Show how to utilize healthcare/welfare system

Support patients as a counselor
### Doctors’ Approach to Language Issues

\( n=155, \text{ Multiple response} \)

<table>
<thead>
<tr>
<th>Measures</th>
<th>Number of people</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gestures or writing</td>
<td>106</td>
<td>68.4</td>
</tr>
<tr>
<td>Ask to accompany an acquaintance to act as an interpreter</td>
<td>104</td>
<td>67.1</td>
</tr>
<tr>
<td>Request NGOs or volunteers for interpreting</td>
<td>11</td>
<td>7.1</td>
</tr>
<tr>
<td>Request public interpreting service</td>
<td>1</td>
<td>0.6</td>
</tr>
<tr>
<td>Others</td>
<td>16</td>
<td>10.3</td>
</tr>
</tbody>
</table>

(Takahashi, Nakamura: 2010)
### Capacities of Interpreters expected by medical doctors

*(n=155, Multiple response)*

<table>
<thead>
<tr>
<th>Details</th>
<th>Number of people</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis, treatment and medication policy</td>
<td>101</td>
<td>65.2</td>
</tr>
<tr>
<td>Medical history taking</td>
<td>97</td>
<td>62.6</td>
</tr>
<tr>
<td>Accurate interpretation on medical terminology</td>
<td>35</td>
<td>22.6</td>
</tr>
<tr>
<td>Explanation on medical insurance system</td>
<td>35</td>
<td>22.6</td>
</tr>
<tr>
<td>Others</td>
<td>4</td>
<td>2.6</td>
</tr>
</tbody>
</table>

*(Takahashi, Nakamura: 2010)*
Portuguese interpreters introduced

Itoh, Nakamura; 2004
A Portuguese Interpreter working at child health examinations

**Her Background:**

Third generation of Japanese living in Brazil. After graduation of senior high school, she came to Japan. Her husband is Brazilian.

**Training:**

No specific training. She learned by herself. She has attended the seminars at hospital.

**Practice:**

Interactive communication from medical staff to patients, from patients to medical staff

Explanation of medical system in Japan

Consultation on family of the patients
Current Situations of Medical Interpreting in Japan

Hospitals, Clinics, Healthcare centers
- Doctors and nurses who speak non-Japanese languages
  (dual interpreter: a very few number)
- non-Japanese doctors and nurses
  (The license in Japan requires the capacity of Japanese)
- Medical interpreters (full-time, part-time, volunteer)
  Japanese good at foreign languages
  Foreigners good at Japanese

Training sessions for medical interpreters
- NGOs, local governments, international associations
- Lectures at universities

IT-based medical support models for non-Japanese
- Phone interpreting
- Video interpreting
- Remote interpreting
The Needs of medical Interpreting

The philosophy of medical interpreting
1. Providing an equal level of healthcare and welfare services as the Japanese
2. Basic human rights for living a healthy life
3. Securing the safety of tourists visiting Japan.

The need of professional interpreters
1. Precise explanation of patient history, chief complaints, diagnosis, and treatments
2. Informed consent for patients with severe diseases
3. Manuals and leaflets are insufficient if used alone.
Japan Association of Medical Interpreters (JAMI)

Objectives

Professional interpreters with a deep knowledge in medical care are needed to provide non-Japanese speaking non-Japanese with an equal level of medical care service as Japanese.

Efforts are necessary to develop systems to guarantee proper remuneration and status of medical interpreters as well as to enhance their proficiency.

Opening Conference at Osaka University in 2009.
We have learned from International Medical Interpreting Association (IMIA)
Rules of Japan Association of Medical Interpreters

Activities

1. Establish a nationwide network and exchange information on medical interpreting
2. Accumulate knowledge on medical interpreters through EBM (Evidence-Based Medicine)
3. Establish ethical codes for medical interpreters
4. Prepare training guidelines and instructions for medical interpreters
5. Exchange information and opinions on the websites
6. Advocate the necessity and importance of medical interpreters
7. Make efforts to establish a certification system for medical interpreters in future
STAKEHOLDERS in Medical Interpreting

Non-Japanese

Governments (MOH, local)

Education (Universities, training companies)

Medical interpreters

Community (Family, Friends, Neighbors)

NGO, Embassies, International Associations at local levels

Hospitals/ Clinics (doctors, nurses, pharmacists etc.)

Health centers (examinations, immunizations)
Evidence-Based Medicine (EBM) on Medical Interpretation

Knowledge on non-Japanese residents
- Demographics and socio-economic indicators by nationality
- Disease specific incidence, healthcare practice
- Access to medical information and treatment

Non-Japanese patients at medical institutions
- Medical statistics
  (outpatient and inpatient by nationality)
- Satisfaction for medical service
- Medical check-up consultation rate, vaccination rate

Impact and effectiveness by medical interpreters
- Satisfaction and costs in cases with or without medical interpreters
- Evidence of accuracy of interpreting
- Case report of success and failure (especially lessons learned)
Expectation for Japan Association of Medical Interpreters

Mix to create something new (campur)
achievement by medical interpreters, local governments and NGOs
a platform where medical interpreters, health professional, governments and NGOs get together

Move ahead while thinking
Develop gradually while listening to the opinion of medical interpreters. (Bazaar system)

Involve the existing organizations
Medical doctors, Nurses, Hospitals
Ministries and Local government
Medical tourism is a newly global practice of travelling across international borders to obtain
Thailand 1.4 millions (2008)
South Korea (one of national new industries)

Japan
Ministry of Economy, trade and Industry (METI) and Japan Tourism Agency have promoted medical tourism.
- Special VISA for medical treatment for 6 months
- training course at a Foreign Language University
Building Back Better in the Great East Japan Earthquake
Rikuzen-takata and Kesenmuna
Support from All Over the World

124 countries, areas, or organizations
17.5 billion Japanese Yen (as of August 2011)
USA (specialists, food, non food items from USAID, Army, NGO)
Sri Lanka (teabags)
Vietnam (underwear, chopstick)
One of each support was full of sympathy and solidarity which greatly moved Japanese people.

Isreali Medical Center (MinamiSanriku南三陸町)
60 medical staff with medical interpreters
The Situation after one month
(Health care conference at Rikuzen-takata 陸前高田市)

Total Population  24,246
death/missing  2,090 (8.6 %)
School Children  1,627
death/missing  19 (1.2 %)

The reasons for less casualties
1 Time of Earthquake at 14:26 in the afternoon
2 Education on disaster preparedness
3 Many schools are located on the hill

Living Situation after 1 month of the disaster

- Home: 58%
- Evacuation: 14%
- Friend house: 15%
- Outside: 8%
- Others: 5%
Psychosocial support for children who lost parent

<table>
<thead>
<tr>
<th>AREA</th>
<th>children who lost parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>IWATE</td>
<td>479</td>
</tr>
<tr>
<td>MIYAGI</td>
<td>712</td>
</tr>
<tr>
<td>FUKUSHIMA</td>
<td>139</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,330</td>
</tr>
</tbody>
</table>

Financial support for the family (by governments, private companies and NPOs)
Counseling by specialists (Clinical psychologists, psychiatrists)
Peer-counseling by people who had lost parent in Kobe earthquake
Reconstruction and Rehabilitation

Taking a bath is one of the most important psycho-social support in Japan.

Left: Junior high school children baseball team
Right: Play space for Children
Lessons without Borders experience in global setting adopted for reconstruction

RikuzenTakata

The city hall with all equipment and health information was lost. How to prepare the refrigerator for immunization without electricity? How to inform the health examinations without the address of the families with infants?

Refrigerator for developing countries in RikuzenTakata

The poster for immunization
Japan has successfully developed a thriving, modern, high-tech society, while celebrating many elements of its traditional culture.

This gallery explores how continuity and change have shaped Japan’s past and present, and its relationships with the rest of the world.