

審査の結果の要旨

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This thesis aimed to examine the predisposing, enabling and need factors associated with perceived access and unrealized access to health care among Nepalese migrants in Japan. I also examined the association of those factors with their perceived access and unrealized access to health care, when several key factors are combined with each other.

I conducted this cross-sectional study in 10 prefectures of Japan, where most of the Nepalese are residing. I measured their perceived access to health care by asking if they currently have proper access to a doctor/health worker. I measured unrealized access to health care by asking if in the past year, they needed to see a doctor/health worker for an illness but did not. For predisposing factors, I asked questions on socio-demographic characteristics such as sex, age, marital status, ethnicity, and educational status. I assessed the enabling factors by asking questions about their employment status in Japan, payment of the health insurance premium, their need of a Japanese language interpreter during the visit to health facility, and perceived social support. I measured the need factors by asking questions on self-rated health status and common mental health problems.

The key factors associated with migrants' better access to health care were longer length of stay (predisposing factor), not needing a Japanese language interpreter during visit to health facility and paying the health insurance premium regularly (enabling factors), and self-rated health status as good or very good or excellent (need factor). The migrants were more likely to perceive better access to doctor/health worker (AOR=8.32, 95% CI 3.48-20.51) when they had all the three key factors, compared to those who had none of them. They were also less likely not to see doctor/health worker when needed (AOR=0.12, 95% CI 0.03-0.55). They were more likely to perceive better access to doctor/health worker (AOR=4.25, 95% CI 1.67-11.31) when they had key predisposing and enabling factors, compared to those who had none of them. They were also less likely not to see doctor/health worker when needed (AOR=0.17, 95% CI 0.04-0.81). Furthermore, they were more likely to perceive better access to doctor/health worker (AOR=3.23, 95% CI 1.57-6.63) when they had key enabling and need factors, compared to those who had none of them.

Nepalese migrants in Japan were more likely to have better perceived access and less unrealized access to health care when they had all the three key predisposing, enabling and need factors, compared to those who had none or either two of them. Moreover, the key enabling factors had more important roles than key predisposing or need factors when combined with either of them. Such key enabling factors were language skill and health insurance.