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ANALYSIS OF 499 BRAZILIAN *DEKASEGI* LIVING IN JAPAN: THEIR PROFILE, OCCUPATIONAL FEATURES AND HEALTH PROBLEMS

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KeyWords

Accidents at work, Dekasegi, Immigrants, International Social Medicine, Health Problems, Occupational Health, Occupational Stress.

ABSTRACT

Introduction: From 80´s decade, an inverse migratory process to Japan has started due to the Brazilian economical crisis. These migrants were denominated as *dekasegi*, going out from their homeland to accumulate capital. With this process, health problems has been emerging in this migrant population. Objective. To study the profile of *dekasegi* who have visited Generate Consulate of Brazil in Nagoya, Japan in 2000 complaining a health problem. Methods. A questionnaire was administered to analyse features, work conditions, disease and accident experiences. Results: We studied 499 cases, 260 (52.1%) male and 239 (47.9%) females with a mean age of 36 years (range: 18-65 years). Most had Brazilian citizenship (N = 465, 93.18%). Concerning the level of education, the majority of cases (N = 279, 55.9%) had secondary school education. Regarding the type of work, comparing the sex distribution, construction had more male cases (60, 23.07%) while in the field of services, they had more female cases (N = 108, 45.19 %) employed. About 92.78% had health insurance. Considering working conditions, the average number of working hours was 10.2 hours. 240 cases (48.1%) reported support in the workplace from the part of management, 200 cases (40.08%) reported poor conditions of work, 175 cases (35.07%) performed heavy manual labor, 144 cases (28.86%) has worked with exchange of shifts, and 17 cases (3.41%) reported environmental hazard. Regarding the classification of disease by medical specialty, there were reports of 154 cases (30.86%) of Internal Medicine, 105 cases (21.04%) of Cardiology, and others. 24 cases

(4.81%) suffered an accident in Japan. Conclusion. This study reported that some health issues may be related to the stress aggravated by working conditions. Moreover, *dekasegi* have been living more than 6 years in Japan. This population has been aging. As consequence, health problems have been growing. However, further studies are needed for better clarify.

INTRODUCTION

Dekasegi (出稼ぎ) is a term formed by the union of the ideograms of the Japanese language ("deru"-出る: to leave and "kasegu"-稼ぐ: to work, earn money working), meaning "working away from home" and designating anyone who leaves his homeland to work temporarily in another country or region inside the country. For example, when Japanese workers leave their homes to work in Tokyo or Osaka, they are also called "*dekasegi*". Japanese Brazilians, Japanese-Peruvians and all who emigrate to Japan, whether or not they have Japanese ancestry, are called *dekasegi* (Higuchi, 2006).

From the end of the 80s, there was an inversion of the migratory flow between Brazil and Japan. Brazilian descendants or Japaneses's spouses or husbands started to emigrate to Japan in search of better job opportunities. Then, the community of Brazilian dekassegis emerged in Japan. By the 2000s, there were approximately 250,000 Japanese Brazilians in Japan (Shipper, 2002). It was the largest immigrant population, when compared to others. However, because they were immigrants, they occupied a low social position, being employed as manual workers, discriminated for having a lower cultural level (Tsuda, 1998, 2003). Many of them were stereotyped as children of parents who failed due to the fact that they migrated back as workers (Tsuda, 1998, 2003). Children of parents who got success usually returned as researcher or undergraduate students. Thus, with racial discrimination, workers, often with the appearance of Japanese, experienced stressful situations at work because they sometimes did not know how to read or communicate in order to be able to work better.

If, on the one hand, technology allows man to be freed from the heaviest and most dangerous jobs, on the other hand, the technological process has taken to totally different worlds of work. A local portion of the world population is under-employed or working under conditions that can potentially affect health and well-being. Another portion of workers dedicates an excessive number of hours to labor demands and has a general feeling of insecurity, uncertainty and fear of losing their job and its benefits. Unemployment is another strong risk factor for physical and mental health problems due to the survival needs, compounded by the fact that they are living in a foreign country. Furthermore, the fear of unemployment leads to acceptance of the intensification of workload.

A large majority of workers suffered, suffer or will experience situations of dissatisfaction, emotional exhaustion, feelings of injustice and interpersonal conflicts in the work environment. For Walton (1973), the frustration, monotony and irritation, usual to unmotivated employees can generate high costs for individuals and the organization. Thus, many employers try to control their own and workers' discontent. It is a complex problem due to the difficulty of isolating and identifying all factors that interfere with the worker's quality of life.

Work can have a positive or negative effect on health. The question is: How does work affect Mental Health? Remembering that, on the one hand, work is a source of personal satisfaction, the development of interpersonal relationships and financial security (the prerequisites of good mental health). On the other hand, the lack of work or unemployment can cause negative effects on health. The unemployed has double depressive symptoms as well as double of clinical diagnoses of depression.

Living in a foreign country is always a challenge. Working and surviving in a foreign country are even greater challenges due to the language barrier. The workload needed to have a better wage is sometimes incompatible with physical limits. In Japan, when working overtime, the remuneration is usually higher. For this reason, some workers end up developing work-related illnesses due to heavy workload, type of work and the shock of cultures of having to live in a foreign country (Morioka, Saito, 2000).

The aim of the present study was to study the profile of the *dekasegi* who searched the Brazilian Consulate in Nagoya in 2000 who had any complaints of health problems.

Materials and Methods

Questionnaires were carried out to some *dekasegi* who went to legalize bureaucratic activities in 2000 at the Consulate of Brazil in Nagoya, which was located in the province of Aichi, Japan, which concentrates the largest number of Japanese-Brazilians (Morioka, Saito, 2000).

Profile of the dekasegi.

They were asked: age, sex, nationality, education level (primary, fundamental, higher), Japanese language proficiency, cohabitation, social or private insurance, period of residence in Japan, type of work (industry, construction, services, others).

Working conditions.

They were analyzed: workday, workload, supportive relationships at work by their superiors or co-workers, unsafe working conditions, environmental occupational risk, workshift, heavy manual work, racial discrimination in the workplace and monthly wage.

Health status.
Concerning health conditions, the following were analyzed: experience of illness and/or accident in Japan. The questionnaires were written in Portuguese and they were applied with the help of a volunteer doctor and a volunteer psychologist, who speaks Portuguese and Spanish. Incomplete questionnaires or cases where they were filled out as "never having had an illness" were excluded from the study.

Informed consent.
All people who answered the questionnaire signed an Informed Consent Form, which stated that all information would be kept confidential and would be used for research purposes.

Ethic.
The questionnaire was approved by the Ethics Committee of University of Toyama.

Results

Profile of the cases.

A total of 499 cases were studied, of which 260 (52.1%) were male and 239 (47.9%) were female, with a mean age of 36 years (range: 18 to 65 years). The majority had Brazilian nationality (N=465, 93.18%). Considering the level of education, most cases (N=279, 55.9%) studied in fundamental school, 94 cases (18.8%) studied in primary school, and 105 cases (21.04%) studied in higher education. Regarding the proficiency of the Japanese language, the majority had regular fluency (N= 49, 29.85%). 136 cases (27.25%) had good fluency, 105 cases (21.04%) had excellent fluency, and 98 cases (19.64%) considered themselves to be insufficiently fluent. 366 cases (73.34%) lived with partner. Concerning the period of residence in Japan, 197 cases (39.48%) had more than 6 years of stay. The distribution regarding the other periods varied between 8.61% to 12.42%, being homogeneous. Considering the type of work, comparing the distribution by sex, in construction, there were more cases of males (N=60, 23.07%) when compared to cases of females (N=42, 17.57%), while in the area of Services, there were more female cases (N = 108, 45.19%) when compared to male cases (N = 6, 36.9%). Most had a health insurance (N = 463, 92.78%), 384 cases with social insurance (N = 76.95%) and 79 cases with private one (15.83%) (Table 1).

Table 1.Profile of *dekasegi*

	Male	%	Female	%	Total (%)
Age (years)					
18-25	75	28.84	50	16.73	25.05
26-35	67	25.77	58	24.27	25.05
36-45	40	15.38	41	17.15	16.23
46-55	38	14.62	32	13.39	12.02
56-65	40	15.38	58	24.27	19.64
	260	100	239	100	
Nationality					
Brazilian	239	47,9	226	45.3	93.18
Japanese	16	3,21	7	1.4	4.61
Others	5	1	6	1.2	2.20
Level of education					
Primary	35	7	59	11.8	18.84
Secondary	149	29,85	130	26	55.91
High	55	11,02	50	10.02	21.04
Japanese language proficiency					
Fluency	52	10.42	53	10.62	21.04
Good	68	13.62	68	13.62	27.24
Regular	91	18.24	58	11.6	29.84
Insufficient	28	5.61	60	12.02	17.63
Presence of partner (living with someone)					
No (alone)	85	17	48	9.62	26.62
Yes	175	35.1	191	38.3	73.34

Health Insurance					
Yes					
- Social Insurance	210	80.76	174	72.8	76.95
- Private	41	15.76	38	15.9	15.83
No	9	3.46	27	11.3	7.21
Length of stay in Japan					
< 2 years	50	19.23	43	17.99	18.63
2 years and 1 day - years	23	7.3	22	9.2	9.01
3 years e 1 day – 4 years	34	13.08	28	11.72	12.42
4 years e 1 day– 5 years	24	9.23	35	14.64	11.82
5 years e 1 day – 6 years	20	7.7	23	7.3	8.62
> 6 years	109	41.9	88	36.82	39.48
Field of work					
Construction	60	23.07	42	17.57	20.44
ndustry	52	20	48	20.08	20.04
Services	96	36.9	108	45.19	40.88
Others	52	20	41	17.15	18.63
	260		239		

Working conditions.

The average workload was 10.2 hours (range: 6-14 hours). 240 cases (48.1%) reported support in the workplace by the company's management, 200 cases (40.08%) stated precarious conditions in the workplace, 175 cases (35.07%) performed heavy manual labor, 144 cases (28.86%) referred shift work and 17 cases (3.41%) pointed out environmental occupational risk. Racial discrimination at work was mentioned by 184 cases (36.87%). The average monthly wage was 284,500 yen (Table 2).

Table 2. Work conditions

	N	%
Worktime	10.2 hours (6-14 hours)	
Workload	75	15.03
Supportive relashionship at work	240	48.1
Unsafe work conditions	200	40.08
Environmental occupational risk	17	3.41
Workshift	144	28.86
Heavy manual work	175	35.07
Racial discrimination at work	184	36.87
Wage (yens)		
< 100,000	29	5.81
100,000 – 199,999	45	9.01
200,000 – 299,999	167	33.46
300,000 – 399,999	124	24.85
400,000 – 499,999	59	11.82
500,000 – 599,999	42	8.41
>600,000	33	6.61
Accident		
Yes	24	4.81
No	475	95.19

Table 3. Experience with health problems by specialty

	N	%
Internal Medicine	154	30.86
Gynecology and Obstetrics	121	24.24
Cardiology	105	21.04
Gastroenterology	102	20.44
Psichiatrics and Psychology	96	19.24
Ortopedics	93	18.64
General Surgery	46	9.22
Pneumology	43	8.62
Oncology	20	5.01
Othorhynolaringology	25	2.7
Ophthalmology	24	2.3
Others	10	0.3
	839	

Health status.

Concerning the classification of illness by medical specialty, there were reports of 154 cases (30.86%) of Internal Medicine, 121 cases (24.24%) of Gynecology and Obstetrics, 105 cases (21.04%) of Cardiology, 102 cases of Gastroenterology (20.44%), 96 cases (19.24%) of Psychiatry and Psychology and 93 cases (18.64%) of Orthopedics. Regarding the incidence of accidents in Japan, 24 cases (4.81%) suffered accidents in Japan (Table 3). About 29% of cases rated their health status as “average” or “poor”.

Table 3. Experience with health problems by specialty

	N	%
Internal Medicine	154	30.86
Gynecology and Obstetrics	121	24.24
Cardiology	105	21.04
Gastroenterology	102	20.44
Psichiatrics and Psychology	96	19.24
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General Surgery	46	9.22
Pneumology	43	8.62
Oncology	20	5.01
Othorhynolaringology	25	2.7
Ophthalmology	24	2.3
Others	10	0.3
	839	

Discussion.

Stress at work is defined as an alarm of physical and emotional responses that occur when the requirements of the job do not match the skills, resources and needs of the worker. It may lead to poor health and even cause accidents. Allied to this fact, let us imagine foreigners with the appearance of local natives (Brazilians with Japanese facial features in Japan). Foreigners, because they grew up in a Western culture, although many Eastern traditions and culture were maintained by their parents, grandparents and ancestors, however their face kept oriental lines. Most of times, they are confused as Japanese people. People talk to them thinking that they are proficient in Japanese language.

In the present study, the majority were of Brazilian nationality because this study was performed in the Consulate of Brazil. "Non-Brazilians" were partners of "Brazilians". Considering the level of education, the majority carried out the study at the fundamental level, coinciding with the population served in the “*Disque Saúde*” (Dial Health) - Volunteer Program of the Consulate of Brazil in Nagoya that meets the daily living and health problems (Morioka, Saito, 2000).

Regarding the length of stay in Japan, the 197 cases (39.48%) reflect the picture of *dekasegi* choosing to stay in Japan due to Brazilian economic instability, lack of plans to improve their education and security policies in Brazil. The hotel workers and caregivers for the elderly are lacking labors. This fact may be associated with the granting of an entry or stay visa for workers over the age of 55 years. Although they present culture shock, it is believed that when an immigrant manages to overcome the obstacles of living in a foreign country for more than five years, he is considered as a “colonizer” (settler). As they are older workers, maturity can be a decisive factor in supporting/overcoming some cultural conflicts. There are also cases of workers who started a family in Japan and the local culture has been absorbed by their children. They reported that they could not return to Brazil because their children liked to study and live in Japan and that they would have difficulties studying in Brazilian schools. Living with a partner, family, friends are

important factors for the workers' mental health. Moreover, it can be important in the decision to stay longer.

Heavy manual labor in civil construction (buildings, railways, highways) and industry (automobile, shipbuilding) employ more male labor due to the fact that it is heavy manual labor and the need of workshift. Moreover, this fact and the high risk of accidents ("3Ks") explain why this market share best remunerates its employees. On the other hand, the service sector, which includes the hotel chain, caregivers, "bento" (lunch box) companies, has more female workers, although the companies also operate 24 hours a day. This sector is the one with the lowest remuneration. In fact, the wage of female labor is about 20 to 30% lower than that of male labor. What differentiates the high incidence of labor in this segment is that the work tends to be lighter, that means that worker does not "take weight" and the job advertisements are directed to this profile.

The fact for the worker to have a health insurance is usually a requirement of the Japanese Labor Laws. When the patient/user makes use of the assistance (medical appointment, complimentary exams, hospitalization) and medications, he pays a co-participation of 20 to 30% of the invoice amount. In case of a prolonged hospitalization due to clinical or surgical pathology, the City Hall analyzes the debt payment on a case-by-case basis. In this case, the co-participation is deducted from the wage.

The average workload was 10.2 hours (range: 6-14 hours). Workers are usually happy to work overtime because the pay is higher and there is still the nightly surcharge. However, part of these same workers are those who tend to have gastroenterological, orthopedic and psychological health problems.

Interestingly, regarding intellectual discrimination at work reported by some cases, there was a correlation between respondents who had a university degree and/or good fluency in the Japanese language. What cannot be concluded is that this really happens frequently or the fact that they are dissatisfied because they have a higher level of education and have to work with manual labor or because they have a critical capacity due to intellectualization.

There was an incidence of 21.04% of Cardiology. Most reported pathologies such as systemic arterial hypertension and hypercholesterolemia. This may be related to stress, although some Brazilians tend to maintain the Brazilian eating habits and Japan is a reference in fish. Another fact is that the Brazilian *dekasegi* are aging. Therefore, they develop pathologies typical of their age. Problems of Gastroenterology (20.44%) coincides with previous data (Morioka, Saito 2000). Symptoms can be related to changes in eating habits due to food prices and excessive work hours, where they are forced to eat fast. In workshift there is an inversion of the type of food due to the time. For example, the person can eat dinner when it should be breakfast. Some cases reported a correlation with the "nervous and anxiety" that they experience because they cannot answer and quit to avoid being discriminated at workplace or even in daily life. Others related that they had "nervous diarrhea" diagnosed as Irritable Bowel Syndrome. Part of these workers have never had similar symptoms in Brazil. There was a 19.24% report in Psychiatry and Psychology. This may reflect the stress that *dekasegi* have been experiencing in Japan. These have been reported mostly by dekasegis who live between two to four years. Some of them reported that the greatest stress is not work, it is not Japan, but the fact that they are unable to have the strength and braveness to return to their home country and have no one to talk to. Some of them had sleep disorders, with insomnia. As a solution, some reported that they asked to change shifts.

Considering the incidence of accidents in the present study, the majority reported that they usually occur in the first six months, believing it to be due to the adaptation of the time zone and the difficulty of understanding the Japanese language. Unfortunately, there were cases where there was loss of limb, being an irreparable injury, from the physical and psychological point of view. An extremely simple detail that can be the cause of an accident is that the taps and covers, for example, turn on the opposite side to be opened. The doors of homes and offices open "outwards". The driver's side and street lanes are on the opposite side, as in England. This would be an important component to be discussed, since it would not only be the type of work, the workload, the relationship at work, the elements that cause stress, but the fact of dealing with the stress of living in a foreign country with all its physical, geographic, economic, cultural and linguistic differences that could influence as causal agents of accidents.

Currently, the Japanese economy continues to employ Brazilians as labor due to its low cost. They have lack of manual workers. And they are aware that Brazilians would have a better physical capacity than other foreigners, in addition to having the facility to learn the Japanese language, since at some stage in life, most have had contact with it. Proportionally, Brazil is the country in Latin America where there was the highest migration rate in the past, followed by Argentina, Peru and Bolivia.

Some workers have a high income. However, this also does not guarantee that they are not likely to get ill. What is not understood is why some of them even receiving such a high income and sick, they cannot remember their primary dream of returning to Brazil. It would be necessary to study whether the same process of non-return of immigrants to the homeland as occurred in Brazil in the past has been being repeated today.

The present study reported that some health problems are related to stress that can be related to working conditions. *Dekasegi* who have remained in Japan for more than 6 years are becoming settlers and maybe will not return to homeland. The population of *dekasegi* is aging and with it, health problems. However, studies in the future will be necessary for further clarification.

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