

SOCIAL CONSTRUCTION OF HEALTH INEQUITIES: A CRITICAL  
ETHNOGRAPHY ON DAY LABOURERS IN JAPAN

by

Makie Kawabata

A thesis submitted in conformity with the requirements  
for the degree of Doctor of Philosophy  
Graduate Department of Nursing  
University of Toronto

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## Social Construction of Health Inequities: A Critical Ethnography on Day Labourers in Japan

Doctor of Philosophy  
Makie Kawabata  
Graduate Department of Nursing  
University of Toronto  
2009

### **ABSTRACT**

Although evidence of health inequities abound, why people in lower socio-economic classes have poorer health has not been sufficiently explored. The purpose of this study is to examine day labourers' pathways to health inequities in a segregated, urban district in Japan. Critical ethnography was employed to investigate day labourers' social environments and cultural behaviours in order to reveal the ways that social inequalities embedded in mainstream society and the day labourers' sub-culture produce and sustain day labourers' disadvantages, leading them into poorer health than the average population. Data were collected through observations of day labourer's daily activities, events within the district and their interactions with social workers at a hospital. In addition, interviews were conducted with 16 day labourers and 11 professionals and advocates. The study found several components in the pathways to health inequities of day labourers. First, certain people in Japan are ostracized from the social, economic and political mainstream due to an inability to enact traditional Japanese labour practices. Commonly such exclusions make men become day labourers to survive. In a day labourer district, they are exposed to further social inequalities embedded in the work system and their living circumstance. Living and working as a member of the day labour community, they develop collective strategies in order to survive and preserve their social identities as day labourers. However, such strategies do not provide people with opportunities to lead healthy lives. The study also identified several social

determinants of health for day labourers, including: 1) employment, 2) working conditions, 3) temporary living, 4) housing quality, 5) social networks and support, 6) marginalized neighbourhood, 7) access to health care, and 8) gender. The findings contribute to a better understanding of social construction of health inequities, which provides insight on the impact of precarious work in the Japanese society at large. Implications of these findings for public health policy and practice are also discussed.

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## INTRODUCTION

### *Quest for a New Horizon*

In recent years, industrialized countries have faced burdensome pressures on their health care systems from treatment of non-communicable diseases (Braun & Heal, 2004; Nakajima, 2006). For instance, in 2002, approximately 30 percent of all health care expenses in Japan were to treat non-communicable diseases (Health Sciences Council the Ministry of Health, 2005). The government has tried to create a public health policy to encourage citizens to maintain healthy lifestyles throughout their lives. The assumption behind this individual lifestyle modification approach is that people can stay healthy with individual effort. However, evidence of social inequalities in health has been uncovered by numerous researchers around the world. The individual behavioural approach alone is no longer considered sufficient to improve public health (R. G. Wilkinson, 1996) and has even been criticized in the literature (T. H. MacDonald, 1998). Nonetheless, Japan remains far behind current movements integrating the concepts of social determinants of health and health inequities into public policy. Current national policy for non-communicable disease prevention adheres rigidly to the bio-medical model and has paid little attention to socio-economic factors. WHO documents such as the Ottawa Charter could potentially foster change in Japan, but the social context seems intolerant to the underlying philosophy and concepts such as social justice and community empowerment.

As a faculty member in community health nursing in a Japanese university, I tried to grasp the concepts and principles of health promotion and incorporate them into teaching materials and public health nursing practices. However, the then existing translations into Japanese and their explanations did not allow me to fully understand what health promotion really means. My awareness of these limitations led me to study in Canada to expand my horizons and to enhance my knowledge about health promotion. Starting my PhD work in the Faculty of Nursing, University of Toronto in 2001, I was exposed to several concepts and philosophies relevant to health promotion. I came to realize that concepts of social justice, equity, and power were underappreciated in Japanese public health research and practice.

In the early period of my study in Canada, having been a positivist researcher for years while working in a Japanese university, I found my ability to comprehend these differences in understanding of health promotion was limited. I had previously viewed culture as a fixed entity inherent in people. This narrowly defined idea of culture increased my frustration with being unable to find a way to adapt the principles of health promotion into the Japanese context.

However, as I explored different paradigms for knowledge production, social constructionism cast a new light on my understanding of the Japanese context. I realized that understanding was not a result of cultural differences but of the social contexts that contribute to develop different norms and values. At this point, my approach became clear: what I should do was to examine the mechanisms and structural influences that shape Japanese health promotion rather than compare western health promotion to the Japanese model.

Moreover, critical theories helped me understand one of the quintessential notions of health promotion, “power.” Laverack (2004) identified the most commonly referenced idea of power as “one person having influence and mastery over another.” Power can also be seen as a process in which some people in privileged positions work to establish social norms and values, as well as laws and practices, to benefit themselves without regard to their potential negative effects on other social groups. From this perspective, national policy can be understood as a mechanism for social control. This perspective led me to question the current public health policy and its impact on practices; public health nursing practices may be affected by these power relationships.

With these new perspectives, I chose day labourers for my study participants because they are the large number of vulnerable populations in contemporary Japan. They do not receive sufficient public health services and their health status appears far below average. The most problems reside in the population that was completely ignored by mainstream society. Their situation seemed overwhelmingly intractable. However, my few years study in Canada evoked my sense of responsibility as a public health nurse and researcher to challenge the structural “power” that caused and sustains this problem.

To move forward, I needed to resolve one more problem; the conceptualization of health inequalities and inequities. “Inequalities” and “inequities” were not familiar terms to Japanese public health professionals and researchers until recently. I wondered why people in the West framed health problems as resulting from inequalities or inequities instead of just discussing treatments for conditions. Comparing social justice, which emphasizes that people have equal rights, to my own values, I realized how the Japanese social hierarchy affects people’s understanding of social justice and their uncritical acceptance of the social hierarchy as inevitable in order to sustain harmony and social stability in society. The lifetime employment system with seniority-based promotion also helped to re-enforce this value; it was deeply internalized into my psyche throughout my life and it was reasonable to accept the concept of treating people differently based on their social status. Through this critical reflection, I began to question the legitimacy of that value.

After I started studying in Canada, the Japanese economy shifted dramatically. Economic reform took place and the conservative government endorsed economic development as the primary objective of government policy (Nakano, 2006; Tachibanaki, 2006; The Ministry of Health Labour and Welfare, 2006a). These new policies widened Japanese income inequality (Sato, 2000). In 2006, the conservative movement finally admitted the gap was part of its political agenda. Japan is no longer an equal society and can no longer hold the conventional values that we did before, and in fact people started expressing their unmet needs under the current situation. Both the current new labour movement initiated by youth (Amamiya, 2007) and the reported random murders committed by dispatched daily workers (Onishi, 2008) could be seen as expressions of their feelings of unfairness in an unequal world. In the current context, I think that the concept of health inequities can be of great help in Japan for people to understand the structural influences affecting their lives.

Having acquired these new perspectives, my goal is to produce new knowledge to contribute to the academic field and to raise awareness among the general public of health inequity for the socially and economically disadvantaged. Several groups of public health researchers in Japan began to conduct research regarding health inequities (Fukuda, Nakamura, & Takano, 2004, 2005b, 2005c; Honjo et al., 2007; Watanabe, Furukawa, Nakamura, & Ogura, 2006). However, they showed little plausible evidence relating health inequities to socio-economic status and poorer health outcomes among people with low socio-economic status. In this context, as a qualitative researcher, I needed to explore the linkage between socio-economic status and ill health. Looking into the international realm of health inequities research, I discovered that the pathways to health inequities have not been sufficiently explored. In order to situate my study within the international research context, I adopted a model of pathways to health inequities (Graham, 2007). This analytical framework permitted me to organize this study to uncover the linkages between social position and health status and bring day labourers' lives into light. I hope to contribute not only to promote better health for one of the most vulnerable populations in Japan, but also to raise awareness about the socio-economic gaps between other groups and health consequences in Japan and in the world.

### ***The Outline of the Dissertation***

The dissertation will be divided into 8 chapters. The content of each chapter will be as follows.

**Chapter 1** will provide the context of the study, focusing on the three major topics of the dissertation: 1) Health Promotion, 2) Japanese Public Health, and 3) Day Labourers. In **chapter 2**, I will review relevant literature, which includes current research on the pathways to health

inequities, and non-standard employment in both Japan and North America/Europe, including precarious employment. **Chapter 3** will provide the theoretical framework for this study. I will briefly explain critical constructionism as a research paradigm and the theory of social inequalities as a theoretical framework, followed by a discussion of the relevance of both philosophical and theoretical frameworks for this study. In **chapter 4**, I will state the research problems and research questions. In **chapter 5**, I will explain the methodology. I will provide a brief summary of critical ethnography and how I conducted my fieldwork and analysis. **Chapter 6** will contain findings, which will be divided into three sections. In the first section, I will explore how people become day labourers in a small isolated district in the city of Osaka. The second section will discuss the social environments of day labourers. I will uncover social inequalities embedded in the environment. Finally, in the third section, I will explore day labourers' cultural behaviours and the influence of social context on their behaviours. In **chapter 7**, I will provide an interpretation of the pathways to health inequities of day labourers, integrating all of my findings from chapter 6 and explore the social determinants of day labourers' health inequities, as well as the impact of the broader social context on day labourers' health. Finally, in **chapter 8**, I will discuss the contributions to knowledge and the implications of the study for practice, policy, research, and education.

## CHAPTER 1: THE CONTEXT OF THE STUDY

Day labour, as one of the non-standard forms of employment, threatens the fundamental human right of having decent work and being able to live with dignity. It also contributes to widen health inequities between the disadvantaged and the privileged. Because of the changing global (including Japan) economy, this situation is getting worse. Health promotion provides the conceptual framework to address health inequities and thus, the health promotion approach will be examined in this section. I will also provide a brief summary of current trends in Japanese health promotion, and discuss the social context of Japanese day labourers.

### **1.1 Health Promotion**

Health promotion is defined as “the process of enabling people to increase control over, and to improve, their health and its determinants” (World Health Organization, 1998a, 2005). In recent public health discussion, the ethical dimension of health promotion has received increased attention (D. R. Buchanan, 2000; Peter & Evans, 2001). To properly position day labourers’ health in the context of current health promotion theory and public health discussions, I will provide an overview of the relevant background and tenets of health promotion, including major milestones in the health promotion movement, progress and challenges for future, social determinants of health, and health inequities.

#### **1.1.1 Milestones in the Health Promotion Movement**

The term “health promotion” emerged as official terminology after a Canadian government discussion paper, *A perspective on the Health of Canadians*, known as the Lalonde Report, was released in 1974 (Lalonde, 1974). With the recognition that health care alone cannot improve health, he proposes a new guiding framework for health policy. In the document, Lalonde stresses four fields that determine health; human biology, lifestyle, the environment and the health care organization. This document was considered as quite innovative since it proposed the idea of broad determinants of health and thereby, shifted health professionals’ attention away from medical intervention (M. A. MacDonald, 2002). However, the focus of the Report remained predominantly on individual and behavioural determinants of health, reflecting the political and economic conditions of the day (Labonte, 1994; T. H. MacDonald, 1998). During the 1970s, the governments of industrialized nations began to realize the limits of medicine in dealing with the increasing burden of chronic illness. Therefore, for the government, the Report was seen as an

off-loading of responsibility for escalating health care costs from health care providers (Labonte, 1994).

Four years after the release of the Lalonde Report, the World Health Organization released the Alma Ata Declaration on primary health care (World Health Organization, 1978), recognizing that there were massive inequities in health within and between countries. In the Declaration, primary healthcare was seen as an important delivery strategy for achieving 'health for all' and equity in the distribution and accessibility of all programmes were identified as key concepts in primary healthcare (T. H. MacDonald, 1998). The Alma Ata Declaration endorses the view that health is more than the absence of disease and emphasized intersectoral collaboration to improve health, considering that the attainment of the highest possible level of health requires the action of many social and economic sectors in addition to the health sector (M. A. MacDonald, 2002).

In the 1980s, health promotion gave rise to a new movement in Canada. Labonte & Penfold (1981) criticize the individual behaviour-oriented approach which dominated at that time by arguing that the health of oppressed people (women, persons from minority cultures, workers, and others) was much more likely to be determined by structural conditions (poverty, hazards, powerlessness, pollution, and so on) than by personal lifestyle. They also noted that personal lifestyles were not freely determined by individual choice, but existed within social and cultural structures that conditioned and constrained choice and behaviour (Labonte, 1994). This critique led many practitioners to begin to consider Labonte-style health promotion (M. A. MacDonald, 2002). Influenced by this movement, in 1986 the WHO held the first international conference on health promotion in Ottawa, and subsequently released the Ottawa Charter (World Health Organization, 1986). The Ottawa Charter proposes a holistic concept of health and stresses the social determinants of health implicit in the Alma Ata Declaration. Accordingly, health promotion aims at reducing health inequities caused by social structures, and therefore, the approach focuses on social reform through community empowerment.

It has been 20 years since the Ottawa Charter was issued and the global context has changed significantly. Today people's health is influenced by "increasing inequities within and between countries, new patterns of consumption and communication, commercialization, global environmental change, and urbanization" (World Health Organization, 2005). To tackle these new challenges, the 6<sup>th</sup> Global Conference on Health Promotion, which was held in Bangkok in 2005, emphasized the social responsibility of governments and collaboration between the World Health Organization and its member states (World Health Organization, 2005). The health promotion movement has now called for transnational policies for equity in health (IUHPE, 2007).



### **1.1.2 Progress and Challenges for Future**

Progress has been made in several countries since the Ottawa Charter was issued in 1986. Canada, for instance, has, in the last decade, build research capacity in order to measure the effectiveness of its health promotion efforts and its infrastructure has been reinforced by creating network resources across the country (S. F. Jackson & Riley, 2007). Jackson and Riley also suggested that in recent years, health promotion has been a fundamental element in public health policy, particularly after the SARS pandemic occurred in Canada, and the public health system has been restructured at both the national and provincial levels. In Australia, intersectoral action for health was mandated and established in 1988 (Lin & Fawkes, 2007). Also, in the UK, in accordance with political change with a Labour government in 1997, health inequities and social determinants of health have been at centre stage in public health (Wimbush, Young, & Robertson, 2007).

However, challenges remain. Jackson and Riley (2007) indicated that current national goals do not sufficiently emphasize social determinants of health and insufficient progress been made in reducing health inequities in Canada. In Australia, the dominant ideology emphasizes individual responsibility and little activity has been undertaken to understand the social determinants of health (Lin & Fawkes, 2007). Riddle et al. (2007) pointed out that the majority of actions in health promotion across the world still prefer to deal with individual determinants of health instead of structural causes of health. Raphael (2007) also suggested that counties with liberal, market based political economies, such as Australia, Canada, the UK, and the USA, have less support for social determinants of health than those with a social democratic economic perspective, such as Denmark, Finland, Norway, and Sweden. In addition, for future health promotion, several studies indicated that the effectiveness of health promotion intervention at reducing social inequalities in health should be established not only to influence policy but also to enhance health promoters' competency in knowledge-based health promotion intervention practice (L. Evans, Hall, Jones, & Helman, 2007; IUHPE, 2007; S. F. Jackson et al., 2007; McQueen, 2008).

### **1.1.3 Social Determinants of Health**

Social determinants of health is one of the relevant tenets of health promotion, which is defined as “the economic and social conditions that influence the health of individuals, communities, and jurisdictions as a whole”(Raphael, 2004). Determinants of health include several genetic endowments, gender, lifestyle, poverty, unemployment, education, working conditions, etc. During the era in which infectious disease was the main cause of death, the determinants of health

were mainly biological factors and therefore medical treatments were considered the most effective strategies to reduce mortality and morbidity. As recognition of the ineffectiveness of treating illness only after it occurs became apparent, public health professionals and governments shifted their attention from the biological approach to the behavioural approach, targeting, for instance, smoking, eating and drinking. In other words, lifestyle and healthy behaviours became recognized by public health professionals and governments as the main determinants of health. Lalonde, then Minister of Health Services in Canada, released *A New Perspective on the Health of Canadians* (Lalonde, 1974). This is the first national document that declared that health is not created by the health care system alone, but that social and environmental factors also affect health (D. R. Buchanan, 2000). Later, in 1980 the Black Report, which was commissioned by the Government of the UK, showed that people in lower social classes had a far higher risk of premature death than more advantaged groups (Naidoo & Wills, 2000). Since then, the recognition of the need to address social, economic and environmental determinants of health has emerged in North America and Europe.

The Commission on Social Determinants of Health was set up by World Health Organization in 2005 to more effectively address health inequality. The tasks of the Commission were to “collect, collate, and synthesize global evidence on the social determinants of health and their impact on health inequity” (Commission on Social Determinants of Health, 2008). In the final report (2008), the Commission provides a holistic view of social determinants of health emphasizing the cause of poor health “as the result of a toxic combination of poor social policies and programmes, unfair economic arrangements, and bad politics.” The report focuses on daily living conditions and puts major emphasis on several factors and conditions as significant social determinants of health. These include early child development, places people live, fair employment and decent work, social protection across the life-course, and universal health care.

#### **1.1.4 Health Equity and Social Justice**

The recent academic discourse differentiates health inequality from health inequity. Whitehead (1992) defined health inequities as “differences in health which are not only unnecessary and avoidable but, in addition, considered as unfair and unjust.” For instance, due to biological differences, men and women have different predispositions to certain diseases, and consequently show some differences in health status. These differences cannot be avoided or mitigated by behaviour. However, if the differences in health status between men and women are created by social factors, such as employment discrimination, this is unjust and avoidable and needs to be addressed. The World Health Organization emphasizes the concept of equity in health as being

different from health inequities, defining health equity as “a condition largely out of individuals’ control that creates unjust differentials in health status” (Wallerstein & Freudenberg, 1998; World Health Organization, 1998a).

Rawls (2003) and Sen (1992; 1999) provide a theoretical framework to understand the relationship between health equity and social justice. Rawls (2003) suggests that society’s main political, social, and economic institutions have a profound impact on what individuals can aspire to and achieve. Rawls presumes that social and economic inequalities are caused by flaws in these basic structures. He suggests that the social structures are considered as unjust if inequalities in the basic social arrangements prevent people from gaining primary goods including “rights, liberties, and opportunities, income and wealth, and the social basis of self-respect.” In this context, inequalities in health are identified as unjust if they originate in the basic social structure that benefits the better-off groups at the expense of the worse-off (Peter, 2001).

Sen (1999) argues that ‘primary goods’ alone do not provide people with well-being and freedom. He suggests that whether or not people can use those resources is subject to their circumstances including “personal heterogeneities, environmental diversities, variations in social climate, differences in relational perspectives and distributions within the family.” He states that people’s capability to be healthy can depend on a great variety of those influences. In this context, to achieve social justice, he indicates that we should focus on how people are capable to manage their lives to achieve “freedom to achieve actual livings that one can have reason to value. (Sen, 1999)”

## ***1.2 Japanese Public Health***

In this section, I will provide a brief summary of the health status of Japanese, the Japanese public health system, and Japanese health promotion policy, practice, and research.

### **1.2.1 Health Status of the Population**

Japan is often ranked the healthiest country in the world. Statistics show that life expectancy in Japan reached 79.0 years for males and 85.8 for females in 2005, with an infant mortality rate of 2.8 per 1,000 of population in 2004 (Health and Welfare Statistics Association, 2007). In addition, the Disability-adjusted Life Expectancy for Japanese people in 1997–1999 was estimated at 74.5 years (World Health Organization, 2000). However, as in other countries, Japan is facing increasing morbidity and mortality rates from chronic diseases, including malignant neoplasm, heart disease, and cerebro-vascular disease. A report issued by the Ministry of Health (2007) indicates that the number of people who are likely to be diabetic has increased by 500,000 in the last 5 years. In addition, deaths from stroke accounted for 15.9 percent of total mortality in 2005.

These increases have become a major issue for the government, since they are seen as the leading cause of escalating health care expenditures (Health and Welfare Statistics Association, 2007).

### **1.2.2 Japanese Public Health System**

The legislative authority for public health is the Community Health Act. This Act requires all prefectures to establish operating bodies called “Public Health Centers” that are mandated to appoint a medical officer as head. The Act also requires all municipalities to establish public health units that provide services to meet the needs of local residents. The cost of delivering public health services in Japan is shared by the national, prefecture and local governments. While policies are established at the national level, work plans to implement and deliver services are developed and administered both by prefectures and local governments.

The Act stipulates the distinct responsibilities of Public Health Centres and municipal public health units for implementation of services. It requires municipal public health units to plan and deliver services meeting their citizen’s needs and specific local circumstances while Public Health Centres handle problems that need widely adopted solutions or advanced knowledge and skills. The municipal public health units are responsible for health promotion for children, mothers and the elderly while prefecture health centres provide infection control and services for people with incurable diseases. The Act obliges Public Health Centres to submit their implementation plans to the Ministry each month. Although Public Health Centers and municipal public health units delegate some services, such as rehabilitation programs for the mentally challenged and screening tests for tuberculosis, to community organizations, the public health units have regulatory authority over most of the public health practices.

### **1.2.3 National Disease Prevention and Health Promotion**

As infectious diseases decreased and chronic diseases have risen as a major issue for public health beginning in the 1970s, national public health policy shifted its focus from one of collective prevention, such as with tuberculosis prevention programs or child development screening programs, to an individual prevention approach, including individual behaviour modification (Kawahara, 2001). The health status of the aging population has become a major concern for the government. The problem is how to help an ageing population maintain good health without contracting chronic diseases and becoming bed-ridden, which leads to a rapid increase in national health care expenditures (Hiroi, 1999).

In 2000, the term “National Health Promotion” was redefined to clearly emphasize a dual responsibility. Citizens have individual responsibility to modify their lifestyles and society has a responsibility to create supportive environments (Health and Welfare Statistics Association,

2007). This policy is known as “*Healthy Japan 21*”, and requires all municipalities to set goals for several individual behaviours at the national level (Japan Health Promotion & Fitness Foundation, 2000). For example, over 90 percent of the population is expected to engage in weight control by 2010. Also, a community participation approach is endorsed as an important strategy for health promotion, which encourages citizens to participate in policy development for their own agendas.

After the mid-term evaluation for *Healthy People 21*, the council pointed out that the implementation has not achieved the expected outcomes in the health of the population. For example, the incidence of type 2 diabetes in 2007 increased 20 percent compared to the rate in 2002 (Health Science Council the Ministry of Health, 2005). The council suggested the need for a new strategy to bring about behavioural changes to more effectively prevent those diseases. The Ministry of Health introduced the concept of metabolic syndrome; a group of diseases where metabolic risk factors are critical, including coronary heart diseases and type 2 diabetes. Also, the measure requires municipal public health units to implement health examinations and individual health consultations for behavioural changes more thoroughly than before, providing tailored programs and follow-up for people with the metabolic syndrome.

### **1.3 Day Labourers**

In this section, I will first describe some relevant characteristics of day labourers and their health status. Then, I will explain the historical and social context of day labourers. To conclude, I will provide an overview of the current situation of the Japanese workforce.

#### **1.3.1 Who are Day Labourers?**

In recent years, Japanese day labourers have been divided into two categories; 1) day labourers (*hiyatoi rodosya*), and 2) day labour dispatch workers (*hiyatoi haken rodosya*). The first category, day labourer, refers mainly to a single man working temporarily at construction sites. These men find jobs at open-air markets in urban areas where they negotiate face-to-face with employers or their recruiters over working conditions and pay. The average age of the population in recent years has been estimated as mid-fifties (Fukuhara & Nakayama, 1999). The second category, day labour dispatch workers, refers to both women and men who work on a daily basis or with a short-term contract of less than 30 days. These jobs are available at a variety of places including carrier, warehousing, manufacturing, catering, and mass wholesale and retail businesses. The labourers register with a temporary staffing firm that dispatches them to contracting companies as they are needed. Those people are relatively young, with an average age of 37, according to a survey conducted by the Ministry of Health (2007a). Although the number of the latter has increased, this dissertation focuses on the first category of day labourers, because they are more

vulnerable than other casual workers due to their ages and deteriorating physical capacity and the long-term social stigmatization attached to the population.

As mentioned earlier, day labourers work mainly as physical labourers at construction sites. To find work, they go to a hiring site located within a day labour district, called a *yoseba*, early each morning to meet recruiters from companies. If they agree with an offer, they go directly to the construction site in the recruiter's car and stay until their job is finished. They agree to work for one day or for a fixed number of days (usually 10-15 days) when they sign for a job. While some day labourers work for a few months or a year at a remote site, this is not common. Because there are usually more workers than jobs, the men do not always find a job when they apply and are often out of work. As a result, they frequently become "homeless" since they cannot afford food and housing when they are not working.

There are no official surveys of the population at the national level, but it is estimated that approximately 20,000 day labourers live in the day labour district in Osaka, which is known as the Kamagasaki District, and is the largest day labour district in Japan (Fukuhara & Nakayama, 1999). The day labour market has declined since the mid-1990s. As a result, the population has aged continuously and the district has become stagnant according to advocates for day labourers.

Day labour districts are situated in urban areas across the country and some are larger than others. *Sanya* in Tokyo, *Kotobuki* in Yokohama, *Sasashima* in Nagoya, and *Kamagasaki* in Osaka are known as large day labour districts. Day labourers usually do not have their own apartments, but instead live in lodgings, called *doyas*, built in or near the district. Gill (2001) compared day labourers with inhabitants in the skid row district of Chicago in the early 1920s and found some resemblance in terms of their way of life and the geographic characteristics of the district.

### **1.3.2 Economic, Social, and Cultural Contexts of Day Labourers**

Significant changes in the Japanese economy have caused large shifts in the labour force. Aoki (2003) identified discrete periods of Japanese post-War economic development relevant to labourers' movements into the construction industry. First, during the period of high economic growth in the 1960s and 1970s, which was led by both heavy industry and manufacturing, many people were pushed out of agriculture and the coal industry. Second, during the period of lower economic growth and the bubble economy in the 1970s and the 1980s, both heavy industry and manufacturing declined and streamlined, needing fewer workers. Many workers became unemployed, especially at small companies. Third, during the immediate post-bubble economy of

the first half of the 1990s, business activity decreased throughout the industrial sector. Each of these phases created a significant number of unemployed.

To boost the economy during the recession, the government employed public investment as the solution rather than radically increasing unemployment insurance payments to unemployed workers. This public investment supported jobs in the construction industry in order to absorb unemployed workers. As a result, in 1997, more than 5,000 construction companies accounted for nearly 10 percent of the workforce (Schoppa, 2006). Day labour in urban settings was part of this employment base. Ushikusa (1993) identified in his survey that most day labourers in Osaka had previously been hired as seasonal or temporary workers at small or large steel or other manufacturing companies or were excess members of agricultural households.

Although the construction industry provided employment to day labourers, it is often not “*decent work*“, which is described as a job that provides people with freedom, equity, security, and human rights, as defined by the International Labour Organization (Ghai, 2005). The construction industry uses a subcontracting system to maintain greater flexibility and cope with high variations in building contracts, including differences in type, size, function, form, methods of construction, and material used (Edum-Forwe, McCaffer, Thorpe, & Abd Majid, 1999). The Japanese construction industry is a multilayered system, where each company has several sub-contractors that are hierarchically structured. Some giant construction companies have many sub-contractors (Editorial desk, 2003). Shima (1999) and Aoki (2000) point out that there are exploitative power relationships between prime contractors and subcontractors. Prime contractors often force sub-contractors to cut the price of each construction project that they perform. Sub-contractors then must take cost-saving measures to protect their profits and that often involves reducing labour costs. Day labourers (*Hiyatoi rodosya*) are at the bottom of this industrial ladder. At the *yoseba* (day labourer hiring site), recruiters from each small company hire workers as needed. In this sub-contracting system, the wages that day labourers receive are minimized, since there are more workers than available jobs. Shima (1999) asserted that prime contractors enjoy stability and constancy at the expense of day labourers’ burdens of employment insecurity and unstable lives.

Researching those people’s experiences from a critical perspective, we find that they were socially less advantaged from the beginning of their careers than others. While there is much literature discussing the life-time employment system that provides workers secure employment and incomes, those who enjoy these benefits are only workers at large corporations (those employing more than 500 workers), which account for barely a third of the nation’s workforce (Schoppa, 2006). The rest of the workforce belongs to small enterprises and do not necessarily

have sufficient employment and income security; rather, they are exposed to a high risk of unemployment. Within that group, micro-companies (those employing 6 or fewer workers) account for 30 percent of the labour force, and 40 percent of that 30 percent are temporary workers (Statistics Bureau Ministry of Internal Affairs and Communications, 2007). In fact, the survey shows that about 80 percent of small and micro-company owners feel insecure about the future (The Small and Medium Enterprise Agency, 2008). This easily leads to high rates of unemployment. Stories from interviews in a survey also show that many day labourers in Osaka experienced their companies' bankruptcies before becoming day labourers (Omatsu, 2001).

The social safety net leaves short-term contract works, temporary workers, and seasonal workers with high rates of unemployment. Companies lay off those workers first during economic hard times and they do not provide them with a sufficient social safety net. Even if they have insurance, the maximum benefit is 11 months. If they have less than 1 year work experience, however, they will receive only 3 months of benefits (The Ministry of Health Labour and Welfare, 2006b). This short-term insurance does not allow people to find comparable alternative employment. Government economic policies clearly favoured keeping the less advantaged employed at whatever they can find, regardless of the quality of the job, rather than providing them with more unemployment insurance, while at the same time providing substantial benefits to those already more advantaged. Thus, the Japanese economy, and large companies, thrived while providing differential social safety nets to different categories of workers and employers

### **1.3.3 Increasing Insecurity under Globalization**

Globalization has influenced the Japanese economy and society since the early 1990s. For instance, income inequality increased dramatically from 1980 to 2000. Fukuda (2007) points out that the increased rate of the Gini coefficient is 9.4 points and substantially exceeded the average for all OECD countries, which is only 4.3 points. In 2000, the actual co-efficient for Japan was 0.314 and the nation was categorized into the group of high income inequality, which included the US and the UK (R. S. Jones, 2007). Data from the OECD show that the poverty rate, which is defined by the OECD as the percentage of people whose income is less than the national average of the whole population, was 15.3 percent in Japan in 2004. Japan trails only the United State, 17.1 percent, and Ireland, 15.4 percent, among developed countries in the OECD. Some researchers refer to Japan as a country that has equal income distribution, but recent data show that is no longer the case. In fact, several researchers have stated that Japan has become an increasingly unequal society, although the prime minister still hesitated to acknowledge that fact in 2006 (Sato, 2000; Tachibanaki, 2006; Yamada, 2007).



Second, employment has become less secure than before, as is the case in other countries also. The number of casual workers in Japan has increased; the proportion of irregular workers in the workforce increased from 20.0 percent in 1980 to 33.0 percent in 2005 (Fukuda, 2007). The types of casual workers include part-time, day labour dispatch workers, dispatch workers, contract workers, etc. The government eased the restrictions on the types of jobs for dispatch workers in 2003, so that companies are allowed to employ workers for unskilled and manual labour, to enhance their competitiveness with foreign companies. Employers can avoid redundancy when the demand of their business declines and thereby increase productivity.

Moreover, the increase in casual workers has created income inequalities among workers. The hourly wage of part-time workers amounts to only 40 percent of that of full-time workers. Other casual workers' wages average only 60 percent of full-time workers. In addition, Tachibanaki (2006) points out that more than 10 percent of part-timers are not paid even the minimum wage. A recent phenomenon is that a number of people, who are mainly young men in their 20s or 30s who do not have their own apartment, have started living in small spaces in cyber cafés where they can stay for 24 hours for a reasonable fee. This population has reached 4,500 people across the country and they have become known as "*Internet Café Refugees*" (The Ministry of Health Labour and Welfare., 2007b).

Because the social safety net is insufficient, many people are now at high risk of becoming homeless and losing hope (Yamada, 2007). This used to be a problem only for day labourers in urban areas, but it has now expanded to the entire society. Considering the insecurity of peoples' employment situations, it is not difficult to assume that the health status of those populations will soon be impacted, but the problem has received little attention from public health authorities.

## CHAPTER 2: LITERATURE REVIEW

In this chapter, I will provide reviews of literature relevant to the topics of this study, which include both health inequities and precarious work. While my fieldwork was conducted with Japanese day labourers, I employed philosophical and theoretical frameworks developed in the West. Therefore, I have included research conducted in North America and Europe as well as in Japan.

### ***2.1 Health Inequities***

A number of articles were found through a search of social sciences and medical literature. I accessed the Scholar Portal Search at the University of Toronto and searched all the social science subject areas as well as the natural science subject areas on MEDLINE since 1999, using as a key word “health inequality.” I found 1,117 peer-reviewed articles through my social sciences search and 126 on MEDLINE. Instead of reading all those articles, I first reviewed several works from leading scholars in the field in order to understand the current research and theories relating to pathways to health inequities. Based on this reading, I identified relevant factors linking socio-economic status and poor health. This enabled me to review the abstracts and bibliographies gathered through my database searches noted above and select those relevant to my study. As a result, I reviewed 93 articles, which included 48 empirical studies and 45 theoretical papers.

Most studies have used the term ‘health inequalities’ and ‘health inequities’ interchangeably and without clear definitions. Although my study focuses on health inequities, in order to review and analyze recent trends in the pathways to health inequities, I have included both literature on inequalities and inequities, but have used the term “inequity” throughout my paper.

Graham (2001) divides the topics of the current science literature in health inequities into three dimensions: 1) describing health inequities, 2) intervention studies, and 3) explanatory studies. The first dimension of the literature describes the health and socio-economic status of individuals. The second dimension includes studies that identify interventions to reduce health inequities. The last dimension is concerned with associations between socio-economic status and health, and casual pathways to health inequities. In this chapter, I will review literature related to the third dimension (explanatory studies) for the following reasons. First, in order to understand the dynamic aspects of the social phenomenon of health inequities, ‘*how*’ health inequities are created in society is more important than ‘*what*’ health inequities are. Therefore, I will focus on the pathways to health inequities in the literature review for this study. Second, in order to

understand how differences in health status are conceived as inequitable in the academic discourse covering health inequality research, one must examine literature focusing on the pathways that lead certain people into poor health outcomes, rather than descriptions or definitions of health inequities.

In the next section, I will first review epidemiological studies, followed by qualitative research conducted in North America and Europe and finally provide a review of Japanese literature and discuss challenges for future research.

### **2.1.1 Models of Pathways to Health Inequities**

Several models that explain health inequities have been developed. In this section, I will illustrate significant aspects of four models, which are relevant to this study, in order to provide a whole picture of the pathways, rather than starting with details of each factor that constitutes the models.

Graham (2001) suggested two levels of models; one is the individual level and the other is the societal level. The individual-level model refers to a cluster of individual level factors that link people's socio-economic circumstances and their health. They include material factors such as housing and living standards, and psycho-social factors such as life events, chronic difficulties and social networks. A society-level model moves beyond individual socio-economic status and focuses more on social structures that shape the lives and life chances of individuals.

Diderichsen et al. (2001; Whitehead, Burstrom, & Diderichsen, 2000) also developed a conceptual framework to explain pathways to health inequities combining two levels of inequalities mentioned above. In their pathways analysis they identified four mechanisms that lead people into ill-health. *Mechanism 1* is the process erecting the social structures that allocate power and wealth and lead people into different social positions. *Mechanism 2* refers to the process by which social position influences people's exposure to important health risks such as poverty, nutritional deficiencies, dangerous working conditions, and health damaging behaviours. *Mechanism 3* focuses on 'different vulnerability', suggesting that the more people are vulnerable, the more they are likely to induce diseases or injuries. Finally, *Mechanism 4* is the process of how disease and injury lead people into further social consequences. Health inequities do not only lead to lower health status for some, but also often result in bringing them adverse social consequences such as unemployment due to disease or injury. This model also identifies four policy entry points to reduce health inequities: 1) influencing social stratification, 2) decreasing exposure, 3) decreasing vulnerability, and 4) preventing unequal consequences of ill-health.

Graham (2007) also crafted a simplified model of the pathways linking social structure to health inequities. The pathways begin with the social structure that leads individuals into certain

social positions. There are intermediate factors between social position and health inequities, which include environmental factors and behavioural factors. The former includes the material environments of home, neighbourhood and workplace that both provide resources for health and contain health risks. The latter includes behaviours that both enhance and damage health, such as smoking and diet.

Finally, Starfield (2007) proposed two conceptual models influencing health equity: an individual-based model and a population-based model. Both models emphasize society's influence on health beyond the influence of individual and community factors. For instance, the models begin with political and policy contexts, which include occupational and environmental policy, social policy, economic policy, and health policy. Those policies influence another level of societal factors, including occupational and environmental exposure, level and distribution of wealth, power relations, behavioural and cultural characteristics, and health system characteristics.

### **2.1.2 Social Positions as the Point of Departure**

As shown in the models above, social position is the point of departure in current health inequities research. Health inequities are considered to mean different health statuses among individuals or groups in different socio-economic groupings. A considerable number of epidemiological studies indicate that the wealthier are more likely to have better health than the poorer groups in every society.

Lynch and Kaplan suggested that most of the researchers consider education, occupation, and income as indicators of life chances in measuring social position both at the individual and population levels. For education, a study conducted by Mackenback et al. (1999) demonstrated that mortality was lowest among women with a high level of education and highest among men with a low level of education. Second, Chandola et al. (2003) suggested that occupational class had a relatively strong effect on the self-rated health of those in the workforce. The last indicator is income, which relates directly to the material conditions that may affect health. Kaplan et al. (1996) examined the relation between health outcomes and income inequality and found a significant correlation between the percentage of total household income received by the poorest 50 percent in each state in the US and mortality from all causes. The same study showed that income inequality was also significantly associated with rates of low birth weight, homicide, violent crime, work disability, smoking, sedentary activities, etc. Kennedy et al. (1996) also suggested that income inequality was positively associated with total mortality when adjusted for age.

Beyond the influences on individual health status noted above, a number of studies examined the influences on population health. Wilkinson (1996) asserts that social position, particularly income distribution, is “one of the most powerful influences on the health of whole population(s).” He provided clear evidence of a strong relationship between a society’s income distribution and the average life expectancy of its population and indicated that, in developed countries, relative income is more significant than absolute income in measuring health inequities (R.G. Wilkinson, 1992). While the relationship between individual income and individual health is fairly well-established, however, causal relationships between income inequalities and population health have not been fully supported (Mellor & Milyo, 2001). Lynch et al. (1998) identified that higher income inequality at the population level was associated with increased mortality between 15 and 64 in the United States. Also, Ben-Shlomo et al. (1996) examined the relationship between the level of deprivation and average mortality rate at the population level in England and found that mortality was strongly associated with average deprivation.

However, other studies such as one conducted by Ross et al. (2000) showed that, in Canada, the relationship between income inequality (total household income) and mortality is non-linear as opposed to in the United States, suggesting that social and political characteristics, such as public health policies, are influential. However, Wolfson et al. (1999) argued that while the relationship between income inequality and health at the population level, for factors such as mortality, remained important associations, the answer is more complex. They also suggested a broad range of factors such as social milieu as fundamental social determinants of health for further study.

### **2.1.3 Psycho-social Environment**

While evidence for the relationship between social position and health at both the individual and population levels has been accumulated, the mechanisms for establishing pathways to health inequities are complex (Leon & Walt, 2001; Marmot, 2006; Sacker, Bartley, Firth, & Fitzpatrick, 2001). However, a considerable number of studies have been conducted to open this ‘black box.’ Although its susceptibility is weak (Leon & Walt, 2001), several relevant factors that may mediate between social position and health consequences have been identified. I will provide a brief overview of each factor or approach, followed by some relevant empirical studies in the following dimensions: 1) subject social position, 2) work related factors, 3) social capital and social support, and 4) biological pathways.

### **Subject social position**

Some studies focus on subjective social status (SSS) as a mediating factor between objective social position and health outcomes (Demakakos, Nazroo, Breeze, & Marmot, 2008). Demakakos et al. refer to SSS as individuals' assessments of their experiences of deprivation and their perceptions of their own social statuses. In their study, SSS was significantly related to self-rated health, depression, and long-standing illness. Another study conducted by Singh-Manoux et al. (2003) also indicated that SSS is a strong predictor of ill-health; there was a higher prevalence of angina, diabetes, respiratory illness, poor self-rated health, and depression among individuals who rate themselves as having low social status as compared to those who see themselves as having higher status. In a similar vein, Ferrie et al. (2003) examined the association between perceived job insecurity and financial insecurity, and health status and found that perceived job insecurity had little effect on gradients of morbidity, but perceived financial security constituted an important gradient in self-rated health, longstanding illness, and depression on both employed and unemployed men.

### **Work related factors**

Current theoretical models that explain pathways to health inequality among workers incorporated aspects of positive self-experience. Two theoretical models have predominated recent studies on the health inequities of workers. The first is the 'demand-control model,' which was proposed by Karasek (1979), and focuses on workers' experience of self-efficacy. The model predicts that workers with high levels of psychological demand and low levels of decision authority and skill utilization increase their risk of having stressful experiences and subsequent physical and mental illness. For instance, Godin and Kittel's study (2004) showed that poor health outcomes are mainly associated with low control, low social support at work, and high over-commitment. The second model is the 'effort-reward model' (Siegrist, 1996), which concerns self-esteem. It assumes that workers who do not receive reasonable rewards in return for their efforts are caused emotional distress which induces physical damage. Neidhammer et al. (2004) examined the relationship between psycho-social factors at work and self-rated health using this model. The results showed that an imbalance between high effort and low reward and high level of over commitment increase the prevalence of poor health for both men and women.

These models assume that workers in low socio-economic positions are more likely to have lower control and higher demand, and to have higher levels of imbalance between effort and rewards. However, some studies do not support this assumption. Kirstensen et al. (2002) examined the association between socio-economic status (SES) and psycho-social work

environmental factors for a population. They found that none of the SES levels were categorized as high demand and low control. Instead, people with lower social status showed “low demand and low control.” Also, Hemstrom’ study (2005) suggested that the mediating contribution of the work environment to the health gradient by income was only 25 percent (men) and 29 percent (women).

### **Social network and social cohesion**

Social networks and social cohesion are also relevant psycho-social environments for health inequities (Berkman & Glass, 2000; Kawachi & Berkman, 2000). Berkman and Glass (2000) proposed multiple pathways by which social networks influence health outcomes. In their pathways, the structure and characteristics of social networks are first determined by social structural conditions, which include culture, socio-economic factors, and politics and social change. Different social networks with varying structures and characteristics influence individual psycho-social mechanisms differently. Thus, social networks impact health through health behavioural, psychological, and physiological pathways.

Evidence of its association with socio-economic status has been demonstrated; a study conducted by Simone et al.(2008) revealed that social networks and social support are more frequently found among socio economically disadvantaged people in Germany. Hajdu et al. (1995) compared patterns of mortality by marital status in Hungary and found that increases in premature mortality are greatest among men who are widowed, have never married, or are divorced, when compared with married men. Also, a study from Kosteniuk and Dickinson (2003) indicated that higher stress levels are associated with lower levels of social support.

Social cohesion refers to “the extent of connectedness and solidarity among groups in society” (Kawachi & Berkman, 2000). Social capital is defined as “features of social organization, such as trust, norms and networks, that can improve the efficacy of society by facilitating coordinated action” (Putnam, 1993). Kawachi and Berkman (2000) suggested social capital as a subset of the notion of social cohesion. They also proposed four pathways by which social capital could affect individual health. The first pathway is “health-related behaviours” indicating that health related behaviours are diffused rapidly in communities that have high social coherence. Secondly, socially cohesive neighbourhoods are likely to create or enhance social organizations that are conducive to good health and, therefore, have better “access to services and amenities” that are needed for people’s health. The third pathway in which social capital affects health is a “psycho-social process”, which provides people with their source of self-esteem and mutual respect. Finally, “social capital at the level of the states” is also a significant pathway

through which social capital has influence on health. It enhances people's political participation which, in turn, creates opportunities to improve policies that enhance people's health. In addition, Kawachi et al. (1997) examined the relationship between state-level social capital and individual self-rated health and found that individuals living in states with low social capital had increased risk of poor self-rated health. A study from Myer et al. (2008) also supported the association between social capital and health outcomes after examining data from a developing country.

### **Stress response: psycho-biological pathways**

Psycho-biological processes refers to "the pathways through which psycho-social factors stimulate biological systems via central nervous system activation of autonomic, neuro-endocrine, immune and inflammatory responses" (Stephoe, 2006). Brunner and Marmot (1999) suggested that disturbance of the usual homeostatic equilibrium by the repeated activation of stress responses may be responsible for social differences in neuro-endocrine, physiological, and metabolic variables underlying ill-health and disease.

Evidence has been accumulated documenting the association with health inequities that could lead through these mechanisms. Steptoe's study showed the plausibility of linking stressful stimuli to cardiovascular, endocrine, and immune responses, and that these responses differ according to socio-economic position (Stephoe, 2006). Another clinical laboratory study suggested that the autonomic nervous system responds to chronic behavioural and psycho-social stressors with adverse metabolic consequences and that this may explain the relationship between low social position and high coronary risk (Hemingway et al., 2005).

#### **2.1.4 Life-course Approach**

Some groups of researchers in the field of health inequality have turned their attention more to a life course approach than psycho-social factors (Leon & Walt, 2001). Leon and Walt suggested that influences from early life are superimposed on one's lifestyle and behaviours and, therefore, will not be equally visible in adult life and middle age. This suggests that the influences were missed by studies that focus on only recent conditions. The life course approach to health inequality research asks how much health inequality in adult life is due to early life exposure to positive or adverse health related social and environmental factors, acting through physical growth, emotional and cognitive development, or through health behaviour and social pathways (Power & Kuh, 2006). Hatch (2005) also suggested that protective resources, both social and biological, that interrupt or deflect individuals from optimal life-course trajectories can contribute to widening gaps in health. Li et al. (2004) found that birth weight, maternal smoking during pregnancy, breastfeeding, parental divorce, and socio-economic factors were all significantly



associated with childhood height. Also, a study conducted by Power et al. (2005) indicated that a strong correlation between adult social position and smoking and obesity, with people in lower socio-economic positions in adulthood more likely to smoke and/or be obese.

### **2.1.5 Places and Geographical Approach**

Effects of place on health inequities have received attention from researchers in the field of health inequities. In epidemiological studies, place tends to be conventionally conceived of as the canvas of people's everyday lives. In this context, the nature of the place and its role in shaping people's health and health related behaviours is neglected (K. Jones & Moon, 1993). However, some groups of researchers have recently proposed new perspectives on place in order to advance understanding of how place relates to health (Cummins. S., Curtis, Diez-Roux, & Macintyre, 2007; Curtis, 2004; Popay, Williams, Thomas, & Gatrell, 2003). Popay et al. (2003) conceptualized place as "the locations for '*structuration*' - the interrelationship of the conscious intentions and actions of individuals and groups and 'the environment' of cultural, social, and economic forces in which people exist." Cummins et al. (2007) also proposed a rational perspective on place, emphasizing a mutually reinforcing and reciprocal relationship between people and their exposure to multiple contexts in time and space.

Employing these new perspectives on place, Cummins et al.(2006) examine the impact on diet and health of improving access to food through the development of a large new food store in a deprived community. The result from the study demonstrated that environmental change, represented by the large food store, positively affected people's psychological health. Also, Ellaway et al. (2001) explore the extent to which people differ in their perception of their local environment and its relationship with their self-rated health. The result showed that self-assessed health was positively associated with perceived local problems and neighbourhood cohesion.

### **2.1.6 Societal Level Factors**

While individual and community level factors, which include income, education, social networks, behaviours, stress, etc, are studied in health inequality research, very few societal influences are divided in those studies (Navarro & Shi, 2003; Starfield, 2007). However, there is general agreement among researchers that the way in which society is organized can have important effects on health inequities (Dahl et al., 2006a). Navarro et al.(2004) suggested that countries and regions where economic and social resources are better distributed have better health status. They identified several key resources: employment, health care coverage, public health expenditures, education, family supportive services, social transfer resources, civic associations, and political resources (Stanistreet, Bambra, & Scott-Samuel, 2005). Additionally, some groups of researchers

pointed out the importance of political forces and traditions on inequities in health (Bryant, 2006; Navarro & Shi, 2003). Navarro's empirical study demonstrated that political variables such as which political party governs longer were important in influencing a country's level of social inequalities and its health status for such things as infant mortality (Navarro & Shi, 2003).

To examine the relationship between women's status in society and their health in the United States, Kawachi et al. (Kawachi, Kennedy, Gupta, & Prothrow-Stith. D., 1999) employed a 'society-and-health' lens, which "refers to attempts to analyze the large-scale cultural, social, economic and political processes in society that produce differential health risk, emphasising that health outcomes are ordained and constrained by crucial mechanisms of social control and distribution of resources and power." The results of the study showed that women experienced higher mortality and morbidity in states where they had lower levels of political participation and economic autonomy. Shi and Starfield (2000) examined the relationship between primary care and self-rated health status at the state level in the US and found that individuals living in states with a higher ratio of primary care physicians to population were more likely to report good health status than those living with a lower such ratio. Moreover, Collins and Williams (1999) revealed that racial residential segregation tended to predict higher rates of mortality for African American males and females in the US. Cultural influence is also considered as a broader societal factor. Stanistreet (2005) examined the relationship between levels of patriarchy and male health and discovered a significant positive correlation between a nation's level of patriarchy and men's' higher mortality.

### **2.1.7 Qualitative Research**

Despite the significant contributions that epidemiological research has made, there is an increased recognition of the limited understanding of the complex nature of the pathways to health inequities (Forbes & Wainwright, 2001; Wainwright & Forbes, 2000; Williams, 2004). The main challenge for researchers is to untangle the intricacies of the pathways that stem from a lack of concern for the broader social context and an overreliance on 'objective' knowledge. For example, Forbes and Wainwright (2001) pointed out that survey-derived data on health inequality research failed to uncover "the way in which social status is constructed and how relatively low social status impacts health through behavioural responses and patho-physiological processes. Hodgins et al. (2006) argued that survey data may not provide "a considered or contextualized account" of the causes of ill-health because it was designed to uncover the causes of health for society in general in an abstract rather than a personal setting. Moreover, Williams (2004) asserted that research on health inequities needs to consider how people perceive, experience and

handle social conditions and how those conditions are adopted, avoided and transformed in different ways in order to “explain why individuals and groups behave as they do in relation to the wider social structure.”

### **Interpretivist approach**

Interpretivist research, as an alternative approach, has been proposed in order to better understand participants’ experiences from their own perspectives. Wainwright and Forbes (2000) argued that most of the current qualitative approaches to health inequities can be located within the interpretivist tradition of philosophical paradigms. The interpretivist approach allows researchers to understand how and why people in different social positions rationalize and explain their views on health and health inequities (Wainwright & Forbes, 2000). One of the assumptions behind the interpretivist tradition is that “people create and associate their own subjective and inter-subjective meanings as they interact with the world around them” (Orlikowski & Baroudi, 1999). Williams (2004) also suggested that narratives and narrative reconstruction was needed to understand “how people make sense of the social forces that shape their experiences of health and ill health.”

While significant numbers of studies have employed the interpretivist approach to explore participants’ subjective views of their health and illnesses, very few studies have been conducted on health inequities (Popay, Bennett et al., 2003). Lay perceptions of health inequities, however, have recently received attention by researchers seeking to go beyond an objective understanding of the causes of health inequities in order to ascertain a deeper understanding of the complex myriad of factors involved in health inequities (Blaxter, 1997; Hodgins, Millar, & Barry, 2006; Popay, Williams et al., 2003). Bolam et al. (2004) suggested that objective health inequities are (re) produced, at least in part, by the subjective experience, interpretation, and identity of reflexive social actors. I will provide an overview of some of the current studies exploring the impact of subjective understandings on health inequities.

Some researchers examined participants’ views of their health inequities among the disadvantaged. Popay et al. (2003) explored lay understandings of the cause of health inequities in contrasting socio-economic neighbourhoods in the UK. They conducted in-depth interviews to ask residents living in either the relatively affluent areas or the relatively disadvantaged areas about the causes of differences in their health experience. Findings showed that at the first interview, participants living in the disadvantaged area tended not to accept the existence of health inequities, which is consistent with Blaxter’s review of lay attitudes to health revealed in recent studies (Blaxter, 1997). However, as the interviews progressed, participants expressed their

concerns about their adverse material circumstances and its influence on their health. They also constructed moral identity through narratives emphasizing their individual responsibility for structural and area disadvantages: they believed that they were responsible for dealing with those disadvantages. The authors argued that the individual's response to structural and area advantages would determine the impact on their health.

Hodgins (2006) also examined subject understandings of illness causation and health inequities for an ethnic minority group in Ireland who have long been discriminated against by the mainstream society and found that their health status is significantly poorer than other populations. They conducted focus groups with women from the population. During the focus groups, participants were asked to respond to a vignette depicting a story of a woman from their community. According to the findings, participants were willing to talk about the structural causes of health inequities that they have suffered, which include income insecurity, poor living conditions, pervasiveness of discrimination and inadequacy of health services but rejected behaviour as an explanation for poor health.

Davidson et al. (2006) also conducted 14 focus groups for 76 participants in various parts of Scotland and northern England in order to explore how the ways in which people discuss their sense of relative deprivation and their ideas about how it impacts their health and how they compare themselves with others. The results showed that the lower socio economic groups explained that inequalities deeply affected their health and well-being. In discussions of health issues, for example, participants from lower socio-economic groups showed their concern on issues such as hospital waiting lists, the general cost of staying healthy, living in difficult circumstance, etc. as causes of their health inequities. The authors indicated that participants conveyed more than the experience of living in impoverished circumstances, but also explained the impact of status, hierarchy and personal comparisons of their health; how joblessness might affect their health, or how low income lowers their self-esteem.

Other qualitative researchers have also contributed to filling the missing links in the pathways to health inequities. Bolam (2004) explored how social identity expressed how people construct its relationship to their health, positing that social identity, which is socially constructed, influences health through physiological and indirect behaviour pathways. Additionally, Balom et al.(2006) examined place identity and its relation to geographical inequalities in health. Three domains of place identity emerged in their accounts related to health and well-being: 1) material, 2) psycho-social, and 3) social. This result indicated that geographical health inequality can be understood “as a product of both the material conditions of existence and social constructions of individual and collective experience.”

### **Beyond the interpretivist approach**

Although these interpretivist approaches have provided contextualised understandings of people's experience with health inequities, its limitation has also been identified. Wainwright and Forbes (2000) pointed out that emphasizing subjective experience blinds researchers to the broader social context in which their experiences are played out. For example, a study from Hodgins, mentioned earlier, provided us with minorities' understandings of their health inequities; it showed, however, that there is little linkage between the accounts of the group, an ethnic minority in Ireland, and the broader social context that might have led the population into its disadvantaged position.

Considering the long history of discrimination and its considerably lower health status than the general population, it is imperative that social inequalities at the broader social contexts level must be examined. As this example shows, interpretivist approaches have been challenged for the same reason that epidemiological studies have.

In order to overcome this limitation, Wainwright and Forbes (2000) proposed a 'realism' approach that helps researchers seek not only lay understandings of health inequities but also pays more attention to explanations of their understandings. The approach examines the impact of health inequities within capitalism, such as exploitation alienation. This approach encourages researchers to examine how power relationships shape people's experiences and therefore, contribute to creating inequities in health.

Lynam and Cowley (2007) also proposed a critical stance approach based on Broudieu's theory, which "helps researchers reveal the way taken for granted aspects of social structures, and related traditions and practices, shape experience and structure inter-group relations." It also emphasizes the importance of broader social conditions and the way these conditions shape people's experiences. Lynam and Cowley examined accounts of immigrant women in Canada and Britain to understand how marginalization is constructed through their day-to-day lives and discuss its implications for health and health inequities. They illustrated how immigrant women encountered new relationships in Canada and Britain and the social process of accepting, resisting, and negotiating with the social conditions. By providing explanations of participants' personal accounts, the study helps readers to understand how marginalization affects people's health and therefore contributes to health inequities.

Both approaches are expected to help researchers locate participants' subjective experiences within their proper social contexts and to understand how the social context affects their experiences. These provide researchers with an opportunity to overcome limitations from both epidemiological research and the interpretivist approach to produce more comprehensive and understandable research outcomes (Wainwright & Forbes, 2000).

### 2.1.8 Research on Health Inequities in Japan

I searched literature databases to find articles written in both English and Japanese related to health inequities in the Japanese context and published in the past 10 years (between 1999 and 2008). Searching for English articles, I entered two keywords “socio-economic” and “Japan” in the literature database of MEDLINE. Thirteen were found substantially related to health inequities in Japan. The bibliographies of those articles led me to twelve additional relevant articles. To search for articles in Japanese, I used *Nii Scholarly and Academic Information Navigator*, which is a literature database operated by the National Institute of Informatics in Japan. The database covers most Journals from all disciplines that are published in Japan. There were nearly 100 articles (from 1999 to 2008) that are substantially related to health inequities in the Japanese context, of which about 20 were empirical research and the rest were theoretical papers and commentary. I selected 9 relevant empirical articles for the review and also some relevant non-empirical studies.

The results from my literature search indicate that research in health inequities in Japan is still in its infancy. Kondo (2000) is the first researcher that introduces the concept of health inequities into Japanese public health academia. After studying in the UK, he started advocating for the significance of health inequality research providing his insights on several aspects of health inequities such as social justice, social policy, and balance between social policy and economic policy in capitalist society (Kondo, 2004). Since then, several researchers from health science disciplines have conducted research on health inequities. After 2004 in particular, studies related to health inequities have appeared in both English and Japanese literature databases. I will provide a brief summary of the trend of both empirical studies and non-empirical papers next.

#### Trend of empirical studies

The main approach of empirical studies is to identify the association between socio-economic status and health or lifestyle rather than exploring pathways of how social structure causes health inequities. These studies, however, demonstrated evidence of health inequities among populations in Japan. Since little evidence of socio-economic inequalities in health had been accumulated in Japan, it is reasonable to see that current empirical studies only focused on the association between socio-economic status and health.

Indicators to measure people’s health status include mortality (Fujino et al., 2005; Fukuda et al., 2004, 2005b; Sugita & Itsuno, 2007 ), morbidity, including cancer (Ueda, Kawachi, & Tsukuma, 2006), coronary heart disease, and cerebrovascular diseases (Morikawa et al., 2005).

Self-rated health was also employed by several researchers (Honjo et al., 2006; Nishi, Makino, Fukuda, & Tatara, 2004; Shibuya, Hashimoto, & Yano, 2002; Wang et al., 2005; Yamazaki, Fukuhara, & Suzukamo, 2005). Other than health status, the association between socio-economic status and health related behaviours was also examined by a group of researchers (Fukuda, Nakamura, & Takano, 2005a; Fukuda et al., 2005c). Another group of researchers examined the association between income and the level of physical condition for independent living among the elderly (Kondo, 2000; Nakade et al., 2005; Yoshii, Kondo, & Hirai, 2005). Moreover, Sugita and Isuno (2007) focused on young adults and explored the association between socio-economic status and mortality.

Shibuya et al. (2002) suggested that the recent increase in income inequality in the country may create inequities in health as evidence from other countries shows. Yamazaki et al. (2005) stated that evaluating the association between socio-economic status and health could provide important information for planning integrated economic and public health policies. They think their research should influence employment and economic policies. Ueda et al. (2006) selected cancer survival rates as an indicator of health status reflecting a newly established policy for cancer prevention. On the other hand, other studies showed weak linkage between socio-economic inequalities and their health status (Fukuda et al., 2005a; Fukuda, Nakano, & Imai, 2007; Honjo et al., 2006; Wang et al., 2005). For example, Fukuda et al. (2005c) examined the influence of individual socio-economic status on smoking in adults and found that the smoking prevalence of people with lower incomes was higher than those with higher incomes. However, the authors assume that smoking is under individual control and demonstrated little consideration of the influence of the social context that influences people's choice of behaviours or lifestyle. Moreover, Anzai et al. (2000) examined the association between health practices and education level and found only a weak relationship between the two variables: however, the reasons for the authors' concerns about structural influences on individual health behaviours were not clear.

### **Issues in non-empirical papers**

Several authors interpreted the trend of research related to health inequities in North America and Europe. For instance, Matsuda et al. (2007) introduced the research trend of North America and Europe and suggested the significance of equity in health inequality research. Also, he interpreted the significance of social determinants of health such as housing, employment and working conditions. Moreover, Fukuda et al. (2007) suggested roles of public policy to enhance people's health. Honjo (2007) also introduced social epidemiology as a significant methodology for investigating health inequities.

Socio-economic inequalities have been recognized by the public and have become a political issue since 2006. Some journals deal with the negative influences on health. For instance, the Journal “*Rodo to Igaku*” (Labour and Medicine) covered commentary on the impact of recent economic structural reform in a volume in 2007; worker’s health after relaxation of regulation (Tanifuji, 2007), low wages and longer working hours (Kikuchi, 2007), irregular workers (Takamori, 2007), etc. Another journal, “*Kosyu Eisei*” (Public Health) had “health-inequality society and safety net” as a feature in 2006. The issues of articles covered exclusion from the social safety net and its influence on health; unemployment (Ishitake, 2006) and homeless people’s health (Kuroda, 2006), as well as roles of public health (Kondo, 2006). Moreover, the impact of current health care reform had also received attention from researchers and professionals. The Journal “*Gekkan Hoken Ren*” (Monthly Journal of Japanese Medical and Dental Practitioners for the Improvement of Medical Care) issued a volume featuring health inequities in 2006. The volume covered the impact of revised medical service fees for rehabilitation for stroke patients (Takeda, 2006), shortage of health care facilities for recuperation for the elderly (Saito, 2006), etc.

### **Challenges for future research**

Current Japanese studies have faced challenges for moving forward to create a greater impact on effective policy intervention to reduce the inequities. First, there is lack of discussion about the rationales for studying health inequities. While some researchers are concerned about current social conditions, such as widening income inequalities or new policy interventions for cancer prevention, others showed only their academic interest in the issue of health inequities, followed by the trends in health inequities research in the West. As Fukuda (2007) pointed out, current descriptive research may not go beyond accumulation of evidence on health inequities and may not contribute to policy change to reduce health inequities. To overcome this situation, researchers need to identify problems in current Japanese society and reconceptualise health inequities in the social context in Japan. For example, there are many issues in the non-empirical papers that indicated the impact of current social problems on health and health inequities. However, those issues have yet to be examined. Research should start where people live; this allows researchers to situate their studies in the current social context and therefore, make the outcome more effective to enhance people’s health.

Second, there is lack of research to show the pathways to health inequities. Current studies show only the association between socio-economic status and health in which policy makers and other researchers do not see how people with lower socio-economic status have lower



health outcomes. Without seeing the pathways, it is not difficult to assume that they attribute the cause of ill health of those with lower socio-economic status to individual inability to develop and maintain a healthy lifestyle rather than thinking their lower health status is a result of social inequalities created by current social structures. This causes “victim-blaming” and therefore, brings adverse effects on the health of the socially disadvantaged populations. The pathways must be identified in order to help policy makers and other researchers understand the relevance of economic and social policies for people’s health and the necessity for social transformation rather than reinforcing existing policy or programs.

Finally, there is also a lack of discussion of responsibility of public health and it has provided public health researchers and professionals with little opportunity to raise concerns of “justice” or “fairness” that are core concepts of health inequities. Without situating the concept of health inequities in the realm of ethics, studies may not be able to raise awareness of the social responsibility of people in power including the government, policy makers, professionals, and researchers. Rather it may easily elicit individual responsibility for ill-health as noted above. In the early 1970s, a Japanese public health researcher pointed out that public health professionals were responsible for creating a ‘just’ society (Maruyama, 2000) and he strongly advocated for equity in health. His idea, however, was not in the mainstream in Japanese public health. Considering the influence of globalization on people’s lives, it is a time for public health researchers to review the role of public health in dealing with emerging social problems that have significant affects on people’s health.

## ***2.2 Non-standard Employment, Day Labour, Homelessness and Health***

This section consists of a literature review of the following related topics: 1) non-standard employment in North American and Europe; 2) day labour in the United States; 3) homelessness in North America; and 4) those 3 topics in the Japanese context. I will begin by explaining the relevance of the first three topics to this study.

As I progressed through my fieldwork and analysis of the day labourer community in Japan, I realized that to investigate day labourers, I cannot ignore the day labour system and its impact on their experiences. Since Japanese research regarding day labour focuses predominantly on homelessness, I initially framed the problems of day labourers as the issue of homelessness, which focuses more on living circumstances than on the contexts of day labour in the employment system. My fieldwork in a day labour district, however, informed me that most day labourers in the district did not consider themselves homeless, but, rather, established social identities as day labourers working under difficult conditions. The main topic of my study shifted from the living

circumstances of homelessness to examining the lives of day labourers and the main factors leading to their health inequities. The homeless and day labourers are related, but present different social and public health problems and, therefore, should be studied separately.

I also became aware that day labourers and homelessness are related to growing problems in the industrialized world as a result of globalization, which is causing major labour dislocations in the high wage industrialized nations such as Japan, North America and Europe. Traditional full-time industrial employment is being replaced by part-time work without guaranteed salaries, benefits, pensions or job security. This suggests that the issues of job and employment insecurity are no longer confined to day labourers in Japanese society. For example, youths and women working in non-traditional employments have increased and rendered even some young people homeless. Matsushige (2005), a former director of an organization supporting day labourers and homeless people in Kamagasaki, stated that the whole society has become Kamagasaki, suggesting that the situation of day labourers has been expanded across the country.

Situating the problems of day labourers within the issue of the recent increase of non-traditional employment has some advantages in understanding their experiences. First, it can shed light on day labourers, who have been long ignored by public health and social science researchers. But, more significantly, it can provide policy makers and the public with a better understanding of people's experiences with non-traditional employment, since day labourers have long known the job insecurity and social exclusion that are now shared by increasing numbers of non-permanent workers. Therefore, in this literature review, I will focus not only on day labour and homelessness but also on non-traditional employment in not only contemporary Japan but also other industrialized countries to understand current academic research.

I found numerous significant studies done in North America and in Europe that dealt with the precarious nature of the changes brought on by non-traditional employment. Precariousness is a recent concept applied to non-traditional employment and researchers use it in different ways and it certainly applies to day labourers. The term "precariousness" arises from the problems presented by the new employment paradigm created largely by globalization, trade competition, and rapid technological innovation. While precarious work is defined differently by different researchers, some common aspects appeared in many studies. Temporary employment is "precarious" both because it is not permanent (Bartley & Ferrie, 2001) and because there are often few regulations governing working conditions, safety, overtime pay, etc. and thus, the workers are more vulnerable (Benach & Muntaner, 2007). Tompa et al. (2007) also use the term "precarious" to describe work experiences that are associated with "instability, lack of protection, insecurity across various dimensions of work, and social and economic vulnerability." Research on non-

standard employment, including precarious work, and on workers' health, has been limited (Benach & Muntaner, 2007; Tompa et al., 2007). However, to inform later discussions about the relevance of my study to current labour force and employment conditions under economic globalization, I will provide a brief summary of what literature there is.

I also added day labourer to my literature review as it is the heart of this study. However, day labour is differently defined and differently characterized in different social contexts. I did not find many articles on day labour except in the United States, where a few groups of social science scholars have examined the issue because the day labour work force has increased to become a significant part of the non-standard employment in the country. Therefore, I will provide only a brief summary of the literature. It will help readers to capture the characteristics and social contexts of Japanese day labourers better than if I only provide information about the situation of Japanese day labourers.

Finally, homelessness is also a significant dimension of day labourers in Japan since many day labourers often become homeless either temporarily or permanently. Compared to studies of day labourers, homelessness and the impact of homelessness on health have been well investigated in the US and Canada. Considering the fact that half of the homeless people in the US had been working at day labour jobs, the literature review on homelessness and health will provide significant information regarding the impact of precarious work on people's lives and its influence on their health as well.

At the end of this section, I will review empirical studies of these three topics in the Japanese context. However, there are very few such studies involving non-standard employment, day labour and homelessness and health as compared to research done in North America and Europe. In this circumstance, a literature review of the other social contexts will provide an alternative perspective to understand the social issues and enable us to identify problems particularly by contrasting Japan's situation with that of other industrialized countries.

### **2.2.1 Non-standard Employment and Health in North America and Europe**

For the literature review for this topic, I conducted a search through Scholar Portal Search (Social sciences subject area) with keywords "non-standard employment" and "health" and on MEDLINE with a keyword "non-standard employment." I found seven discrete articles. I changed the keywords from "non-standard employment" to "precarious employment" and I found an additional 20 potentially relevant articles. Reading the abstracts narrowed the list; however, reading the bibliographies of the relevant articles led me to more sources. I finally selected 48 articles for this literature review.

During the past two decades, labour markets have become flexible in private and public sectors of developed countries (Brewster, Mayne, & Tregaskis, 1997; Kalleberg, Reskin, & Hudson, 2000; Wolff, 2008). The common structure of employment comprises a core of permanent employees and a fluctuating number of temporary employees to cope with peaks and troughs in demand (Kivimaki et al., 2003). In North America, since the 1980s, permanent full time jobs have been declining and part-time, temporary, and on-call jobs have increased. In the United State, of workers age 18 and over, more than 31 percent are in non-standard jobs, according to a survey in 1995 (Kalleberg et al., 2000) while in Canada, 37 percent of workers were in insecure employment (Wolff, 2008). In Europe, in some countries, including the Scandinavian countries, the UK, and the Netherlands, part-time work accounts for over 20 percent of all wage work, whereas in the southern and more agricultural countries such as Greece, Portugal, Spain, and Italy, part-time work is well below 10 percent of all workers (Brewster et al., 1997). However, the report says that employers in the European community are also making more and more use of part-time workers. The tendency has been more intense than in the US. In Finland, the proportion of contingent workers in the work force is nearly 50 percent while the UK has 30 percent.

The types of flexible employment vary and include part-time workers, temporary workers, day labourers, on-call workers, and non-permanent workers. However, there are some common characteristics. The Second European Survey on Working Conditions (Letorneux, 2006) demonstrated some significant aspects of the structural distribution, working conditions, and work organizations of precarious work, which include fixed term contracts and temporary work. For structural distribution, precarious employment in the survey was more prevalent in the least skilled occupational groups such as agricultural employees and labourers. The jobs were concentrated in the primary service sectors; hotels and restaurants, as well as construction, which is highly seasonal. In addition, precarious work is more prevalent in small enterprises than larger one. The working conditions of precarious work employees were worse than those of permanent employees. The survey showed that workers with precarious employment were more exposed to painful or tiring jobs, intense noise, repetitive movement and short repetitive tasks. From a hierarchical perspective, precarious employment often involves more monotonous and repetitive work, and less opportunity to acquire new skills and training. In addition, the workers have much less autonomy and control over their work, time and leisure and less opportunity to take part in decision-making.

Historically, empirical studies of employment and health focused on the impact of unemployment on workers' health. However, since non-standard employment is increasing, the

impact of flexible employment on health is now receiving more attention by public health researchers. Although the research in this field is still in its infancy and evidence of the association with health has not been adequately documented, several studies have provided significant evidence of the influence on health.

Several researchers studied the impact of non-traditional employment on workers' health. Kivimaki et al. (2003) examined the association between temporary employment and all-causes and cause-specific mortality in Finland. The results showed that overall mortality was 1.2-1.6 times higher among temporary employees compared to permanent employees. Also, temporary employment was associated with increased deaths from alcohol-related causes and smoking related cancer. In another study in Finland, Virtanen et al. (2003) explored health inequities across six labour market groups ranging from permanent employees to the long term unemployed receiving minimum daily allowances. The results suggested that temporary workers were likely to have poorer health than permanent employees. However, results were inconsistent because not all studies found negative impacts. Benavides et al. (2000) also examined the association of various types of employment with self-reported health indicators in all 15 member states in the EU and found that precarious employment was positively associated with job dissatisfaction but negatively associated with stress, when compared with full-time permanent employment.

This inconsistency between temporary employment and health status led researchers to look more carefully into the mobility of employment status in a longitudinal study, as workers moved from permanent employment to non-permanent employment. For example, Virtanen et al. (2003; 2005) also conducted a four year follow-up study of initially fixed term employees. In the 2003 study, the researchers explored the impact of mobility from a fixed term contract to a permanent post on workers' perceptions of job security and job satisfaction, health, and health related behaviours. The results revealed that changes from fixed term employment to permanent employment were followed by an increase in job security and job satisfaction. However, health and health related behaviour remain unchanged. In the 2005 study, the researchers explored mobility in the labour market and its association with self-rated health and psychological distress in employees who initially had fixed-term job contracts. The results demonstrated that the trajectory directed toward the periphery of the labour markets was associated with poorer health while the trajectory directed toward permanent employment was associated with better health.

In another attempt to determine the reasons for inconsistency, some researchers investigated whether modifying factors on health status resulted from employment status. Parker et al. (2002) examined how employment status affects employees' perceived work characteristics and level of job strain in the UK. The results showed that temporary status reduced perceptions of

job security and participatory decision-making. Temporary status also reduced job strain because there were fewer strain-inducing demands, such as workload and productivity pressures. Ferrie et al. (2005) examined several factors to explain associations between self-reported job insecurity and health and found that employment status and some personal characteristics, including financial security, social support and job satisfaction explained 68 percent of the association between job insecurity and self-reported health problems in women and 36 percent in men. Polany and Tompa (2004) analyzed interview data from workers to identify key dimensions of current work experiences that could explain the relationship between work environment and health in the current increasingly flexible and competitive economy in the US. The researcher identified several aspects of the work environment that are natural sources of social interaction, including contacts with customers and clients. They concluded that workers' perceptions of the importance of their work, which are largely overlooked in current work-health models, are important.

Those papers showed that health inequities of workers with precarious employment have not been adequately studied and have not yet influenced political intervention or social transformation. Although several studies showed the negative impact of precarious work, the factors that lead the workers to ill health have not been clearly identified nor have direct causal links been established. As some researchers suggested, precarious employment has affected not only workers' job security but also their day-to-day lives and families and their feelings of economic security. In order to identify the pathways to health inequities among workers with non-standard employment, social contexts that include not only their working conditions but also the totality of their living conditions need to be examined.

### **2.2.2 Day Labourers in the USA**

Day labour is one of the non-standard employments in the US; however, the literature on day labour is limited and there is little discussion about it in the US today (Only 9 articles were found through a search at Scholar Portal Search). Recently, some researchers have tried to clarify the characteristics of day labour and their experiences and I will summarize those papers for comparison with Japanese day labourers in a later section.

Valenzuela et al. (2003; 2006) have produced research focusing on day labour and related issues in the US and published several articles. Their studies provide us with a comprehensive understanding of the characteristics of day labour and the relevant issues impacting such workers. According to one of their studies in 2006, approximately 117,600 workers are either looking for day labour jobs or working as day labourers. They search for work in open-air markets, parking

lots, etc., near places where contractors are likely to pass. Valenzuela called this type of day labour informal day labour. There is also formal day labour, which is run by for-profit temporary employment agencies or “hiring halls”, and which places workers in manual labour assignments at or around the minimum wage. In addition to these open-air markets, there are work centers established by several organizations, including community organizations, municipal governments, faith-based organizations, and others. One in five day labourers search for work at a day labour work centre.

The day labour work force in the US is predominantly immigrant and Latino. Most day labourers were born in Mexico (59 %) and Central America (28 %), and only 7 percent was born in the US. A significant number of day labourers are either married (36 %) or living with a partner (7 %) and two-thirds have children. They were primarily employed by homeowners and renters (49 %) and construction contractors (43 %). Day labour pays poorly; the median hourly wage for day labour was US \$10 in 2004. Median monthly earnings in July and August of 2004 were US\$700. There is some difference between formal and informal day labour: participants in the formal day labour sector are more diverse than those in the informal markets and include women, and a substantial number of homeless.

Working conditions of day labourers are extremely unfavourable. Most are male, foreign born, recently arrived and unauthorized. They have low levels of education and a poor command of English. As a result, they tend to be highly vulnerable and exploited. Many day labourers experience wage theft and are denied food and water breaks while on the job. Day labour does not include benefits or workplace protection and is characterized by workplace abuse. Workplace injury is common. One in five day labourers has suffered a work-related injury and more than half of those do not receive medical care. Merchants and police often unfairly target day labourers when they seek work.

While studies of day labourers’ health have been limited in the US, two major health issues were found to predominate in my literature search. First, Day labourers suffer from workplace injury more than the general population. Pransky (2002) examined risk, occurrence, and the consequences of work related injury and illness in 427 non-agricultural Latino immigrants who work mainly at construction sites, restaurants and hotels, and janitorial and landscape jobs on an hourly wage basis. The results showed that more than 10 percent of the participants reported at least one work injury in the past 3 years, including falls, cuts, burns, and back injuries. They also determined that the annual occupational injury rate was 12.2 injuries per 100 full-time workers, which was higher than the average rate in the US in 1997, which was 7.1 injuries per 100 full-time workers. Buchanan et al. (2005) also examined injuries experienced by 21 day labourers at a

street corner hiring site in Chicago and found more than 50 percent of the participants had been injured within the previous year. Their study indicated that day labourers are frequently exposed to hazardous working conditions without safety training or equipment. In a qualitative study of day labourers in San Francisco, Walter et al. (2004; 2002) explored how the social contexts affect the health of undocumented day labourers, focusing on their risk for occupational injury. The participants were isolated from family and community support, and lived in a local context of homelessness, competition, and violence. Day labourers frequently perceived injury as a personal failure to fulfill their culturally defined masculine responsibility, which led to intense personal stress and can break family bonds. They were also reluctant to use health care services due to anxiety stemming from their immigration status, language barriers, and economic pressures.

Second, there is concern that Mexican migrants are at increasing risk for HIV infection (Sanchez et al., 2004). Because Mexican migrants account for a significant proportion of US day labourers, the disease has become the main issue in day labourers' health. Organista et al. (2004), however, pointed out that current studies on HIV prevention with Mexican migrants focus predominantly on a behavioural science approach that emphasises the significance of individual cognitive factors such as knowledge, attitude, beliefs, and skills. They suggested that the broader social and cultural context that influences HIV risk in Mexican migrants must also be considered. To overcome this criticism, Organista and Kubo (2005) examined HIV risk and related contextual problems and issues for migrant day labourers and identified several social and environmental contexts that affect the rate of HIV infection. These include psycho-social problems, alcohol and substance use, condom-related use and knowledge, exposure to HIV/AIDS information and services.

### **2.2.3 Homelessness in North America**

Rather than reviewing the large number of articles on homelessness in North America, I chose several books, including "Homelessness in America" edited by Baumohl (1996), a work of Layton, a leading Canadian expert on housing issues (Layton, 2000), and others in order to understand the current discourse on homelessness and any associated discussion about their health. Based on this knowledge, I organized my literature review. I selected articles that covered topics considered as relevant by these authors. In addition, I selected several articles referenced in those works and other the relevant articles. While I could not possibly do background reading on the entire range of 'homelessness' in North America, I did cover the sub-topics relevant to my thesis.

The origin of North American homelessness dates back to the era of unskilled, casual labour, the so-called "American hobo" (Anderson, 1998). In the late 1800s and early 1900s, the



nation required many transient workers for railroad construction sites, mining, timberlands, and even cattle and sheep ranches. Because the jobs were often temporary and seasonal, hobos needed to move around the country to find new work. Due to their wandering life and unstable jobs, they were social outcasts and often discriminated against and excluded from the larger community (Anderson, 1998; Snow & Anderson, 1993; D. Wagner, 1993). Instead of having fixed housing, they usually stayed in temporary quarters in areas known initially as “main stem” and later as “skid rows.” This hobo era ended in the 1920s due to de-industrialization and mechanization. They became surplus labourers and were often seen as “old alcoholic skid-row men.” This was the dominant image of American homeless people until recent years. By the 1960s the population of hobos declined and skid rows were renovated through urban renewal and gentrification (Hoch & Slayton, 1989; D. Wagner, 1993).

Homelessness gained momentum in the late 1970s and early 1980s. Beginning with the 1973 recession, high unemployment accompanied by rising housing costs hit many blue-colour workers and led them to street lives. Since the early 1980s, this population has become more visible and has drawn public attention in North American cities. These new homeless are a diverse population and include women, families with children, and young adults. The average age has also shifted from the mid-50s in 1950s and 1960s to the 30s for the present homeless population in the United States (Wright, Rubin, & Devine, 1998). The profound difference between the old homelessness and the new homelessness is increasing public recognition that homelessness is everybody’s problem rather than an event specific to old casual workers living on skid row. The new homelessness has generated more public interest and debate than has almost any other domestic issues (Snow & Anderson, 1993).

Two types of groups are often defined as literally homeless in North America: people living on the streets and people who sleep in shelters. “At risk” groups are also often part of the homeless definition. Burt (1996) suggests that some “at risk” groups of homeless are: youth on their own with no permanent residences; children who have been separated from their homeless parents; a young mother and her children who expect that within the next few months, they will have to leave their current house; a family or single person who migrated to a new town looking for a job but could not find one; a family or single person whose previous housing was lost recently and is staying with relatives or friends, and so on. More generally, Layton (2000) regards people below the poverty line as the at risk group. He suggests that people who spend more than 50 percent of their income on housing costs are at risk of losing dwellings and he estimates that 5000-7000 Canadian households are evicted every year for late payment of rent.

In the United States, the estimated number of homeless is 700,000 people, a figure that was published in 1990 by the Congressional Budget Office, and which is accepted by most researchers and advocates. In Canada, Murphy (2000) estimates there are approximately 35,000 to 40,000 who sleep in shelters on a given night. In Toronto, almost 26,000 people used hostels in 1996 (Report of the Mayor's Homelessness Action Task Force, 1999). The majority of homeless are men. However, recent US studies indicate that one-third of homeless people are adult women and 10-15 percent are children or youth under age 18 (Wright et al., 1998). In Toronto, among the 26,000 staying in hostels, 29 percent are female, 46 percent are families, and 19 percent are children (Report of the Mayor's Homelessness Action Task Force, 1999).

### **Health status**

Studies have shown that homeless people have poor health. Mortality rates of homeless people and shelter dwellers are higher than for the general population (Barrow, Herman, Gordova, & Struening, 1999; Hwang, 2000; Hwang, Orav, O'Connell, Lebow, & Troyen, 1997). Hwang (2000) noted that the leading causes of death among homeless men 18-24 years old in Toronto were accidents, poisonings, and suicide. Among homeless men 25-44 years old, AIDS, accidents, poisoning, and suicide were the most common causes. In a study of shelter dwellers in Boston (Hwang et al., 1997), AIDS was the leading cause of death among homeless men and women between 25-44 years of age. Homicide was a leading cause of death among homeless men and women aged 18-24 and among women aged 25-44. Heart disease was a major cause of death in homeless persons aged 45-64. For men 25-44 years old, the rate of death by heart disease was more than three times higher than in the general population. The self-reported health status of homeless people was also shown in the study. Thirty-seven point four percent (37.4 %) of 2,780 participants in San Francisco in 1990-1993 described their health status as poor (M. C. White, Tulskey, Dawson, Zolopa, & Moss, 1997).

Mental health and substance abuse are frequently cited health problems among homeless people in North America. The prevalence rates, however, vary; some studies suggest a third of the homeless have mental illness, whereas other studies report the number is only 10-15 percent (Snow & Anderson, 1993). For substance abuse, the estimated prevalence rate of alcohol abuse is 50- 60 percent and that of other drugs is also 50-70 percent (Wright et al., 1998). The rate of co-existing substance abuse and mental health disorders is 10-20 percent (Tommasello, Myers, Gillis. L., Treherne, & Plumhoff, 1999). Substance abuse and mental illness are considered as both causes and consequences of homelessness.

Infectious disease is also a prevalent health problem among homeless people. Those with HIV/AIDS are disproportionately represented among poor and minority women and their children (Nyamathi, Flasterud, Leake, Dixon, & Lu, 2001; Waterston, 1997). In addition, street youth have shown high prevalence rates of HIV in North America. In San Francisco, for example, the estimated prevalence rate among homeless youth is approximately 7 percent. In addition, homeless people are at greater risk for tuberculosis and hepatitis C (Brewer et al., 2003; Desai, Rosenheck, & Agnello, 2003; McElroy et al., 2003). In the United States, 6 percent of the TB cases reported in 2001 were among the homeless and that percentage has changed very little since 1993 (McElroy et al., 2003).

Victimization is also a serious problem among women and street youth. One of the causes of homelessness for women is domestic violence. Women leave their partners to avoid violence and try to survive, often with their children. Compared to men, the jobs available to women are lower paid and without support from their parents or friends, working class and lower middle class women living alone often cannot rent a house and pay for necessities (Katz, 1989). In addition, women are often not eligible for old age pensions because many depended on their husbands' pension plans (Wright et al., 1998). These situations put women at a greater risk for homelessness. Homeless youth also tend to be victims of violence; 70-80 percent of homeless youths report having experienced child abuse by their caretakers. Foster care is provided to these youth; however, to avoid control by staff and facility rules, many of them leave foster care facilities and end up living in the streets (Cwayna, 1993).

### **Health related research**

Mental illness and substance abuse seem to be the most studied issues among researchers investigating homeless people's health. They especially focus on treatment programs for substance abuse such as cognitive-behavioural treatment (Schonfeld et al., 2000), community reinforcement approaches (Smith, Meyers, & Delaney, 1998), and psychological interventions (Tyson & Carroll, 2001). In addition to the traditional treatment programs, some researchers have developed alternative approaches such as "the Buddy Project" that encourages homeless with psychiatric disabilities to participate in social activities with peers (Fisk & Frey, 2002). However, the effectiveness of these treatments has been questioned since homeless people often have difficulty accessing and maintaining participation in treatment programs. The factors that affect their participation in the programs are also identified, including a history of treatment for substance abuse problems and situational factors such as the location of the treatment program (Sosin & Bruni, 2000; Tommasello et al., 1999; Wenzel et al., 2001).

While homeless men's health is predominantly linked to mental illness and substance abuse, the causes of homeless women's health include some other issues. HIV/AIDS and substance abuses are the most cited topics. A number of studies emphasize individual factors associated with the contracting process of HIV and initiating drug use. Key factors identified for contracting HIV are women's unsafe sex behaviours (Cabral, Galavitti, Armstrong, Morrow, & Fogarty, 2001; Gelberg et al., 2001), drug use (Shor-Posner et al., 2000), and lack of social support (Nyamathi, Stein, & Swanson, 2000). Also, factors associated with substance use and abuse are childhood abuse, psychological distress, victimization (Wechsberg, Lam, Zule, Middlesteadt, & Edwards, 2003), low self image, traumatic events, and social pressures from other users (Nyamathi, Bayley, Anderson, Keenan, & Leake, 1999). To change their behaviours, coping strategies, education, and sexual behaviour are also emphasized (Galaif, Nyamathi, & Stein, 1999). Victimization is another important issue in homeless women's health. On this topic, researchers explored factors leading to the victimization of women, such as histories of childhood abuse and substance abuse (Carroll & Trull, 2002; Nyamathi, Wenzel, Lesser, Flaskerud, & Leake, 2001).

Youth are also a major target group for research on homeless people's health. HIV/AIDS among homeless youth is the most explored topic among researchers. Several studies have explored factors associated with HIV risk, including lack of knowledge and incorrect information about HIV (L. S. Wagner, Carlin, Cauce, & Tenner, 2001), homeless circumstances and the duration of homelessness (Ennett, Federman, Bailey, & Ringwalt, 1999), and substance abuse (Bailey, Camlin, & Ennett, 1998). Studies of the risk factors of substance abuse found friends from the street to have the strongest direct effects on alcohol use (McMorris, Tyler, Whitbeck, & Hoyt, 2002). In another study, youth without a social network were more likely to engage in drug use than those with a social network (Ennett, Bailey, & Federman, 1999). Victimization and suicide are the next greatest concerns for homeless youth research. Factors identified as relating to the sexual victimization of homeless youth include gender and high risk behaviours (Tyler, Hoyt, Whitbeck, & Cauce, 2001) and experienced physical and sexual abuse by an adult caretaker (Yoder, 1999).

As discussed above, studies of homeless people's health tend to emphasize individual characteristics or behaviours as factors associated with their health status. These individual-focused studies have been criticized by other researchers who favour examining broader social factors. Paradis (2000), for instance, points out that these research trends on homeless people's health may perpetuate stereotyping or stigmatization. Waterston (1997) argues that these studies contribute to reproduce inequities for the homeless. The point of these criticisms is that studies

which emphasize individual factors obscure social or environmental factors that are beyond people's control and, therefore, such studies may mislead the public and professionals about the causes of homelessness, whether or not the researchers are conscious of such effects.

Simultaneously, some researchers have tried to examine social factors that affect homeless people's health. In a study about the power relationships between staff and homeless people in a treatment setting, Quimby (1995) found that autonomy and sense of control are significant factors that lead to treatment success for homeless persons with substance abuse and mental disorders. In another case, Weinberg & Koegel (1995) identified the conflict between homeless people's street survival skills and substance abuse treatment programs. Homeless people develop several survival skills since their lives are exposed to dangerous events on the street. For instance, they tend not to trust others to protect them from robbers and attackers. However, in the program, they are encouraged to build trust with the staff as a part of their treatment. This suggests that the experiences of homeless people and their social environments must be considered by health professionals as they develop programs and services for the population.

### **Social science research**

The research undertaken by sociologists and anthropologists has challenged individual-focused views of homelessness and tried to create alternative perspectives on homelessness. I will discuss some of the alternative views in this section.

Many social scientists point out that the housing problem is one of the main causes of homelessness in North America (Dolbeare, 1996). In the 1980s, the federal governments of the United States and Canada stopped funding subsidized housing and deregulated and privatized housing policies. Subsequently, most of the single room occupancy hotels, which contain tiny one-room units and were provided as "the last resort" for a single person working with low income, were demolished or changed to be high cost housing for people in the middle or upper classes (Dolbeare, 1996; Hoch & Slayton, 1989; Murphy, 2000; Wright et al., 1998). Some data show that due to these changes, 1.7 to 2.4 million persons lost their housing annually in the United States (Wright et al., 1998). This change affected the most vulnerable groups in society such as the mentally impaired, the physically disabled, the substance-abusive, and the disaffiliated.

The transformation of labour markets caused by de-industrialization and mechanization is also another major issue in considering the cause of homelessness. From the 1960s to the 1970s, manufacturing declined in North America and service industries began taking over the labour markets (Hardin, 1996). People who have low education levels or few skills found they could

only qualify for menial service industry jobs, such as fast food servers or hotel room cleaners, rather than the more sophisticated service jobs in computers, telecommunications, health care, etc. (P. S. Berger & Tremblay, 1999).

Furthermore, welfare reform is understood to be one of the major causes of homelessness. A decline in public assistance for the disabled and the elderly has affected people in North America. In the US, there are five key programs of cash and near-cash assistance: Aid to Families with Dependent Children (AFDC), the Food Stamp program (FS), Supplemental Security Income (SSI), Unemployment Compensation (UC), and General Assistance (GA). In 1981, an estimated 1.5 million people were affected due to the budget reduction for SSI, the cash assistance program for the elderly or disabled. Under recent welfare reform, the government also shifted efforts from income maintenance systems to a work-focused system, emphasizing linking employable recipients with job search and educational programs or requiring states to create work programs for families receiving AFDC for more than two years (Greenberg & Baumohl, 1996). In 1996, the government further reduced the budgets for some of these assistance programs by reducing the available period of the assistance (P. S. Berger & Tremblay, 1999; Conroy, 2001). The government in Canada also tightened the welfare budgets, reflecting the 1970's economic downturn and the rapid increase in welfare expenditures (Murphy, 2000). Under the conservative government, the budgets of social security, including unemployment benefits and health care insurance, have been declining.

Ethnographic and anthropological studies have critical roles in challenging the dominant public views of homelessness in North America. "Rachel and Her Children" authored by Kozol (1988) introduced the public to the world of homeless women, where they struggle and live in shelters. The book is often cited as significant in terms of changing the public perception and attitude toward homeless people to be more sympathetic. Liebow (1993) wrote his work entitled "Tell Them Who I Am" while working as a volunteer in women's shelters. His work provides different perspectives from Kozol's descriptions of homeless women. Liebow tries to show readers not only their struggle but also the way the women deal with some difficulties in their daily lives, from the women's point of view. For homeless men, Snow & Anderson (Snow & Anderson, 1993) also described how they became homeless, how they survived street lives, how they created their identities, and so on. Wagner (1993) described street lives from the perspective of cultural resistance and also social movements among homeless people. However, there are also criticisms by ethnographic researchers. Some researchers argue that some ethnographic studies have emphasized homeless people's vulnerabilities and created negative images and, thus, seem

to mislead people into seeing the homeless as incompetent (Snow & Anderson, 1993; D. Wagner, 1993).

#### **2.2.4 Non-standard Employment, Day Labour, Homelessness, and Health in Japan**

Since the term “hiseiki-koyo”, which means non-standard employment, was not commonly used in the field of health research until recently, only 13 non-empirical papers were found in a search at Nii Scholarly and Academic Information Navigator with keywords “hiseiki-koyo” and “kenko (health).” I reviewed the issues of a research journal published by the Japanese Society for Occupational Health from 2002 to 2008 in order to find empirical studies and located only 5 presentation abstracts. I also searched the website of the Japan Institute for Labour Policy and Training, which is a research institute funded by the Ministry of Health, Labour, and Welfare, and found several non-empirical articles.

I have found two major perspectives on the causes for the increasing non-standard employment in Japan. Some researchers focus on individual choice as the main cause, emphasizing the positive side of non-standard employment. A report issued by the Japan Institute for Labour Policy and Training (2007) pointed out the recent trend of diversified values on workers’ lives. It found their attitudes toward their life and work balance have shifted from the traditional value of a work-centred life to a preference for a personal life oriented or balanced between work and private or family life. This is reflected by the Report’s use of the term “diversified employment” instead of “non-standard employment” to describe increasing numbers of part-timers, dispatched workers, and fixed terms workers in Japan. In this context, the cause of the increase in non-standard employment among youths tends to be attributed to individual choice. Consequently, the authors emphasise the significance of job training and skills to enhance human capital rather than focusing on the negative impacts of the working conditions of employment.

Other researchers and advocates for worker’s right focus on structural contexts in understanding the causes for increasing non-standard employment among youth, primarily structural problems created by deregulation of employment systems and lack of policies for workers in non-standard employment. For example, Tachibanaki (2006) pointed out that many youths working with non-standard employment contracts are not doing so by choice, in order to have a more flexible lifestyle. His study showed that they wanted a permanent job in the near future. He suggested two reasons why non-standard employment has increased among the young. First, youths with less education are likely to start with non-standard employment. Indeed, he found that over 70 percent of young male workers who do not have permanent jobs had less than a high school education. Such youths have neither the skills nor the abilities required for most

jobs in the modern world and employers are no longer willing to make permanent commitments to and pay for the training of such workers, even for basic industrial jobs. The marketplace is simply too competitive. Second, employers often discriminate against people who have no experience, so it is difficult for young people to break into the permanent employment ranks. He cited a survey conducted with groups of business managers that indicated most companies are reluctant to hire young workers who have only temporary employment experience; they would rather employ new graduates to train as core workers for their companies. He suggested that these conditions provide youths with little opportunity to escape from temporary work and move up to a permanent position.

Another researcher supported this idea in his book. Yamada (2007) attributes the cause of the recent increase in non-standard employment among the young to structural inequities in the economy. He pointed out the polarized employment patterns in contemporary Japan. Companies tend to hire for their core permanent work force workers who have higher potential to acquire professional skills and knowledge than others, while using non-standard employment for routine jobs in order to survive in the highly competitive economy. While the former receive training to enhance their knowledge and skills and will enjoy higher incomes in the future, the latter are doomed to be stuck with manual work at low wages and always at risk of unemployment.

It is not difficult to assume that the health of those populations is negatively impacted by their non-standard employment, considering the evidence from research in North America and Europe. Nonetheless, studies on the impact of non-standard employment on people's health and lives has been limited (Yano & Murata, 2006), with the traditional approach of evaluating permanent employees' health still dominant. There are, however, some empirical studies and commentaries that demonstrate some relevant characteristics for Japanese studies on non-standard employment and help us understand how researchers, professionals and the government have interpreted and dealt with this newly emerging issue in Japan.

It is important to identify characteristics of workers involved in non-standard employment and their experiences before exploring the impact of the new employment paradigm on workers' health. In the white paper in 2007, the Ministry of Health, Labour, and Welfare provided some illustrations of workers who do not work in permanent employment as predominantly young. The White Paper (Cabinet Office Government of Japan., 2007) says that the prevalence of non-standard employment among young workers from 15-19 years old is 72.5 percent and that from 20 to 24 is 40.8 percent. Very few empirical studies have been conducted to identify their working conditions. Fujimoto (2003) examined the working conditions of contract-based workers and found that wages are hourly, contracts are for fixed-terms and are often for full-time employment.



The jobs that they are assigned are mainly manufacturing, assembling, product inspection, and data entry, which require minimal skills and training. He identified that more than 80 percent of his participants' demonstrated anxiety regarding their prospect for stable lives and employment and income security and had few positive comments about their work. He concluded that contract-based employment has not provided youths with the prospect for stable work and family life and the opportunity to enhance their human capital. Nakano, an advocate for workers' rights, also stated that "dispatched day labourers" do not always find a job every day, and are often paid lower than the minimum wage (Nakano, 2006). It is obvious that they cannot make a living under those conditions and some have suffered from psychological distress. These facts indicate that emerging non-standard employment shares the same working conditions with conventional day labourers and therefore, may have similar impacts on workers' lives and health.

Women are another large segment of the population working under non-permanent contracts. Nakano (2006), an advocate for workers' life, illustrated women's experiences with non-permanent employment as social inequalities in her book. Women historically tend to work part-time as they were not able to work full-time due to their roles raising children and keeping a home. In fact, women account for over 70 percent of part-timers. Part-time jobs tended to be seen as supplementary to the spouse's salary, which accounted for most of the family income and benefits. Therefore, wages are often set at lower rates than for regular workers (Nakano, 2006), even though they may perform the same tasks as regular employees. It is very difficult for some women such as single mothers to make a living. Nakano suggested that part-time workers have been excluded from public debate in discussing employment and working conditions for a long period.

The literature on the impact of non-standard employment on health has been limited in Japan. However, a few researchers have begun examining this increasing employment trend. The results from the studies are not consistent. While some found negative impacts from non-standard employment, others suggested that regular workers have more health damage than part-timers. For example, some groups of researchers examined physiological stress on both permanent employees and non-permanent employees, but the results were inconclusive as to whether permanent or non-standard workers suffered more (Eita et al., 2006; Hirose, 2005; Otani et al., 2002). Some research demonstrated that non-permanent employees have lower stress than permanent workers. Another study examined dispatched workers and found that most participants worked after hours (Hattori & Yokoya, 2005). Among them, approximately 30 percent worked over 100 extra hours per month and could not maintain healthy lifestyles. They suffered from fatigue and psychological distress. Moreover, Nishikiya et al. (Nishikiya, Nakao, & Yano, 2006)

conducted research on the association between fixed-term employment and risk factors for non-communicable diseases. The results showed that fixed-term employment tends to increase total cholesterol and BMI, which are risk factors for coronary heart disease. However, the research in this field is still in its infancy and a study by the Japanese Society for Occupational Health was launched in 2008. More studies are needed to identify characteristics of non-standard employments and more theoretical framework is needed to explain the impact of that employment on health.

### **Day labour and homelessness**

In Japan, contemporary homeless people are often referred to as day labourers among both the public and researchers. Day labourers work under the *yoseba* system that provides people with daily paid jobs to repair roads and bridges, work at construction sites, in factories, or building houses. The industry has existed since the 1950s and 1960s, which was the period of fast-paced economic development in the country (Giamo, 1994; Gill, 2001). In recent years, most day labourers are recruited by the construction sector. There are day labour districts where recruiters come to hire labourers and drive them to work sites. Day labour districts are located in large cities, including Tokyo, Osaka, and Yokohama where there are also cheap hotels, shops, bars, restaurants, and gambling places.

Interestingly, the situation of day labourers has received attention from American anthropologists (Fowler, 1996; Giamo, 1994; Gill, 2001). Gaimo interpreted the Japanese day labour market as a system which “functioned to absorb some of the social dislocation caused by Japan’s rapid economic development into an advanced industrial and now, post-industrial nation” while the issue of day labourers has been ignored by Japanese researchers and the government until the late 1990’s, when day labourers became more visible as the homeless in public spaces in urban areas.

In the literature, day labourers are predominantly tied to homelessness in Japan. The homeless have become more visible in public. Starting in the late 1980s the term “homeless” has appeared in the media and drawn public attention nation-wide. The number of homeless was, according to the Ministry of Health, 16,274 in 1999 and 24,090 in 2001 (The Ministry of Health Labour and Welfare, 2001). Most of the homeless are single men with an average age of 53 years. According to the 2003 national survey on homelessness, 749 women were identified across the country, which is 3 percent of the participants of the survey (The Ministry of Health Labour and Welfare, 2003). There were no youths under 19 and only 3 (0.1 percent) between 20-24 years old in the survey. Another study on homelessness shows that 7 percent of 700 participants were under

30 years of age (Fujii & Tamaki, 2003). Some researchers estimate that the number of women and youths will increase in the future due to rising unemployment rates, changing family relationships and the reform of the social security system in Japan (Fujii & Tamaki, 2003; M.. Nakane, 1999).

Hasegawa (2005) suggested that there were two approaches to explaining the causes for the current increasing homeless population in Japan. First, some researchers (Aoki, 2004; M. Nakane, 1999; Shima, 1999; Yamaguchi, 2004) attribute the main cause to recent diminishing day labour markets called *yoseba*. Another approach focuses on broader structural influences such as increasing non-standard employment brought on by recent economic globalization (Kennett & Iwata, 2003). I will provide a brief summary of the relevant studies next.

Shima (1999) emphasized the diminishing day labour market as the main cause of current homelessness in Japan. He used the term “*nojoyukysya*”, which means people who sleep outside, instead of homeless people, arguing that day labourers cannot avoid homelessness. He pointed out that day labour is seasonal work with increased opportunities in February and March and decreases from April to June because of changing demand for construction workers. As a consequence, day labourers do not always work regularly and sometimes sleep outside, and rely on charitable services such as soup kitchens when they are unemployed. Shima conducted a survey of homeless people in Osaka and concluded that the direct cause of the recent rapid increase in homelessness, resulting from prolonged periods of unemployment, was due to the shrinking construction industry in contemporary Japan.

Tamaki (1999b) examined the problems of day labourers and homeless people. Through an analysis of local government policies for day labourers, he identified underlying ideologies (Tamaki, 1999a). The government has an interest in maintaining pools of day labourers as a convenient labour force for infrastructure projects for public events such as the Olympics. The government also wants to contain day labourers to prevent violent activities such as riots and to isolate them from the mainstream. He criticized the social policy for homeless people that prevents the welfare office from helping the homeless who are able to work, even if there are no jobs available to them. He explained that the government thinks of homeless people and day labourers as irresponsible and do not deserve welfare services.

Kennett & Iwata (2003) criticized the dominant homeless discourse in Japan that focuses mainly on day labourers and shows less concern for the new risks and challenges and employment insecurity emerging since the 1990s in Japan and the lack of effective social policies for an increasingly diversified homeless population. They emphasized the significance of the perspective that frames the issue of homelessness as the influence of the new economy and globalization, which has changed the employment system in Japan and increased the number of

part-timers and contract workers in the country. They asserted that linking homelessness to only day labourers might overlook other diversified vulnerable populations such as youths, women, the elderly, foreign workers, etc who are easily falling into homelessness just as day labourers do.

### **Health status of day labourers and the homeless**

While there are an increasing number of studies of homeless people's health, there is a paucity of literature about the status of Japanese day labourers' health. MEDLINE search results indicated no results for a keyword search of "Japan and day labour." Also, at the on-line database *Igaku Chuo Zasshi*, which is a commonly used Japanese on-line database for health sciences, only 12 studies appeared as a result of a keyword search of "day labour" for the period of 1998-2008, while 230 studies were referenced using the keyword "homeless." However, one group of researchers from a university in Osaka reported significant findings concerning the health inequities of day labourers. In addition, while doing my fieldwork, I collected other articles from sociological journals and documents from health related organizations in the Kamagasaki District. I will illustrate some aspects of day labourers' health status and inequities in the next section.

Kuroda et al. (2002) conducted a survey of 213 homeless people as well as 81 day labourers living in Osaka. Participants were asked about their physical and physiological conditions. While not all participants in the study were day labourers, because 40-60 percent of the homeless in Osaka used to be day labourers (Kakita, 2003), the study provides information relevant to understanding their health inequities.

Their results show higher mortality rates for day labourers than for the general population. Kuroda cited the data from the document issued by the City that more than 200 homeless people died on the streets in the city of Osaka in 2000, and their average age was 56.2 years. This result is consistent with Aoki's estimation of day labourers' life expectancy in Osaka, which was around 60 years old (1999). This is substantially lower than male life expectancy at the national level, which 78.56 years in 2005 (Statistics and Information Department Minister's Secretariat Ministry of Health Labour and Welfare, 2005a).

This study also shows that that day labourers' mortality rates are higher than the general population's in several disease categories. They examined the standardized mortality ratio (SMR)<sup>1</sup> among participants in relation to the male population of the country. The results are as follows: tuberculosis, 44.82, gastronomic disease, 8.57, suicide 6.04, pneumonia 4.52, liver disease 4.12, cardiac disease 3.34, cerebra-vascular disease 1.13, and cancer 0.25. These data indicate that,

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<sup>1</sup> Standardized mortality ratio is the ratio of the number of events such as diseases observed in a population in relation to the number that would be expected if the population had the same distribution as a standard or reference population such as the whole population in the country.

except for cancer, day labourers are more likely to die of these diseases than the general male population.

Another study showed that day labourers' morbidity was also higher than the general population for several diseases. According to Matsumoto (2000), day labourers are more likely to have musculoskeletal disease, digestive system related diseases, respiratory diseases, and dermatitis than the general population. In particular, the prevalence of musculoskeletal disease is nearly 4 times higher than the national average and this may reflect the hard conditions of their construction work. Among respiratory diseases, tuberculosis is the most significant, according to public health professionals, since the incidence among the homeless population is more than 20 times higher than in the general population.

Another study on the morbidity of outpatients shows similar results. The study compared data from the outpatient department of a hospital providing health care services to mainly day labourers in the Kamagasaki (2004) with data from an outpatient survey at the national level (Statistics and Information Department Minister's Secretariat Ministry of Health Labour and Welfare, 2005b). The prevalence of disease among outpatients in the Kamagasaki District is much higher than that of outpatients at the national level for the following three diseases: 1) infectious and parasitic diseases, 2) diseases of the digestive system, and 3) injury, poisoning and certain other consequences of external causes. Both studies indicated that day labourers are more likely to have infectious diseases, digestive diseases, and injuries. These facts reflect the environment of day labourers. The data were not adjusted for factors such as age, sex and the year of data collection for these comparisons and may be biased. Nevertheless, the findings do have significant implications for day labourers and how their health is affected by their lifestyles.

Day labourers are also at higher risk for a variety of diseases. Kuroda et al. (2004) investigated the health of day labourers in Kamagasaki who were at least 55 years old. The test results from physical examinations showed that many had serious physical impairments. Comparing their data to the results from the National Nutrition Survey, they found that day labourers showed a higher prevalence of hypertension and higher levels of blood glucose than the general population. Also, they demonstrated that the men had a greater tendency to become anaemic and have lower cholesterol levels than the population at the national level. Day labourers were also more likely to have "lean" BMI scores than the general population. Kuroda also added that day labourers who have diets poor in both quality and quantity showed lower levels of cholesterol as well as lower levels of haemoglobin, protein and albumins. They are also more likely to have chronic diseases such as cerebra stroke and type 2 diabetes and these conditions tend to result from malnutrition.

Finally, substance abuse among day labourers is also estimated to be higher than in the general population. A search of studies of day labourers' alcohol addiction at the Japanese on-line database revealed only 15 articles associated with alcohol behaviours among 230 articles on homeless people's health. Although several studies indicated that day labourers had a tendency to abuse alcohol and drugs, no studies indicated that they are more likely to become addicted than other populations. However, according to an anthropologist who did his fieldwork in the day labour district in Tokyo, one-third of day labourers were estimated to have alcohol problems and half of them are actual alcohol abusers (2001). Also, another advocate for day labourers in Osaka assumed that five in every hundred homeless people in Osaka had drinking problems (McCurry, 2005).

I found only twenty-seven relevant articles on-line that dealt with day labourers, homelessness and psychiatric disorders. Several indicated that day labourers and homeless people suffered from mental diseases (Kubokawa & Niimura, 2008; Shimohira, Okabe, Iida, & Minekawa, 2007). However, the studies were limited to descriptions of their health status and provided little information relative to health inequities between day labourers and other populations. The fact that there is such a paucity of literature may reflect the fact that Japanese people with psychiatric problems are still institutionalized, as opposed to Canada and the US where the mentally and emotionally challenged were deinstitutionalized beginning in the 1950's (Wright et al., 1998).

### **Challenges for future research**

I will now discuss two challenges for future research on day labourers. First, most current studies of day labourers' health are descriptions of their physical health status. This may reflect the dominant perspective of biomedical research in Japan, which focuses on individual and behavioural factors as determinants of health, with less concern for the social determinants. As Rawls' theory indicated, in order to achieve social equity in health, "the goal is not (to) achieve a specific pattern of health outcomes, but a just basic structure of society" (Peter, 2001). In this context, research contributing to a reduction in health inequities among day labourers and homeless people must focus on the pathways that lead some groups of people into lower health status than others, focusing more on social contexts including not only economic but also political and cultural factors that affect people's working and living circumstances.

Second, there are two approaches to explaining the causes of the recent increase in homelessness in Japan (Kennett & Iwata, 2003). As mentioned earlier, one is focusing on the diminishing day labour market, and the other is emphasizing the influence of globalization that

requires a more flexible labour force than before. However, neither approach allows researchers to understand the social contexts of Japanese day labourers who have long been excluded from formal labour markets and mainstream society. As Giamo indicated in his study (1994), Japanese day labourers were more obviously and forcefully excluded than their American counterparts. These facts suggest that there are social contexts intrinsic to the Japanese day labour system that places these men in the lowest social position in Japan and excludes day labourers from most of the social resources that are needed for them to establish a decent life. Only focusing on the day labour system as the cause of homelessness may overlook those facts and more complex aspects of social exclusion than simply material deprivation.

The second approach, which emphasizes the influence of globalization, focuses on diverse groups of vulnerable populations such as young people and women. In this approach, day labourers tend to be excluded from research in the field of not only public health but also other social sciences not just because the number of day labourers is small but also from the longstanding social stigma attached to day labourers as social outcasts in Japanese society. On the contrary, youth and women are still considered as core members of society and as a significant workforce. Day labourers can be considered as the most vulnerable population in the country considering other factors such as age and lower levels of education than other minorities. To establish social justice and fairness for day labourers and to achieve equity in health and health care, day labourers must be studied as a separate and unique population.

## **CHAPTER 3: THEORETICAL FRAMEWORK**

In qualitative research, theory functions as a guide to the knowledge production process. There are two levels of theory needed in a qualitative study: one is at the paradigmatic level, which refers to the nature of knowledge production through human inquiry, the other is the substantive level, which includes conceptualizations of the target phenomena the researcher wants to study (Sandelowski, 1993). This study will be informed by critical constructionism at the paradigmatic level and social inequality theories at the substantive level. In this chapter, I will present critical constructionism and theories of social inequalities and discuss the relevance of this theoretical framework to this inquiry into the lives of Japanese day labourers.

### ***3.1 Critical Constructionism***

Heiner (2002) proposes critical constructionism as a paradigm of inquiry into social problems. Critical constructionism is informed by principles of social constructionism and conflict theory (Heiner, 2002). Therefore, in order to understand critical constructionism, both social constructionism and conflict theory will be discussed in this section. I will first present social constructionism and conflict theory principles, and then discuss how social problems are understood from the perspective of critical constructionism.

#### **3.1.1 Social Constructionism**

Berger & Luckmann (1967) made a major contribution to social constructionism with their work “The Social Construction of Reality.” Their ontological premise is that reality is socially and historically constructed through people’s everyday lives. And, they claim that knowledge must be understood through examining how it is socially and historically constructed in society.

This philosophical underpinning of social constructionism supports newer theoretical approaches offering radical and critical alternatives for several disciplines in the social sciences and humanities (Burr, 1995). Although there are several descriptions of social constructionism, some key assumptions are common: 1) taken-for-granted knowledge should be critiqued, 2) the ways in which people understand the world are historically and culturally specific, 3) knowledge is sustained by social processes, and 4) knowledge and social action go together (Burr, 1995).

The first assumption, that “taken-for-granted knowledge should be critiqued”, means that social constructionism cautions us to be suspicious about the assumptions that we use in daily life to identify or distinguish phenomena. For example, gender, in our assumption, is divided into male and female. Social constructionism raises the question of whether there are other ways to



conceptualize gender. This happens because social constructionism denies the assumption that reality or truth is pre-existent, but sees it as constructed through interaction in the social world.

The second assumption, that “the ways in which people understand the world are historically and culturally specific”, means that the way we understand the world, phenomena, and concepts depends on the history and culture of the society in which we have lived most of our lives. For example, in Japan in the latter half of the twentieth century women were mainly expected to be homemakers but in the twenty first century it appears that they are increasingly accepted in the workplace. The ways of understanding the world are not specific to the particular culture or period, but are products of culture and history and dependent on the social and economic situations prevailing in that culture and at that time.

The third assumption, that “knowledge is sustained by social processes”, means that what we regard as truth, such as our currently accepted ways of understanding the world, are a product of the social processes and interactions in which people are constantly engaged. For example, the phenomenon of poverty is not a product of the observation of situations such as merely observing peoples’ lives but is constructed through the daily interaction among people through the media, policy, the economy, etc. Berger & Luckmann (1980) also suggest that as long as the social reality is constructed and not pre-given, people are able to challenge dominant understandings of certain events or social phenomena by creating alternative ideas. Therefore, to maintain a taken-for-granted situation, it is necessary for people who create those dominant understandings to constantly legitimize them so that other people do not claim alternative understandings and change existing social structures.

The forth assumption, that “knowledge and social action go together,” means that different knowledge, such as different ways of understanding the world, brings different social actions. For example, in the western context, excessive drinking used to be known as “drunkenness” and drunks were often denied treatments at hospitals. However, for some decades now, alcohol addiction has been called “alcoholism” and considered a disease and alcoholics are considered as legitimate patients for medical treatment (W. L. White, 1998). In this case, when the majority in society thought alcohol addiction to be a moral problem, they excluded people with the problem from hospitals, but when they came to understand that alcohol addiction was a disease they admitted alcoholics for medical treatment. This indicates that how people act toward alcoholics depends on how they understand them and their activities in a social context.

### 3.1.2 Berger & Luckmann's Social Constructionism

Berger & Luckmann argue that human beings create and sustain social phenomena through social practice. They particularly stress three fundamental processes responsible for the practice: *externalization*, *objectivization*, and *internalization*.

In Berger & Luckmann's social constructionism, the process of social construction is based on human activities characterized by *habitualization* and *institutionalization*. They propose that all human activity is subject to *habitualization*, which casts individuals' activities into the same pattern as a result of repetition. When a habitualized action becomes accepted by the majority of a certain group, *institutionalization* happens. In this process, the meanings involved in the activities become embedded as routines in people's general stock of knowledge and are taken for granted in their everyday lives. For instance, some people define the homeless as "lazy." When this meaning becomes generally accepted by many people it is reinforced by policies, the media, etc. in an implicit way. As a result, the understanding becomes 'truth' among people in that society.

Berger & Luckmann further explain that *institutionalization* occurs through interactions in people's everyday lives, which include the processes of *externalization*, *objectivization*, and *internalization*. In the example of homelessness, some people may have the idea that the homeless are 'lazy', and then tell a story about it (*externalization*). Once the idea enters the social realm, it begins to become an 'object' among many people (*objectivization*). Over time, the idea is seen as natural and a part of the nature of their world (*internalization*).

*Institutionalization* does not occur by itself. It is subsumed under the concept of social control, according to Berger & Luckmann. In society, some people, especially those in administrative or authoritative positions, establish definitions for the meaning of certain social phenomena in order to maintain social order and preserve the stability of society. For example, law or regulation may be the most obvious example of social control created by governments. Regulations not only provide restrictions but also create certain meanings of social phenomena for the people in question. In the case of Canada, for instance, Morrow & Harbison (1998) point out that the adult protection law has created negative implications for senior citizens, including the idea that older people are too vulnerable to take responsibility for their own protection and, thus, older people tend to be undervalued by society. These meanings are created by multiple institutions: law and regulation, the media, professionals, educators, researchers and others who participate in the elaboration or interpretation of social phenomena or human behaviours. These people are considered as having power in that they can create meanings and disseminate them and thereby possibly exercise control over society whether consciously or not.

Berger & Luckmann, however, suggest that society and people are not always subjugated to power. Whereas dominant power brings society to a high degree of social-structural stability, there are always alternative forces that oppose the taken-for-granted acceptance of 'reality.' These authors explain that most modern societies are pluralistic. They have not only dominantly shared understandings of social phenomena and human behaviours, but also several alternative ideas, theories and perspectives which co-exist. This pluralistic situation challenges dominant views of reality and the status quo, and finally may produce social change.

Berger & Luckmann also emphasize language as a key element of social constructionism. In traditional social sciences, language is used as a reflective and representative tool. Conversely, in the constructionist paradigm we see language as constitutive and constructive (Phillips & Hardy, 2002). For example, a recurring idea about the homeless, as already mentioned, is that they do not want to work; that "they are lazy." In conventional thought, language in this case is considered as reflecting the situation of the homeless. In the constructivist paradigm, on the other hand, this process is thought of as constructing the meaning of the situation such as 'lazy.' This is because constructivists assume that reality does not exist until people give it cultural and linguistic meaning. Moreover, language also works by making a meaning plausible and available to many people. For example, a new idea may initially not be clear or widely shared, but through speaking or writing, it may become 'real' to many people. While in a traditional sense this process is understood as transmitting information, in the constructivist paradigm this is considered as the process for making the meaning more 'real', subjectively and objectively (P. L. Berger & Luckmann, 1967).

### **3.1.3 Conflict Theory**

There are two major sociological perspectives of how society is constructed. One is conflict theory, and the other is structural-functionalist theory (Grabb, 2002). They have different value orientations. Conflict theorists think that the most powerful members of the dominant groups create the rules for success and opportunity in society, often denying subordinate groups access to these opportunities. Hence, a system based on exploitation and oppression is created and conflicts are at the core of the relations between these two groups. Conversely, structural-functionalists do not problematize existing social structures and inequalities; they accept what is (Grabb, 2002). Structural-functionalists believe that if the public agrees that the most powerful positions have higher value or importance, then the power structure is legitimate. In other words, structural-functionalists assume that in this context people believe that society needs stratification systems and accept the inequalities generated by these systems.

Considering that people tend to uncritically accept existing social structures and, therefore, implicitly allow the privileged to maintain the status quo and limit social change, conflict theory is opposed to the structural-functionalist perspective. To challenge the status quo, conflict theorists are mostly concerned with inequalities as a result of the unequal power distribution in society. In contemporary society, we can identify several types of inequalities. Traditionally, Marxists emphasized economic inequalities that are caused by economic domination, such as controlling access to employment or material resources (Heiner, 2002). Others such as neo-Marxist and post-structuralism theorists focus on the interrelations between multiple inequalities, such as class, gender and race, to understand different power imbalances. A significant point here is that conflict theorists view inequalities negatively, unlike structural-functionalist, and therefore they study them in order to help reduce them. Sociologists with this perspective often take an activist role for social and political change.

Another significant aspect that conflict theorists emphasize is the way the elite exercise power. In contemporary society, power does not necessarily mean physical force; but rather influence the ability to control. The dominant ideology makes people believe their situation is reasonable. The media, education and religion play a key role in reinforcing these beliefs. In this context, Heiner (2002) suggests that power is the ability to influence social structures. As mentioned earlier, in the section on social constructionism, peoples' values, norms and beliefs are created in society through the process of institutionalization in their everyday interactions. People who benefit from the current social and economic arrangements are able to create and sustain discourses about their "deserved" social location through such institutions as mass media, educational systems and other "opinion-making" institutions. Therefore, power is the ability to influence the way people think, particularly leading people to believe that the elite should have power.

### **3.1.4 Critical Constructionism as a Paradigm for Addressing Social Problems**

Critical constructionism focuses on the process of how social problems are created in society rather than seeing them as merely facts or reality. In this process, critical constructionists emphasize the importance of the process in which people uncritically accept the predominant understanding of social phenomena. For instance, in the case of day labourers in Japan, researchers tend to refer to their health status to a result of their severe living conditions and are less concerned with the social factors that affect their health. In fact, day labourers have limited access to health and welfare services. Critical constructionists problematize this dominant perspective of day labourers' health. They argue that day labourers are unfairly treated by health

and welfare professionals and therefore have fewer opportunities to keep their physical and mental health than the general population. Critical constructionists' main concern is how the discourse through which health and welfare professionals create and provide services to the homeless people is created. As this suggests, critical constructionists try to show how people come to believe and share certain meanings of events or social phenomena and what actors in society are playing key roles in the process in order to make alternative understandings of social problems (Heiner, 2002).

Critical constructionists also focus on the elite who are in the privileged position of assigning certain meanings to events or social phenomena that favour their interests. In Bergar and Luckmann's work, social constructionism does not necessarily emphasize power or the prevailing actors in the social construction processes although indicating both play certain roles. Critical constructionism supports the idea that society is competing over scarce resources and therefore there are always inequalities between the people with money or power and those without. The elite tend to exercise their power to protect their interests at the expense of those without power. This relationship is seen as exploitative and causes inequalities and is, therefore, wrong. Critical constructionists try to reveal these unequal power relationships.

### **3.1.5 Critical Constructionism as a Paradigm for Studying Day Labourers**

The reason that critical constructionism is needed in this study is its value orientation in understanding society. Critical constructionism is based on the assumption that society creates conflict between people who have money and power and people who do not, and conflict theory suggests that this relationship is based on exploitation. Critical constructionists think that this exploitation, and its consequent inequalities, are wrong (Grabb, 2002; Heiner, 2002). Therefore, the role of the critical constructionist researcher is to find the power relationships behind the processes that create exploitation in order to reduce inequalities. In Japanese academic discourses, inequalities and power imbalances are not the main issues when day labourers' health is studied. This may reflect the researchers' particular value orientations. Indeed, no studies have examined day labourers' health from the perspective of class conflict or the consequent inequalities. For instance, while researchers agree that the lives of day labourers are extremely unpleasant, it is not because they see their situations as a consequence of exploitation. From my perspective, they usually link the problems of day labourers to economic recession and lack of government initiatives. Researchers try to find solutions for their problems within the existing social systems, rather than challenging the system to create social change. Thus, researchers' value orientations may unwillingly and unconsciously support and maintain the status quo of Japanese day

labourers. To improve day labourers' health and lives, a new perspective which allows researchers to challenge this dominant perspective is needed. For this reason, critical constructionism is my choice of paradigm for this study's theoretical framework.

### ***3.2 Theories of Social Inequalities***

At the substantive level, I will employ theories of social inequalities that conceptualize day labourers' experiences. According to Grabb (2002), social inequalities in general refer to the differences between people (or the socially defined positions they occupy), which influence peoples' lives, most particularly the rights or opportunities they exercise and the rewards and privileges they enjoy. However, the perspectives on the structure and process of social inequalities vary among social scientists. Integrating several different perspectives to his theory, Grabb proposes a general conceptualization of social inequalities which focuses on the concept of class and power. In the following sections, I will discuss the relevance of the theories of social inequality to health and health promotion.

#### **3.2.1 Class and Non-class Factors**

Grabb (2002) suggests several characteristics as the basis for inequalities and classifies these characteristics into two categories: class related social and non-class related social bases. Class related social bases for inequalities include three factors: ownership, which also subsumes possession of wealth or income, education, and occupation. Ownership refers to property ownership that is often considered as a key factor producing economic inequalities. Education refers to the credential basis for inequalities. For instance, people with more education tend to find higher positions in work places than those with less education. Occupation includes characteristics of work, levels of skills, etc. In the case of day labourers in Japan, those who have special skills such as scaffolding tend to find jobs more frequently than those without such skills. The second category, non-class related social bases, include several factors. Grabb identifies such factors as gender, race, and special location, such as country, region, rural-urban residence, age, and religion as non-class related. However, these factors are not exhaustive; for example, disability or physical appearance can also be the basis for social inequalities.

#### **3.2.2 Structural Basis for Inequalities**

Grabb also suggests that power is a key element of social inequalities, defining it as "a capacity to command resources of domination and subordination among social actors." He identifies three key means by which power is normally generated in society: control of material resources, control of human resources, and control of ideas and knowledge. The three means of power correspond to

three structures of domination: the economic structure, the political structure, and the ideological structure. Control of economic resources is related to domination of the economic structure. For instance, day labourers in Japan often cannot find jobs and therefore have no income. This situation occurs because powerful companies control the day labourer markets, which are used as cheap labour pools for the companies. Control of political resources is related to domination of political structures. The Japanese government has not created sufficient support for day labourers. Day labourers are often excluded from public assistance. This implies that the government limits the funding of day labourers' welfare services. Control of ideas and knowledge is related to domination of ideological structures. The public often has a negative image of homelessness. Thus, not only do economic and political domination play a key role in creating inequalities but also ideological domination is influential because some groups in power have to produce an acceptable image to justify their control. In fact, people in Japan tend to think that the economic recession is the main reason that people become homeless, rather than because of industrial exploitation of workers or defects in the social security programs. The media, including TV and newspapers, have shown images of businessmen who were laid off in the recent economic recession as typical homeless, despite the fact more than half of the homeless in Japan are unemployed day labourers.

### **3.2.3 Social Inequalities and Day Labourers' Health**

Theories of social inequalities also provide this study with a framework to understand day labourers' health, and the very important thing is the fact that the theories are consistent with the principles of health promotion. Health promotion emphasizes social and environmental factors as key determinants of health inequities. In this context, socio-economic factors and other social factors are significant in examining health inequities. In North America, some studies have shown the relationship between socio-economic status and health inequities. For instance, Wilkinson (1996) suggests that income inequalities are associated with health inequities. Shaw et al. (1999) suggest that the life expectancy of people with low income is lower than that of people with high income and that homeless people tend to have higher mortality and morbidity rates than the housed population. Moreover, Kawachi (2000) identified associations between income inequality and mortality or self-reported health status.

Other factors such as gender or race are also considered as significant factors contributing to health inequities. Krieger (2000) illustrates ethnic inequalities in socio-economic position and their effect on health. According to her research, African Americans are more likely to be in lower socio-economic positions than white Americans, and their systolic blood pressure is likely to be

higher than white Americans and was associated with their experiences of racial discrimination and unfair treatment. Krieger argues that residential segregation and occupational segregation lead to greater economic deprivation among African Americans and make it difficult for them to maintain a healthy lifestyle.

Besides these social factors, the concept of power also plays a key role in understanding health inequities. The Ottawa Charter suggests that to reduce health inequities social structures must be challenged by both the general population and health professionals. Both ordinary people and health professionals must understand the relationships between social structures and health inequities. To do this, Wainwright & Forbes (2000) suggest that researchers must question the existing social structures, not assume they are an unquestionable and inevitable system. Otherwise they may overlook the root causes of health inequities. For instance, in the case of Japanese day labourers, there are studies addressing the fact of exploitation of day labourers; however, they rarely question the day labour system itself, which seems to be the most exploitative system in Japan and, therefore, their social inequalities are not linked to their health problems. Theories of social inequality are useful to understand day labourers' health within broader social structures by not only examining which structures affect their health, but also how social structures create the health inequities of day labourers. Also, theories of social inequalities provide this study with a rationale to examine day labourers' experiences as a health promotion issue, since the theories lead this study to see day labourers' health status as inequitable and as an urgent agenda item for the recent health promotion movement.



## CHAPTER 4: PROBLEM STATEMENT

### ***4.1 The Problematic***

By applying evidence of socio-economic inequalities in health in North America and Europe, we can assume that day labourers' socio-economic position contributes to their ill-health and premature death. Nonetheless, day labourers' experiences are not sufficiently and properly examined and understood by researchers and policy makers in Japan. Little evidence has been accumulated in order for them to recognize day labourers as a primary target for changes to public health policy and practice. The linkage between their socio-economic position and their health status must be clearly shown to increase recognition of this very vulnerable population in Japanese society. In this study, I will explore societal, community, and behavioural factors associated with day labourers' lives in order to study their health outcomes as a consequence of social inequalities.

### ***4.2 The Purpose of the Study***

The purpose of the study is fourfold. The first is to explore the larger social contexts that influence people's health outcomes. Social position determines the social environments to which people are exposed. Therefore, the pathways to health inequities should start with "how people get where they are," to identify root causes of their health inequities. In this study, I will examine how social structure excludes some people from resources and opportunities that are commonly available to those more privileged and, therefore, leads them into the position of day labourer in Japanese society.

The second purpose is to explore day labourers' social environments that influence their health consequences. Social environments provide both resources for health and risks for health and, therefore, are directly related to people's health outcomes. In addition, social environments influence how people develop and sustain their health related behaviours and thus, work as mediating factors in their health. In this study, I will explore day labourers' social environments that benefit and constrain their lives as well as social inequalities embedded in the social environments.

Third, the study will explore how day labourers' cultural behaviours affect their health outcomes. Cultural behaviours are learned, revised, maintained, and defined through interaction (Spradley, 1979). Most of the time, day labourers' interactions occur either at a construction site or in the Kamagasaki District. Therefore, I will explore how day labourers' cultural behaviours

are developed and sustained in relation to their work contexts and living circumstances in order to reveal the structural forces that constrain the way day labourers develop and sustain their lifestyles as normative behaviours.

The fourth purpose of the study is to explore the theoretical linkage between all societal, community, and behavioural factors resulting from my analysis and actual day labourers' health consequences. At the structural determinants level, I will discuss how social exclusion from the mainstream is related to health consequences. In addition, I will discuss the influence of intermediate factors on health outcomes, identifying social determinants of health for day labourers.

### ***4.3 Research Questions***

#### *Research question:*

How are day labourers' health inequities generated in a Japanese day labour district?

#### *Sub-questions*

- 1) What are the individual and social circumstances that lead people into day labouring work in the Kamagasaki District?
- 2) What social contexts do day labourers experience while working and living in the Kamagasaki District?
- 3) What lifestyle and behaviours do day labourers develop in the Kamagasaki District?

## **CHAPTER 5: METHODOLOGY**

### ***5.1 The Research Design***

Critical ethnography aims to demystify people's natural understandings of everyday events and social phenomena. It provides this study an appropriate methodological strategy to answer the research questions. In this chapter, I will first review some common features of critical ethnography. Then I will describe the specific methods of this inquiry including the research site, entering the field, the participants, data collection, and data analysis, rigor, and ethics.

#### **5.1.1 Ethnography**

Ethnography is concerned with studying culture and understanding its meaning to people, and their actions and events. It aims at developing descriptions of society or social groups and, thus provides organized explanations of the details of people's daily lives. Atkinson & Hammersley (1994) identify four features of ethnographic research: a) a strong emphasis on exploring the nature of particular social phenomena, b) a tendency to work primarily with 'unstructured' data, c) an investigation of a small number of cases, d) analysis of data that involves explicit interpretations of the meanings and functions of human actions. These imply that traditionally ethnographers mainly explored and described a culture itself, but were less concerned with the political, economic and social factors implicit in the process through which the culture is constructed.

#### **5.1.2 Critical Ethnography**

Critical ethnography systematizes ethnography and critical theory. Therefore, it encompasses the empirical basis of ethnography and the political features of critical theory. Critical ethnography is a research methodology aiming at revealing how power relations affect the construction of culture of, particularly, the underprivileged using the ethnographic method.

Critical ethnographers assume that certain groups in society are privileged over others and that oppression is reproduced when the oppressed think of their situation as natural or inevitable. Unlike traditional ethnographers, critical ethnographers do not think that culture is neutral. Rather they assume that all thought is mediated by power relationships. In contemporary industrialized societies, power is not physically coercive but subtle and implicit. Therefore, people are often unaware of the consequences of power in their everyday lives. Critical ethnography focuses on how people's lives are affected by power relations, especially, the lives of the underprivileged. While traditional ethnographers try to discover cultural patterns in a certain society, critical

ethnographers are more interested in how certain cultural patterns are constructed and how social systems affect this process.

Observation and interviews are the most commonly used data collection strategies in ethnography. Critical ethnographers focus on people's interactions in their everyday lives when examining their cultural knowledge. This is based on the premise that people establish their cultural patterns through communicative acts. Through observation and interview, critical ethnographers try to reveal people's norms, values and beliefs implicit in their actions and interactions. They think that people's norms, values and beliefs reflect existing social structures and particularly dominant discourses of those events. Therefore, through examining their norms, values and beliefs, they can reveal not only people's cultural understandings but also how their understandings are created, particularly how social contexts affect the process of their cultural understandings.

Critical ethnography is particularly concerned with power relationships embedded in society. Therefore, researchers must be aware of the power relationships between themselves and the study participants. Carspecken (1996) suggests that researchers should invite participants to comment on their analysis and include their voices not only for analysis but also in final reports when suggesting alternative perspectives. This is one of the democratic processes aimed at equalizing power relationships between the researcher and the researched.

### **5.1.3 Focused Critical Ethnographic Strategy**

In this study, I will employ a focused ethnographic strategy, which is one of many variations of ethnography. Comprehensive ethnography, for example, aims to document a total way of life. In this type of ethnography, researchers conduct their fieldwork in a large community such as a village to try to describe a wide range of customs, hoping to cover most areas of the community before completing their research. Conversely, focused ethnography usually takes place in a relatively small site such as a clinic. In focused ethnography, participants may not share all elements of the same culture but they share behavioural norms, a common language, and some understanding of the phenomena that they experience collectively. Participant observation of focused ethnography is limited to particular events or times, and interviews are usually limited to selected topics and surrounding events.

In this study, I will employ a focused critical ethnographic strategy rather than comprehensive ethnography. Day labourers' cultural environment consists of many actors from different locations such as construction companies, recruiters, welfare offices, labour offices, health care facilities, charitable organization, and other important organizations, as well as day

labourers. In this study, I will focus on day labourers' activities and their interactions with other actors.

## **5.2 The Site**

### **5.2.1 Day Labour Districts**

Homelessness in Japan is understood as a circumstance predominantly experienced by day labourers, particularly, marginalized residents of day labour districts. Day labour districts have existed since the early 20<sup>th</sup> century. During the industrialization era, the government created day labour districts for labour pools and markets in urban areas. They are often concentrated in segregated areas where able-bodied men can seek manual labour and accommodation in the cheap hostels, dormitories and flophouses. Day labour districts are also often considered as places for the socially dislocated caused by Japan's rapid economic development into an advanced industrial nation.

### **5.2.2 The Kamagasaki District**

The Kamagasaki District, which is one of the major day labour districts in Japan, will be the research site for this study. It is located in the southwest region of Osaka City, and is approximately 0.62 square kilometres. Although this location is near one of the major shopping areas in downtown Osaka, few people from the rest of society visit the District. Because day labourers' lives are not well understood by people in the mainstream, the men are looked upon as being "different", which has negative connotations in Japanese society. Within the District, there are many accommodations for day labourers such as bunkhouses and single room apartments. The other main places the men use daily include restaurants, take-out shops, taverns, stand-up bars, liquor stores, vending machines, and a shopping mall.

The population of the Kamagasaki District is estimated to be between 25,000 and 30,000, most of whom are day labourers. Day labourers are usually single men with diverse backgrounds in terms of marital status, ethnic origins, hometowns, education levels, and past work experience. Their average age is estimated to be around 53 years. Only a few homeless women are reported in a survey to live in this area (Osaka City University's Study Group of Urban Environmental Issues, 2001). Also, the survey shows that the length of day labourers' stay in the District varies from several months to over 30 years.

A typical day labourer in the district starts working in the early morning by negotiating with brokers at a street labour market. Nowadays, the majority work is at construction sites. Sometimes the men agree to work for several days or weeks, while other times they work for only

a day. Given that day labour employment is subject to changing economic conditions, particularly in the construction industry, day labour is often considered as exploitative. In times of recessions, day labourers easily become an unemployed surplus labour force.

### ***5.3 Entering the Field***

In the summer of 2001, I visited the Kamagasaki District on various occasions over a two-month period. The purpose was to capture a general picture of Japanese homelessness and of the Kamagasaki District before I developed my thesis proposal. I was in contact especially with the Kamagasaki Organization for Supporting Homeless People (KOSHP) where I was a volunteer. The KOSHP represents day labourers and homeless people in the district and has significant political influence in the city government over issues of day labour and homelessness.

As a volunteer worker of the KOSHP, I worked with the staff to help day labourers complete application forms for public assistance, or to accompany them on welfare office visits. While volunteering, I observed and spoke with the men every day. Also, I often went around the District by myself to learn the physical environment and day labourers' everyday experiences in general. During my visits, I built up a good relationship with the staff of the KOSHP and developed friendly conversations with most of the day labourers I met. And, I learned much about day labourers' experiences and backgrounds, and about the services available to them.

This helped me to negotiate my study implementation with the director of the KOSHP in 2005 after I obtained approval for the proposal and study from the Faculty of Nursing and Research Ethics Board at the University of Toronto. The Director gave me his permission to conduct the research in the Kamagasaki District after agreeing with my proposal. His approval secured my position as a researcher within the District but did not assure successful data collection for the study. At this point, I was only able to start negotiating with others in the District. However, the position at the KOSHP helped me to connect with other people and organizations in order to find participants and informants for the study since the KOSHP is a highly recognized and respected organization in the District and has ties to both the city government and day labourers' unions. As my fieldwork progressed, I was able to observe several places and interactions and also conducted interviews with informants relevant to study.

## ***5.4 Participants***

### **5.4.1 Recruitment**

I initially planned to recruit day labourers, welfare workers, health professionals and advocates as study participants. I selected organizations and people for recruitment based on the information

that I gathered through my volunteer work at the KOSHP. While some organizations and people were cooperative and agreed to participate, several others showed little interest or gave me no chance to explain the proposal. It might have been caused by my limited time schedule, which did not allow me to establish effective personal relationships prior to the negotiation. For ethnographic study, however, barriers to participant recruitment itself also have some cultural implications. For this reason, I will explain my experiences while negotiating to recruit participants.

### **Day labourers**

The primary organization that I planned to recruit day labourers from was the KOSHP. I met with three staff members at the KOSHP to explain the proposal. Although the philosophical paradigm and the methodology are not commonly used by social workers and health professionals in Japan, one of the staff thoroughly understood the purpose and the methodology since he had an academic background in sociology. They agreed with the overall study plan. However, recruiting participants through the KOSHP was problematic. It is very important for these social workers to build rapport with day labourers who easily disappear if they feel uncomfortable. That can have dire consequences since most day labourers who visit the office cannot afford accommodation and food even for one day. The staff wanted to avoid negative consequence from this study affecting their clients' health and undermining staff efforts to establish rapport with their clients. For this reason, I could recruit only two former day labourers from the KOSHP who were already receiving welfare assistance from the city.

I also recruited day labourers at the Hospital of Osaka Social Medical Centre (HOSMC). In the middle of August 2005, I met a director of the HOSMC to explain the research. He agreed to the proposal and promised to introduce me to a chief social worker in the welfare division. However, I had to wait for his reply until the middle of October in 2005 due to his busy schedule. I finally received official approval for my data collection from the hospital after meeting the chief social worker who submitted my proposal to the administrative office on my behalf. He agreed to my plan to visit the hospital every Wednesday to observe the interaction between a medical social worker and his clients in the morning and interview patients in the hospital in the afternoon. My fieldwork ran from October 19, 2005 to February 15, 2006.

While I was awaiting word on my proposal from the HOSMC, I tried to contact organizations that provide supportive services for the homeless to become active day labourers and for day labourers who are trying to move from homelessness or day labour to independent living in the mainstream. There are several organizations that provide these services in the city of

Osaka. My first attempt was with the agency nearest the District. However, the director of the organization would not agree to participate in the study until the city government approved the proposal, because the organization was commissioned by the government. I contacted the pertinent government office but they refused approval due to personal privacy concerns. I next contacted another agency, the Oyodo Ryo, located in downtown Osaka but away from the District. The Director was cooperative and gave me approval to conduct the research in his organization. Considering the fact that several other researchers from universities have also conducted their fieldwork at the organization, his response was reasonable. He was in fact familiar with research and interested in participating.

A few days after the meeting, I visited the place twice more to work as a volunteer and to see how I could ask residents in the organization for interviews and observation. Despite the cooperative attitude of the director, I found that residents in the organization were not appropriate participants for my study. Knowing that most residents came from the Kamagasaki District, I tried to ask some of them about their experiences at the District. However, they showed a reluctance to talk about their past lives as day labourers. One of them said to me that he was different from other day labourers although he had worked there for years. Another man told me that I should not talk about the Kamagasaki District and he seemed uncomfortable with the conversation. These remarks indicated that they did not want to show their previous status because it was embarrassing while living outside the District. Since I had little time to build rapport with the residents in the organization, I decided not to recruit participants at the Oyodo Ryo.

Finally, I tried to recruit day labourers at a drop-in in the District. To this end, I asked a nurse who works with day labourers there to provide health advice. She had been one of the informants for my fieldwork for a year at that point. I asked her if I could interview some of the day labourers there and observe her interactions with the men. Although she was initially reluctant, she allowed me to visit the drop-in and observe. As a result, I concluded that the drop-in was not an appropriate place to recruit research participants. It was full of men sitting and sleeping on chairs, or cooking and eating without talking to anyone. The men all looked so exhausted and I did not think that it was appropriate for me to ask them to participate in my study. I also realized that the drop-in was the only place for some day labourers to feel secure from the world of authority. When I asked a day labourer at the drop-in if I could be there with the nurse, he agreed only if I did not say anything to him. During the consultation, the nurse was very cautious about her choice of words, being careful not to cause them embarrassment. Day labourers in the drop-in seemed too vulnerable to recruit as participants for the study.



### **Welfare workers from the city government**

There is a city welfare office that provides services exclusively to day labourers in the Kamagasaki District. I found through my volunteer work in 2001 that welfare workers in the office were significant actors in shaping day labourers' culture in the District. Therefore, I decided to include them as participants in this study. However, I did not obtain approval for my research from the welfare office. At the first meeting with the deputy director, he was interested in the proposal and said that he understood the significance of the study. However, most of his staff of welfare caseworkers did not agree with the proposal. According to the director, they did not agree with my presence during the intake process for two main reasons. They were reluctant to disclose the scene to outsiders because they deal with personal information during the intake process. A new law for personal information protection was enacted in Japan just in 2005 and they have become more sensitive to the issue. Also, researchers' presence during intake would undermine their effort to focus on their work. They need to concentrate on their job, since intake is a stressful process. They also declined to be interviewed although the director did not give me a clear explanation why. Consequently, I could not recruit any of welfare workers.

### **Health professionals**

For health professionals, I had planned to meet some nurses at hospitals in the District. I called four hospitals located nearby that serve many day labourers. However, I did not have an opportunity to meet any of the health professionals in person to explain my study. The head nurse for three hospitals said that she was not able to find time to meet due to her busy schedule. A chief nurse at another hospital indicated that their hospital was not appropriate for my study since it did not have many day labourers any longer. Only one chief nurse asked me to submit the proposal to the hospital. After consideration, the hospital did not agree to participate in the study. They indicated that they could cooperate with my study if I would only collect statistical data. Interviews and observations were not considered preferable by the hospital because they did not feel comfortable disclosing the personal details about their patients or their treatments. Finally, I asked a chief nurse at the HOSMC to participate. They also did not agree to participate because they said that observations would be an obstacle to their practice and the nurses were too busy to find time to be interviewed.

One more health profession that I considered were the public health nurses at the public health centre. However, after being rejected by the welfare office and another department in the city government, I came to realize that it was not possible to recruit city workers until I developed

effective relationships. Unfortunately, I did not have many opportunities to talk to public health nurses during my fieldwork and therefore, I did not have time to build the necessary relationships.

### **Advocates**

There are many advocacy groups for day labourers and the homeless in the city of Osaka. Among them, I contacted former members of the Kamagasaki Iryo Renraku Kaigi (KIRK). The nurse at the drop-in clinic mentioned above introduced me to the organization and I had high hopes for their approval for my study. Besides, the KIRK has a history of being a radical advocacy organization. It has sued the government over the issue of the right of welfare recipients to live in their own apartments rather than in government run institutions. It has also exposed hospitals that exploited homeless men by performing unnecessary surgery. Therefore, I considered this to be the most appropriate choice because they have a history of advocating for day labourers as citizens with rights. As they were anxious to increase social understanding and awareness of the problems of day labourers, they agreed to participate without difficulty.

### **Other participants**

As my fieldwork progressed, I also had the opportunity to recruit other participants. Since I could not recruit any health professionals or welfare workers, I tried instead to arrange to interview staff from the organizations that I had contacted previously for day labourer participation. Given that they often contact welfare workers and health professionals to do their work, they are considered to be key informants for the study. I asked directors and staff members from the KOSHP, the Oyodo Ryo, and the HOSMC to participate. Since they were already familiar with me and my research, all of them agreed to participate in the interview process without any problems.

#### **5.4.2 Criteria for Day Labourers' Participation**

Given that one of the purposes of this study is to explore day labourers' cultural experiences in the Kamagasaki District, I selected day labourers who have stayed in the District over one year and experienced day labour work in the District over that year. In addition, in order to be interviewed, participants had to be competent to answer questions and, therefore, I excluded day labourers who were drunk or experiencing acute mental health problems at the time of the interview.

#### **5.4.3 Actual Participants**

I recruited a total of 19 day labourers between October 19, 2005 and February 15, 2006. Among them, 14 were patients at the HOSMC; three were visiting for the consultation with the social worker, and two men were former day labourers who were clients at the KOSHP. The average age

of the participants are 54.5 years and ranged from 38 to 67. Their average age upon arrival in the Kamagasaki District is 38.2 years old; the youngest being 22 and the oldest being 55. The average duration in the District was 15.2 years; with the shortest stay at 1 year and the longest being 45 years. Education level was too sensitive an issue for me to ask. I tried not to cause feelings of embarrassment during the interviews. Therefore, I did not obtain that information unless it was disclosed voluntarily.

Besides day labourers, eleven others were recruited as participants. Those participants included 2 directors, 5 social workers, 1 nurse, and 2 former advocates for day labourers from several organizations, which include the KOSHP, the HOSMC, a drop-in, Kamagasaki Iryo Renraku Kaigi (KIRK: advocacy group), and the Oyodo Ryo. Interviews with these professionals were conducted during my fieldwork from August 29, 2005 to April 15, 2006.

## ***5.5 Data Collection***

### **5.5.1 Participant Observation**

As a volunteer worker at the KOSHP, I worked in the Kamagasaki District regularly on Monday from 9 AM to 5PM from August 29, 2005 until April 15, 2006. I also occasionally worked an extra day per week and observed some events that did not take place during my regular volunteer hours. Activities, events and scenes that I observed are broken into five categories: 1) landscape of the Kamagasaki District, 2) activities and events in the District, 3) places located outside the District but relevant to day labourers' lives, 4) interactions between day labourers and social workers at the HOSMC, and 5) activities of members of the KOSHP. The list of contents and hours of observations is shown in Appendix A: Inventory of observational data. The observations totalled 216 hours.

For categories from 1) to 3), I did not need to obtain permission since observations took place in public spaces. For category 4), I worked with 3 day labourers from the outpatient units who signed consent forms. I observed their interactions with the social workers at the HOSMC, as noted in the section on participant recruitment. For category 5), I observed activities of the staff of the HOSMC only after obtaining their written consent (Appendix E and F for day labourers, G and H for social workers) and only if the observed activities did not include others who had not signed consent forms, unless the activities occurred in public places and were not private and confidential. In addition, during participant observations, my ethical stance for informal conversations was to speak with people who had previously consented to participate in the study. I did not use conversations or data from people who did not sign consent forms.

I wrote field notes to record my observations. Writing field notes is more than merely recording observational data. It must be carried out with self-conscious awareness (Hammersley & Atkinson, 1995). In this study, I kept two types of field notes: jotted notes and full field notes (Lofland & Lofland, 1995). Jotted notes were made during observations to put down little phrases, quotes, and key words in order to preserve what I observed at the moment. Full field notes were made at the end of the day, after I conducted the observations. Full field notes included four kinds of contents: 1) a running description, 2) analytic ideas, 3) feelings and emotional expressions, and 4) possible questions for the next observation. A running description included events, people, things heard, and conversations among people and with people. Analytic ideas occurred to me during observation periods and while writing the field notes. Feelings included my personal emotional responses to people, being an observer, and to the setting. My field notes totalled approximately 200 pages.

### **5.5.2 Interviews**

#### **Interviews with day labourers**

I conducted semi-structured interviews with 14 day labourers who were hospitalized in the HOMSC at the time of the interviews. I spoke with them in the afternoons in the hallway of the out-patient unit of the hospital. Space was limited and this provided the only opportunity for insuring privacy and my safety. I chose the hallway of the out-patient unit since it is not used in the afternoon and therefore, very few people were around. I introduced myself and explained the purpose of study with the information sheet (Appendix I and J). After participants signed the consent form, I started the conversation. Each interview lasted approximately 60 minutes.

I initially prepared an interview guide for day labourers and tried to use it for the first few interviews. However, I realized that it would not facilitate the interviews. Using the guide, I had planned to ask day labourers to describe their activities with questions like “Could you describe a typical day at a work site when you have work?” or “Could you tell me about a typical day in the District when you do not have work?” However, participants did not seem comfortable with those questions. When I asked one of the participants what kinds of jobs they have at construction sites, in order to facilitate conversation, he replied, “There are many tasks and each day we have different tasks in different sites. I don’t know how I can explain. You don’t understand (our jobs) until you get there”, showing his feelings of irritation. In another case, a participant looked annoyed when I asked him to describe his typical day while not working. With such responses, I realized that they did not want to feel embarrassed talking about their activities, which are often negatively judged by people from the mainstream. Asking those questions would only reinforce

their negative feelings about the deviancy of their lifestyle in Japanese society. It could have threatened their sense of self-esteem as a day labourer, which they have tried to preserve. To avoid this situation I tried to find what topics they wanted to talk about and to think about what kinds of strategies were more appropriate for these interviews in order to obtain the information I needed.

I also came to realize that each participant had different topics and different ways of talking about their lives. For example, some men were more comfortable speaking about their experiences as others' stories while others talked about the details of their own lives without hesitation. Moreover, some people gradually expressed their personal feelings and struggles as the interview progressed while others expressed little during 60 minutes. These differences left me unable to decide on a consistent interview pattern. Consequently, I tried to generate friendly conversation and make the men feel comfortable in order to create secure environments for the interviews and allow them to talk about their personal experiences without feeling threatened. To this end, I modified the interview guide as Appendix B: Interview guide for day labourers. However, I only used some of the questions as lead-off questions if I thought they would encourage the participants to feel more comfortable and speak more freely.

I also conducted informal interviews with two former day labourers who were clients of the KOSHP while I worked with them as a volunteer worker of the KOSHP. After first obtaining their signed consent forms, I had conversations with them: 1) while I helped one of them go shopping for food, 2) when I helped the other visit a bank to withdraw cash, and 3) when I visited one in the hospital when he was ill. Each conversation lasted about 1 hour.

Through these informal interviews, I obtained information regarding their lives while living on welfare, their struggles with alcohol addiction, their experiences as active day labourers, etc. One of them was a former leader of a day labourers' union and provided me his insights about how day labourers should think and behave in order to survive day labouring lives.

### **Interviews with social workers, advocates, and other participants**

I interviewed social workers, advocates, and other participants, in their offices or while walking through the district. The duration of each interview varied from 20 minutes to 2 hours. I was acquainted all these participants prior to the interviews, except the participants from the KIRK. Therefore, I was able to start off conversations in a more relaxed way. The participants from the KIRK were also familiar with interviews with people from outside Kamagasaki as they had worked as advocates for years in the District. Throughout their activities, they had many opportunities to negotiate with and talk with people from the outside; therefore, I obtained their

signatures on the consent form (Appendix K and L), and conducted interviews with them comfortably and without the problems as I had with day labourers, as noted above.

However, I also revised my initial interview guide for those participants as well in order to obtain relevant information effectively. I initially planned to ask them to describe their typical work day in their organization, as a lead-off question. However, they preferred to talk about their immediate concerns working with day labourers rather than their standard or typical days. They mainly talked about their struggles and the difficulties that they faced while supporting day labourers. This might have reflected the fact that these people had little opportunity to talk about their own problems or frustrations with their jobs. I found that their experiences had many implications for understanding not only their personal perspectives on day labourers but also the day labourers' experience itself.

I added questions regarding their experiences in welfare offices, health care facilities, and other relevant organizations when they meet and negotiate with staff from those organizations. I had planned to interview welfare workers and health care professionals; however, due to the reasons noted earlier, I was not able to conduct interviews with those people. Since social workers have many opportunities to work with the health care and welfare professionals, I decided to interview social workers, advocates, and other participants about their experiences with the welfare and health care professionals in order to learn about how services are provided to men in Kamagasaki.

### **Records of interviews**

I made verbatim transcriptions of these interviews. Among 16 participants, 13 interviews were tape-recorded with the participants' consent. Those data were transcribed into texts for analysis within a few days after the interview. For interviews with participants who did not agree to be recorded or because the context of the interview did not allow me to tape-record, I created records from the interviews referring to my jotted notes within 24 hours of the interviews to minimize memory loss.

### **Positionality at interviews**

In a traditional style of interviewing, researchers assume that there is objective knowledge out there, and that if they are skilled enough, they can access it (Fontana & Frey, 2000). However, Fontana and Frey also suggest that an interview is an interpersonal drama in which meaning is accomplished and negotiated. Therefore, a respondent is no longer "an object" but an equal participant. Adopting this style of interviewing, I tried to consider how my positionality such as age, gender, profession, and economic status influenced the process of each interview. I found

three aspects of my positionality to be relevant. First, the status of unknown researcher who came from the mainstream caused some feelings of embarrassment during some interviews. As noted earlier, day labourers especially hesitated to talk about their lives or their work, which they often considered as deviant from the mainstream. Second, the status of being female affected the interviews. Throughout my fieldwork, I noticed that day labourers tended to develop male gender identity as a strong physical labourer and therefore, they tried to describe their difficult situations as heroic rather than as a struggle. Finally, my unmarried status seemed to affect the interview. Since people tend to think that married people are more likely to experience difficulty or struggle than single women and thus have a better understanding of other people's lives in Japanese society. One participant said to me during the interview, "You don't look like having struggle in your life." His image of me might have reduced his interest in taking our interview seriously.

### **5.5.3 Documents**

I collected relevant documents, including organizations' brochures, policies and program descriptions to help me understand current policies and services relevant to day labourers' experiences. The organizations included the KOSHP, the welfare office in the District, the branch office of the public health centre, and the HOSMC. Those organizations provide services exclusively to day labourers in the District. I also collected documents from an organization supporting the independent living of day labourers and homeless people. The list of documents that I obtained from those organizations is shown in Appendix D: Collected documents.

## **5.6 Data Analysis**

### **5.6.1 Principles and Methods of Critical Ethnography**

In order to analyze data from observations and interviews, I adopted some principles and methods common to critical ethnography, including: 1) an ontological meaning of each participant's accounts and activities, 2) three ontological categories of those accounts and activities, particularly normative truth claims, 3) hermeneutical inference, and 4) re-constructive interpretation. I will present an overview of these principles in the following section.

Carspecken (1996) adopts the position that 'reality' and 'truth' are not pre-given, and 'truth' depends on how people's statements win consensus or the agreement of the community and thereby, become shared knowledge in society. For instance, the statement "people are lazy" becomes 'truth' among members of a certain community when they agree with and share the definitions of "people are lazy." In other words, when the meanings achieve a consensus in a certain cultural group, they become 'truth' in that group culture. Instead of searching for 'truth' or

‘reality’ in critical ethnography, Carspecken proposes that validity claims of people’s statements be tested. In this study, I will focus on ‘validity’, not on ‘truth.’ Therefore, the data analysis in this study aims to find shared and valid claims of homeless people’s activities and accounts in order to find their understandings of their daily experiences in their district.

Carspecken (1996) also suggested that analysis in critical ethnography needs to identify three ontological categories (subjective, objective, and normative-evaluative) in order to attain a holistic understanding of people’s experiences. A subjective category refers to existing states of mind; feelings, emotions, desires, intentions, and levels of awareness, e.g. “I want to work every day”, or “I feel tired.” An objective category includes existing objects and events. For example, I have stayed in the district more than 10 years. A normative-evaluative category refers to the behaviour that is proper, appropriate, and conventional. For example, “I should have worked harder.” During the analysis in this study, I focused mainly on normative-evaluative claims, which is about what is proper, appropriate, and conventional in a given culture. Considering that norms help people produce regularity in their behaviours and constitute meaning, this normative-evaluative approach allows the researcher to identify cultural behaviours and the meanings of their activities.

Hermeneutical methods of interpretation also play a significant role in analyzing data in critical ethnography. Hermeneutics refers to the nature and the means of interpreting a text and hermeneutic circles refers to mythological processes and conditions of understanding (Schwandt, 2001). The circle allows researchers to go “back-and-forth” to analyze parts in relation to the whole and the whole in relation to parts (Kincheloe & McLaren, 1994). This reciprocal movement also helps researchers to analyze the interplay of large social forces (the general) to the lives of individuals (the particular). Through the circle, analysis of critical ethnography aims to de-familiarize notions or ideas that we take for granted and create new understandings.

Finally, interpretation is the core of knowledge production in critical ethnography. Critical ethnography must be reconstructive in order to “determine interaction patterns, meanings, power relations, roles, interaction sequences, evidence of embodied meaning, inter-subjective structures, and other issues” (Carspecken, 1996). In this analysis, researchers can explore cultural understandings or activities that are not articulated by the actors themselves. Thomas (1993) also indicates that critical ethnography explores “the non-literal meanings of our data text.” He claims that the interpretation of critical ethnography “decodes the ways that the symbols of culture create asymmetrical power relations, constraining ideology, beliefs, norms, and other forces that unequally distribute social rewards, keep some people disadvantaged to the advantage of others, and block fuller participation in or understanding of our social environs.”



### 5.6.2 Process of Analysis and Interpretation

In the first phase of analysis, I conducted initial and subsequently, focused coding of data from interviews with day labourer participants and observations of their activities as well as the physical environments relevant to their lives and work. Through these coding processes, I identified recurring patterns of day labourers' experiences and events. In addition, these processes allowed me to select segments of data for the next phase of analysis in order to answer the sub-questions noted in Chapter 4.

In the second phase, I conducted "meaning re-construction", which is one of the steps of data analysis that Carspecken (1996) proposed, to re-construct and articulate the meaning of experiences and events that emerged from participants' narratives and my observations. In this process, I identified normative claims that reflect on day labourers' understandings, which is about what behaviours are proper, appropriate, and conventional among day labourers in the District. To this end, I first re-read transcribed data and identified recurring patterns of behaviours and revealing events embedded in the narratives and observed events. Then, I compared their behaviours and particular events to familiar norms and values that I have learned in the course of my own life history. This comparison brought out differences and helped me to understand day labourers' cultural norms and values. For example, I identified their habit of spending their earnings and compared this to my familiar norms, which were to "save money for the future." The cultural theme of "no savings" emerged from this process. This phase also allowed me to not only uncover their cultural understandings of events and behaviours but also revealed the contradictions within those cultural norms and values embraced by day labourers.

In the third phase, I moved to interpretation in order to transgress taken-for-granted understandings of their experiences and obtain new insights into their experiences. The previous phase gave me day labourers' own understandings of the experiences that shaped and have sustained their culture. In this phase, I used the hermeneutic circle to situate their cultural understandings within their social context, in order to obtain new insights about their experiences. In this process, I asked myself why day labourers develop their cultural behaviours in particular ways. Then, I took their position (position-taking) to understand their experiences, placing myself in the social context of their lives. For example, to understand the norms and values embedded in their reasons for becoming day labourers in the District, I placed myself within the social contexts of their families and work and community circumstances. This process allowed me to understand the influence of social contexts on the development of the norms and values behind their reasons

for becoming day labourers. Subsequently, I compared their experiences to what I considered as experiences average people expect to have in Japanese society in order to identify the constraints and limitations that their lives induced while working as day labourers. For instance, I compared day labourers' housing conditions to that of the average male in Japanese society. In this phase, data from interviews with other participants and general observations allowed me to understand how they develop their cultural understandings and behaviours. For instance, examinations of rooms in doyas enabled me to understand how space constraints impact their way of thinking and acting. Through this process, day labourers' social inequalities emerged. Next, I questioned why they had to face those constraints and situated their experiences within their social contexts in order to identify the influence of the immediate social environment on their experiences. In the end, I asked further questions such as why the day labour system exists and why day labourers have to live in the Kamagasaki District. These questions allowed me to situate their experiences in the broader social context of modern Japanese society and to uncover root causes for their social inequalities. In this phase, theories of social inequalities provided the analytical framework for this process, which revealed the structural influences of economic, political and cultural forces that create social inequalities.

## ***5.7 Epistemological and Methodological Rigour***

### **5.7.1 Theory-Method Link**

In order to produce knowledge that can be criticized within a particular theoretical tradition, I have developed this study's methodology taking into account the tenets of the research paradigm and theories. Critical ethnography produces knowledge about how people and their social norms create existing social realities, particularly focusing on those who are marginalized or excluded from society. This position is consistent with critical constructionism which aims to reveal how social phenomena are constructed by social actors (commonly privileging people with power) and to give voice to the less powerful groups in society.

### **5.7.2 Reflexivity**

Reflexivity refers to "the process of critical self-reflection on one's biases, theoretical predispositions, preferences, and so forth" (Schwandt, 2001). To minimize their biases on the interpretation of data in studies, researchers need to recognize their own values and beliefs, and their influence on the interpretation of data. For this reason, I wrote a journal to describe and reflect about what I observed, participant responses and accounts, and unexpected occurrences in my fieldwork.

Reading the journal again, several reflections on my own values and norms were found. For example, during my fieldwork, I realized that the social norms and values that I acquired in the course of my life history could affect my understanding and interpreting of day labourers' accounts. Because the dominant discourse about day labourers, which attribute their deviancy to individual responsibility or personality, is so prevalent that there is always a danger of researchers understanding day labourers' behaviours from the standpoint of the discourse. In fact, at the beginning of my fieldwork, I thought that day labourers might have lacked the ability to organize their lives, after learning that most of them could not save money.

To avoid this risk, I paid attention to contradictory feelings during my fieldwork and challenged myself with questions like "what caused the feeling?" when I wrote the journal. During the interviews, I often felt uncomfortable when I heard participants' stories that showed inconsistency with my own norms and values. For instance, when a participant said that people should work hard, it made sense to me and sounded reasonable. On the other hand, when another participant stated that his life in the Kamagasaki was easy, I felt a contradiction, although I tried not to accept his story at face value. Comparing those two stories I questioned myself about the reason why I felt contradictory and I was able to realize that I had the same values as the former day labourer did, which is valuing hard work. This self-consciousness helped me to be more cautious about my understandings of day labourers. In addition, I paid careful attention to day labourers' small talk or brief remarks during the interviews because such comments may not be "small talk" for them but embody their values and norms that are unfamiliar to me.

My position of being a student in a different culture also facilitated my critical thinking. Talking to my supervisor or my committee during meetings on my thesis provided me with different perspectives than my own norms and values. In addition, living in Canada, I had more opportunities in my daily life to obtain different perspectives from friends, classes, the media, etc. Those opportunities enabled me to realize the significance of social contexts in developing norms and values and therefore, motivated me to question my own understandings of day labourers' behaviours and ways of thinking.

### **5.7.3 Verification of the Analysis**

For verification of the analysis, I adopted several strategies including: 1) verification with participants, 2) comparing interview data to other resources, 3) prolonged engagement, and 4) consultation with other researchers.

First, I had planned to work with the participants to verify my data analysis. However, no day labourer participants were available for this process. The primary reason is their frequent

mobility as temporary workers living in temporary accommodations. This circumstance made it difficult to locate the participants for a second meeting. In addition, I was cautious about the verification process with day labourers because I could not speculate on the consequences of this process. I could not ensure that they would not feel comfortable with my analysis or that the process would not threaten their social identities, which are important when living in the Kamagasaki District. For this reason, I decided not to conduct second meetings with the day labourer participants for verification of my data analysis.

There were also limitations conducting follow up verification interviews with other participants. I tried to work with the staff from the KOSHHP for this process. One day, we held a meeting to discuss my data analysis from the staff interviews and with the staff having hard copies of my coding data. However, they did not seem to understand how they should respond to my data analysis as they did not say anything about it. They were simply unfamiliar with qualitative research. They might not have understood the meanings of codes or they might not have felt comfortable to show their disagreement to the volunteer worker who helped them during fieldwork. At this point, I realized that I needed to explain more and provide more detail before conducting the verification process. I also realized that it would take more time than I could afford. I was discouraged from conducting this process with other staff participants because I also knew that most of them were very busy due to staff shortages in their organizations. For participants in my study, I found the verification process was not a sound procedure and needs more preparation for future research. Consequently, no participants were included in this process.

Second, I compared interview data to other resources such as interview data from other participants or data from my observations. After coding and interpretation, I looked into relevant information from other sources. For instance, interview data from the staff of the KOSHHP provided me with rich information regarding day labourers' experiences prior to becoming day labourers. Staff collects this information when they help their clients apply for welfare services. That information was particularly useful to validate my data analysis since many day labourers did not talk about the details of their experiences. This information enhanced the validation of my fieldwork data analysis.

Third, employing prolonged engagement helps researchers to heighten their capacity to assume the insider's perspective (Carspecken, 1996). I had worked as a volunteer worker at the KOSHHP for a few months in 2002. I had also re-started my volunteer work in July, 2004, which was one year prior to the onset of my fieldwork and after my proposal defence conducted in April, 2006. This long engagement helped me to adopt the day labourer position in order to assume their understandings, ways of thinking and norms and values. Indeed, during my fieldwork in 2001,

day labourers' behaviours and their stories were often beyond my understanding as I had little knowledge about not only their living circumstances but also their use of language. In fact, they used many slang expressions that I did not understand, making conversation initially difficult. However, after a nearly 2-year commitment in the District, I was able to enhance my knowledge about day labourers and my ability to understand what motivates their behaviours and activities.

Finally, I discussed my data analysis with other researchers. While in Japan, I invited nurse-researchers for verification of coded data. Since my investigation took place in Japan and interview data were recorded in Japanese, local researchers were needed to establish data validity. I contacted the Department of Nursing, Kobe University and agreed with one of the faculty, Dr. Keiko Murata, who has experience in qualitative research in nursing, to work as my academic advisor for the data analysis. I had several meetings with Dr. Murata and shared with her my coding so she could verify its validity.

I also consulted with my supervisor through emails and personal meetings about my data analysis. In addition, I met with my committee to discuss my data analysis. Through those meetings, I had the opportunity to rethink and refine the data analysis process and revise my coding to produce more sound analysis. These processes enabled me to enhance the validity of my data analysis.

## **5.8 Ethics**

### **5.8.1 Informed Consent**

The purpose of the study, procedures, time commitment, potential risks, benefits, and confidentiality was explained to all participants with information sheets and consent forms. Prospective participants were also informed that they may terminate participation at any time during the research, including withdrawal of associated data. They were also given an indication of what will happen to the data, including its potential use in any reports and publications. Then, potential participants were asked if they wanted to be interviewed and observed for this study and were also asked to sign consent forms.

Information sheets and consent forms were translated into Japanese with consideration for the level of participants' literacy. According to a survey on homeless people in Osaka (Osaka City University Study Group of Urban Environmental Issues, 2001), more than 90 percent of homeless people have at least nine years of education, and nearly 40 percent have graduated from high school, which equals 12 years of education. In Japan, people usually employ at least two kinds of alphabet: Kanji and Hiragana. Kanji is the same as Chinese characters that represent ideas or objects; Hiragana is a phonetic alphabet often used to provide phonetic guidance to Kanji

pronunciation. This helps people read Kanji and, therefore, understand meanings more clearly. Placing Hiragana in close juxtaposition to Kanji ensured that the consent forms were intelligible to homeless people with nine years of education. In addition, in translating from the English, I carefully chose Japanese terms for the consent forms that would be clear and understandable for those with a low literacy level.

### **5.8.2 Privacy and Confidentiality**

Field notes written after observation sessions and transcriptions of interview data were shown to and heard by only the thesis supervisor and two committee members for this study, and to a Japanese researcher who was invited to verify the coding of Japanese data during the analysis process. The participants were not personally identified in any publications or presentations of this study. Pseudonyms have been used to identify participants, and identifying features were altered in the transcripts. These documents were in a locked filing cabinet in my home. All computer data was kept on the hard drive of a computer in my home to which I alone had access through a password. The tapes will be erased when the study is fully completed. Hard copies of the data will be destroyed after the dissertation is successfully defended and all papers are published.

### **5.8.3 Risks and benefits**

Given that day labourers are a vulnerable group trying to survive severe living conditions, this investigation carried risks. Involvement in research may take time away from their work activities, including collecting empty cans to sell and lining up for free food, or a ticket for emergency shelter. I considered their schedules as being essential to maintain their lives. In addition, I was attentive to day labourers' health conditions because they may not have been received sufficient welfare and health services. In this study, I did not identify any participants who showed serious physical or mental conditions during my observations and interviews.

I had thought that participating in this study had the potential to benefit day labourers by giving them the opportunity to express thoughts and opinions; however, as noted earlier, I came to realize that, at least for some, certain interview questions were threatening to their personal identity and could be considered a risk for the participants. To avoid this situation, I carefully chose the questions during each interview. As long as we avoided such risks, participating in this study was an opportunity for the men to demonstrate their efforts to maintain their lives and health as day labourers. For other participants, considering their limited opportunity to talk about their work, participation brought them benefits because they were able to express their struggles and frustrations during the interviews.

#### 5.8.4 Compensation

Considering homeless people as experts and qualified informants on the day labour culture, monetary compensation could be paid to the participants, as in other research. However, I was sensitive to the cultural context of this study. In the Kamagasaki District, research compensation is often paid by providing daily necessities; money is not considered appropriate, according to the director of the KOSHP. Paying money can cause feelings of unfairness and resentment among those not selected as participants. Therefore, as compensation for participation, I decided to give each participant daily necessities such as food, towels and socks, the value of which was equivalent to \$10 Canadian per hour, or approximately 1,000 Japanese yen and approximately the cost of one meal. This amount of research compensation is also considered by Japanese researchers to be appropriate for research participants in general.

### 5.9 The Scope and the Limitations of the Study

Before interpreting and adopting findings from this study in other contexts, the scope and the limitations of the research should be clarified.

#### 5.9.1 The Scope of the Study

There were two rules for participant selection for this study. First, participants were living in the Kamagasaki District, which is one of 4 major day labourer districts in Japan. While some studies (Fowler, 1996; Gill, 2001) showed some common characteristics of day labourers between *Kamagasaki*, in Osaka, and *Sanya*, in Tokyo, which include living in doyas and a lack of connection with families, little information is available for comparison among the different day labourer districts in Japan. Given that Kamagasaki is the largest day labour district, in terms of population and area, the findings of this study have probably included diverse experiences of day labourers. However, it is also possible to speculate that day labourers in other districts could have different social environments and therefore, experience different pathways to health inequities.

Second, I did not include day labourers who live outside the Kamagasaki District. Shima (1999) suggested that there are day labourers who go directly to construction sites from their homes. These men, called “*tyokko*” (which literally means “go directly”), are also considered day labourers in Kamagasaki. However, they usually have long-term contracts and have stable lives. Many of them have permanent housing and live with their families (Shima, 1999). This study excluded them because its aim was to explore the social environment that is shared by most day labourers and its influence on their cultural behaviours. Those living outside the District may not share the day labourers’ culture shaped in the district.

Finally, I also did not include youth as participants of this study. In recent years, youth have come to the Kamagasaki District to work as day labourers (Kamagasaki Shien Kiko & Graduate School for Creative Cities Osaka City University, 2008), which represents a new phenomenon. As mentioned earlier, some youth in Japan live in cyber cafés because they cannot afford to stay in permanent housing. Such youth have also appeared in the District. I did not include them because the economic, political, and cultural contexts that they face are different than other day labourers in the District. The Japanese economy has changed radically in recent years. The economic transformation that started in 2001 has contributed to widening socio-economic inequalities in the country (Nakano, 2006; Tachibanaki, 2006; The Ministry of Health Labour and Welfare, 2006a). While the appearance of this young population in Kamagasaki has several implications for current Japanese society, inclusion of this population might obscure traditional day labourers' problems of social inequality that have long been invisible due to discrimination and ignorance by the government and the public.

### 5.9.2 Study Limitations

One of the limitations of my study resulted from the recruitment process. Day labourer participation was challenging, as noted in the methodology chapter. The day labourers selected to participate in this study were staying either in welfare housing as welfare recipients or in the HOSMC as patients at the time of our interviews. Therefore, they had more stable living conditions than they usually have and they did not have to worry about housing or food, at least temporarily. Given these conditions, their narratives might not have reflected all the feelings that they experience in the severity of day-to-day survival. Nevertheless, participants' stories showed the variety of employment and living conditions, from life in *doyas* with stable employment, to living in shelters or on the street due to chronic unemployment. Also, knowledge obtained through my volunteer experience at the KOSHHP helped me reduce the risk of making biased interpretations of participants' stories.

Second, in this fieldwork, I did not obtain detailed background information for participants when they did not seem to feel comfortable disclosing such personal information. This made it difficult for me to understand their social, cultural and ethnic heritage prior to becoming day labourers. While Japan is, as previously discussed, one of the most homogeneous societies in the world, there are, nevertheless, some minority populations that experience discrimination. These include: the *Ainu* (an ethnic group in Hokkaido); the *Ryukyu* (an ethnic group in Okinawa); descendents of ethnic Korean or Chinese; and the “*buraku-min*” (people from a discriminated against community), who are the descendants of an outcast community from the



feudal era of the Edo period (1603-1867) and are still the main minority group in contemporary Japan. The interviews with staff at the KOSHP indicated that some day labourers came from those minority groups. Those minorities were probably faced with different social exclusion than others before coming to the District. However, this study was unable to isolate their discrete experiences.

Third, I could not observe any interactions between day labourers and welfare workers and health professionals. Carspecken (1996) suggested that interactions play a significant role in shaping cultural meanings. Welfare workers especially seem to have great influence on day labourers' culture as they judge and decide which men are eligible for public services. This process seems to be an apparatus to re-enforce the dominant value of the mainstream, which is individual responsibility for life situations, making day labourers' social inequalities their own faults. Had I been able to observe such interactions I could have seen when and how day labourers' resist or challenge the dominant values of the mainstream. However, my interviews with other people, such as advocates and social workers from related organizations, helped me with some degree of understanding.

Finally, there were no opportunities to obtain welfare workers' and health professionals' perspectives on day labourers' lives and the processes they employ to provide services to day labourers. Consequently, this study mainly obtained data from day labourers and their advocates. While this situation helped me analyze their social inequalities, it may overlook the fact that welfare workers' decisions are also affected by broader social contexts. For instance, according to the interviews with staff from the KOSHP, social workers in the city of Osaka have heavy workloads and both time and financial constraints do not allow them to understand day labourers' living and working conditions, as part of their intake process. Interviews with staff from the KOSHP and my volunteer experiences helped me understand their situations. But, hearing directly from welfare workers might have given this study the opportunity to understand their decisions not as a result of their inability to understand day labourers' living and working conditions but as responses to influences from broader social contexts.

## CHAPTER 6: FINDINGS

This chapter will be divided into three parts: 1) Pathways to Exclusion, 2) Social Context of a Day Labouring Life, and 3) Day Labourers' Cultural Behaviours. These three parts will represent the pathways to health inequities of day labourers.

To achieve the purpose of this study, which is to identify the pathways to health inequalities of day labourers in the Kamagasaki District, I adopted a theoretical framework elucidating the pathways linking (unequal) social structures to (unequal) health, which was a simplified model developed by Graham (2007). Graham emphasizes social position as a key determinant of health in this model and requires understanding of the processes linking social structure to social position. Integrating this model and theories of social inequalities into the process of data analysis of critical ethnography enabled me to explore the pathways to health inequalities of day labourers.

I will explain first “how people get into the social position (day labourer)” and then I will illustrate the social patterns of day labourers' social environments that constrain or benefit their lives and health. Finally, I will present day labourers' cultural behaviours and the influences of the social context on the development of their behaviours. These three parts will answer each sub-question of this study noted in Chapter 4.

### ***6.1 Pathways to Exclusion***

Perhaps the most striking finding is that day labourers in the Kamagasaki District cannot afford even the daily necessities of life, such as food and shelter, which are considered as prerequisites for health in the Ottawa Charter (1986). People in the District have led very difficult lives. Nonetheless, most day labourer participants in this study showed acceptance of their situations as inevitable, believing that it was their own fault or the consequence of their voluntary choice. Their stories revealed that their views of their experiences were personal and not linked to social and cultural contexts. Their acceptance of their situations as inevitable and their own faults reproduces inequalities in health and prevents them from recognizing their marginalized situations. It also precludes the idea of developing the community empowerment that the Ottawa Charter advocates.

Social environments play a key role in creating ‘realities’ as certain ideas became dominant beliefs and values in a society (P. L. Berger & Luckmann, 1967; Burr, 1995). Day labourers' stories indicated that they retained the values and beliefs that they had before becoming residents of the Kamagasaki District and being segregated from the rest of the world. Examining

their understandings of their experiences, therefore, will reveal how society has been partly responsible for marginalizing day labourers and relegating them to lives of social exclusion in the District.

In this section, I will first identify the patterns of participants' views of their experiences that led them to become day labourers in the Kamagasaki District, which is considered as the lowest socio-economic class in the country (Aoki, 2000), and I will critically analyze their understandings to identify the assumptions, values and beliefs behind their stories. Then I will reconstruct their experiences as social exclusion in order to create alternative views of the experiences from a critical perspective. Finally, I will discuss the social and cultural contexts that have contributed to the social inequalities that lead people into the lowest socio-economic position in Japanese society and thus lead to health inequities.

### **6.1.1 Participants' Views of Becoming a Day labourer**

The analysis of participants' stories revealed that they had at least one event that posed a great risk of alienation for them and led them to a marginalized life in the Kamagasaki District. These events also led them to accept the inevitability of their becoming day labourers. However, at the same time, their stories showed some signs of resistance to dominant values and beliefs in Japan. To reveal how social and cultural contexts affected their pathways to the District, I have reconstructed the meanings embedded in their stories by examining implicit values and assumptions in their personal histories. I have identified four perspectives experienced or felt by many of them on their pathways to becoming day labourers as follows: "*Being cut off*", "*Preserving dignity*", "*Bad jobs*", and "*Out of patience*." I will explain each perspective next.

Knowing that day labourers in the Kamagasaki District are often criticised by people from outside, participants were hesitant to disclose their experiences to the researcher. During interviews, they attempted to minimize damage to their self-esteem and to preserve their dignity as much as possible. They tended not to tell their stories in detail and often replied with short remarks. In addition, they have few opportunities to speak about their past lives because people in the District tacitly agree not to ask such questions. It possibly prevents trouble among day labourers in the District as some people have criminal records or have hidden their real identities for various reasons. In fact, their stories sometimes lacked coherence and were fragmented. I had to understand their meanings through careful examination of their limited remarks. The parts of the transcripts relevant to their views follow, together with my interpretations.

**Being cut off: I did something wrong.**

“*Being cut off*” refers to the situation in which people were alienated from their prior social groups, both financially and emotionally. Some participants described the reason they became day labourers was because they were dismissed by their family or their company due to misconduct. The alienation caused serious damage to their lives and finally led them to the Kamagasaki District.

*Iga-san.* Iga-san was 38 years old and had spent 8 years in the Kamagasaki District at the time of the interview. He was originally from the Kanto area (the region including Tokyo and surrounding areas). Iga-san told me that he had been ostracized by his family for “complicated reasons.”

**Researcher:** Some people quit their jobs because of poor working conditions. Did you have the same reason?

**Iga-san:** It doesn’t seem to be the same reason... I always worked as a part-timer and easy to be thrown out since I didn’t have experiences as a regular employee.

**Researcher:** Is there anything that brought you to Kamagasaki?

**Iga-san:** I don’t know what other people said (about the reasons why they came to Kamagasaki.), but in my case, I couldn’t stay in my hometown because of complicated reasons.

**Researcher:** I see. Is that related to your home or your work?

**Iga-san:** It was home in my case. ... I can’t tell, though. I gave my parents troubles and then, felt uncomfortable to stay with them.

**Researcher:** Are you getting in contact with your parents?

**Iga-san:** No, they don’t know where I am and I don’t know where they are and how they live. Not contacting them is the only thing I can do for them to be a good son.

**Researcher:** Did you have options other than coming to Kamagasaki?

**Iga-san:** Because I didn’t know anyone (in Kamagasaki). And, although having lived in Tokyo, Kamagasaki was well known. It is true that I was able to find a job in Tokyo. But, (jobs at construction sites) don’t seem to look good. So, I wanted to work where nobody knew me rather than where everybody knew (about me). There was something like “escape.”

It was too embarrassing for him to tell his reasons for becoming a day labourer, but, by his remarks about “complicated reasons”, he implied that he had made a mistake and possibly brought disgrace upon himself or his family. In daily conversation in Japanese society, the expression of “complicated reasons” is often used by people who do not want to explain details. Knowing that, I asked him if the event had happened in his work place or in his home in order to obtain some clues about his experiences rather than further details of the act itself. He started telling that he felt sorry for his parents because he caused troubles. This helped me understand to

some degree his understandings of his pathway to the Kamagasaki District. Since it is very common for Japanese parents to be embarrassed by their children's misconduct, this implied that what he did was not simply a mistake but an act that affected not only his family but also his community. I assume that his behaviour threatened the stability or security of his community and forced his parents to leave their community after the event. This situation indicates that his behaviour may have been too embarrassing for them to maintain their community lives as before.

Through this conversation, Iga-san tried to admit his behaviour as wrong and accept the consequence of being a day labourer, saying that cutting off the relationship with his parents was the only way he was able to be a good son. In Japanese society, causing parents troubles is considered as unfilial. Also, parents often leave their community after their children's inappropriate behaviour because they feel ashamed at not being able to raise them to be proper members of society.

*Takahashi-san.* Takahashi-san was 48 years old at the time of our interview and had lived in the Kamagasaki District for 7 years. He used to work with his family in a city near Osaka as a reinforcing-bar placer. He was dismissed by his family after becoming a gangster.

**Researcher:** Could you tell me if you have any causes that led you to Kamagasaki?

**Takahashi-san:** I couldn't eat...as you suspected ("cannot eat" refers to the situation of no money for life in Japanese). I don't know what other people said, but in my case, being in debt up to my neck was one of the reasons....I met an awful person (a member of a famous group of gangsters). At that time, if I had not met such a person but met a different person, and gone to a different place, I would've been a decent man [laughing]. Although I was naughty, I didn't think that I was going to be a gangster at all. ...when things were not going well with me, and I was stuck and feeling like "I don't care about anything." Then, I met the man...

**Researcher:** Did you have a different job before that (being a gangster)?

**Takahashi-san:** I was a reinforcing-bar placer and my brother was working as a reinforcing bar placer, too. ...I didn't get along with the brother. ...My parents said that they don't care for a son who went out (of home). I can no longer hold my head up before my parents. It can't be helped.

Takahashi-san was one of a few participants who told the details of his experiences. The direct reason that he referred to was the loss of the ability to make a living. The expression of "cannot eat" refers to the loss of one's livelihood. He implied that he lost it due to debts that were created when he was a gangster. However, his emphasis on the reason was shifted to his encounter with a man who actually was a gangster. He tried to justify his decision to be a gangster indicating that it was not his first decision but the frustration he felt while working as a re-

enforcing bar placer led him to make a bad decision. Being considered a criminal, he was expelled from his family as Iga-san was.

Losing parental support seemed to have exposed him to a great risk in his later life as his employment position as a re-enforcing bar placer likely depended on his family. Indeed, he implied that he could not find a job in the formal economy again. Instead, he had to find a job in the day labourer markets such as the Kamagasaki District. Takahashi-san admitted his behaviour was wrong and accepted the result, being estranged from his parents, as inevitable.

Both Iga-san and Takahashi-san believed that being dismissed by their parents was their own faults. They said they were influenced by others to commit misdeeds, but they both accepted personal responsibility for their fate. For example, Iga-san said that he was not treated with respect by companies where he used to work and was thrown out easily. He showed his discomfort with the fact. But, he did not take that situation into account when he constructed his story in the interview. Takahashi-san tried to describe his misconduct as a result of his resistance at work. He mentioned that he had had some difficulties at work and he believed that they might have led him to be a gangster. However, he emphasized that he was the one who caused the trouble.

*Oda-san.* Oda-san was 66 years old and had been living in the Kamagasaki District for 10 years at the time of the interview. He was born in a rural area and grew up to be a charcoal burner with his family. He left home to start working at a manufacturing company in Osaka as a manual labourer. He was dismissed by his company because of his drinking.

**Researcher:** Where are you from?

**Oda-san:** Saga (the name of a prefecture). I was working as a charcoal burner in Saga.

**Researcher:** I see.

**Oda-san:** After graduating junior high school, I was burning charcoals. I have a brother, and he drunk a lot. So, I came to drink a lot too. My father also liked *sake* too. He gathered many people in his village and often drunk together. Many people came to (my house). [He talked pleasantly.]

**Researcher:** I see.

**Oda-san:** I continued to drink after I started working in a company.

...

**Oda-san:** I was working for Marita (the name of a manufacturing company) in Yokota City.

**Researcher:** Did you mean a sub-contractor of Marita?

**Oda-san:** Yes. I was there for 5 years.

**Researcher:** Didn't you drink while you worked there?

**Oda-san:** Yes, I did.

**Researcher:** You managed to keep your job for 5 years, didn't you? [I implied that he might have had troubles due to his drinking behaviour. I knew that he had a drinking problem before this conversation.]

**Oda-san:** I was told that I had a good personality and I was good at my job.

**Researcher:** I see. So, you weren't fired?

**Oda-san:** No. I was told that I good at my job. I was good at fine work that needs skills with the hands.

**Researcher:** I see. You must be a skilful person.

**Oda-san:** Huh...? Am I skilful? I was absent from work due to hangover... [Making a wry smile]

**Researcher:** I see. Why did you quit your job after 5 years?

**Oda-san:** As suspected, I was a problem drinker.

**Researcher:** I see.

**Oda-san:** I didn't go to work because of hangover or so.

**Researcher:** Did you mean that you were fired because of that?

**Oda-san:** [he was silent but his act implied that it was true.]

**Researcher:** I see.

When I was working with him as a volunteer he often justified his heavy drinking. In this conversation, he talked about his experiences as a young man in his hometown trying to justify his drinking behaviours. He tried to convince me that drinking a lot was not a problem among charcoal burners in his village. As he described, in the company where he worked, excessive drinking was not an appropriate behaviour. Nonetheless, he did not control his drinking.

This conversation implied he had contradictory feelings about his drinking habit. He did seem to believe that drinking a lot was not a problem in his hometown; however, he learned that it was a big problem at the manufacturing company. He tried to portray himself as a decent man, emphasizing that he was an efficient worker in his work place. In another conversation, however, he accepted his behaviour as wrong because he knew that he had to admit it in order to maintain welfare assistance from the government.

### **Preserving dignity: I didn't want to lose face**

"Preserving dignity" refers to the situation in which people try to rebuild their lives in a new place to preserve their dignity. Participants in this category hesitated to tell the details of the event that created their troubles and brought them disgrace. However, they implied that they left their communities and came to the Kamagasaki District to preserve their dignity.

*Murakami-san.* Murakami-san was 47 years old and had lived in the Kamagasaki District for 15 years at the time of the interview. He had worked as a plasterer in his hometown for more

than 10 years. Having apparently made a mistake in his community, he left and went to the Kamagasaki District to find a new job.

**Murakami-san:** After graduating my junior high school, I went to (a place to work as) an apprenticeship. Got up early and went to it every day! You know, I was working as a plasterer! Every people in my village knew it [proudly]. I was working (as a plasterer) before coming here (Kamagasaki) at the age of 30.

**Researcher:** Why did you come to Kamagasaki at the age of 30?

**Murakami-san:** There are several reasons ... [with a wry smile].

In this short conversation, his body language and wry smile indicated that he felt too embarrassed to tell the details. It is reasonable to assume that he made serious mistakes that made him feel ashamed so that he had to leave the community. While in his hometown, he was considered as praiseworthy by people in his community; however, his mistake, whatever it was, seemed to be sufficiently serious so that he was probably too ashamed to remain in his community. It is possible to speculate that he left in order to preserve his dignity even knowing that he would risk losing his job.

*Fukai-san.* Fukai-san was 52 years old and had lived in the District for over 20 years. He came from Tokyo after his mistake, which was that he “went too far.” Through this remark, he implied that he had to leave his office and his community.

**Researcher:** What did you do for living (before coming to Kamagasaki)?

**Fukai-san:** Me? [He acted as if he did not hear.] My real occupation is printing business. One day, I found myself (in Kamagasaki) for some reasons.

**Researcher:** Why did you quit the job?

**Fukai-san:** Hmm...there are no particular reasons.

**Researcher:** Just quit?

**Fukai-san:** Yes, “just quit” [with a wry smile]

.....

**Researcher:** Were there any reasons why you chose Kamagasaki?

**Fukai-san:** When I was wandering at the JR Osaka Station, I was asked by recruiters (who illegally look there for workers for their construction sites). Since I had no money and places to go, I didn’t have a choice and then went (with them), having assumed that I wouldn’t be killed at least [with laughter].

**Researcher:** Have you thought about going back to Tokyo?

**Fukai-san:** No, not at all. I haven’t thought about going back to Tokyo because I went a bit of too far there.

.....

**Researcher:** And then, how did you come to Kamagasaki?



**Fukai-san:** ... while working at construction sites, I heard that there was this kind of place (Kamagasaki). ... I heard that there were daily paid jobs and became interested. And then, I started working for the job (at Kamagasaki) and settled down.

He did not explain the details leading to his becoming a day labourer in the Kamagasaki District. However, his remarks led me to believe that he probably operated his own printing business and lost it. Also, he tried to say that he was not supposed to be a day labourer. In other words, he tried to say that being a day labourer was not what he should be but a temporary situation.

By the expression, “went too far”, he indicated that he did something excessive and failed. Considering the fact that upon arriving in Osaka, he did not have money even for food, he must have lost his means of livelihood because of his mistake. He might have had a social network or family that he could have asked for help, given that he had his own business. In Japan, however, many people, particularly men, tend not to tell even their family about their business failures. During the period when Japanese companies predominantly adopted the lifetime employment system, people rarely changed the job. In this context, people hardly thought that they were able to have a second chance to re-build their lives. It might have caused not only serious financial damage to their lives but also deprived them of hope and dignity. It is reasonable to see that he chose to vanish to avoid bringing shame on himself even though he had to sacrifice his standard of living.

### **Bad jobs: I wanted to work with respect**

“Bad jobs” refers to the situation in which people had a job with poor working conditions and felt that they were not treated with respect by their employer. Eventually, they left their jobs. Two participants explained that they left work because they could not get along with their bosses and became too uncomfortable to keep their jobs. However, they did not see their working conditions as the primary cause of their resignation; but rather blamed themselves for being inadequate. They felt people should be patient and work hard to keep their positions.

*Mashimo-san.* Mashimo-san was 56 years old and came to Kamagasaki one year before the interview. He had been a regular worker at a supermarket for approximately 10 years. He left the company after having had a stomach ulcer. He then worked for a construction company for an additional ten years until he was dismissed when the company downsized its workforce.

**Researcher:** Before the company (the construction company where he worked), I think that you had a different job. Would you mind if I asked about the job?

**Mashimo-san:** It's been 9 years since I entered into this business. At that time, I had a stomach ulcer and was admitted into a hospital. Prior to the discharge from the hospital, I was thinking and decided to work for a job that requires physical ability than a mentally demanding job. ...Yes, there is a company named Tanaka. (It is) a supermarket company that had 13 branches. I was in the planning division of the company. Yes, I was relocated in many divisions...well, so to speak, I was swayed by corporate management.

...There is an old saying that "*Ishi no ue nimo 3 nen.*" [*This proverb literally means that even a cold rock can be made warm and comfortable if you persevere in sitting on it for three years. What this means is that even if the situation is harsh, you will succeed if you persist and are patient.*] Three years, wherever you work, you should do what you can do. It is true. Little by little, we become familiar with the situation of the company... But, I may be selfish although I had worked for 10 or 20 years. Eventually, it depends on what kind of company you work. (Being a good company), the company usually takes their workers' situation into consideration. Between two sides - workers and employers. There are always complaints coming from the workers' side – complaints from the same side as mine, colleagues. I really understood their feelings and then, I told our bosses their complaints. As you assume, it became (trouble)... yes... I struggled. When the company did not listen to us, we became unable to hold enthusiasm (at work).

**Researcher:** Did many people leave the company?

**Mashimo-san:** Yes, they did. I had my staff and they too quit the job after I left the company. It means that they were young. It was sad. Sadly... I wonder if it was good for them to quit their position. (It is because) I believe that people should continue their job whatever our situations are. (Work) is valued only if people continue their jobs.

He was working for a supermarket company and was asked to move from one division to another. He felt powerless to control his working environment saying that he was swayed by the company. He implied that he developed a stomach ulcer from the stress of his mentally demanding job. However, he seemed to believe that people should be patient with their positions and was opposed to the idea of employees leaving their companies.

People may believe that the company should provide a good working environment and the employee can be patient. However, Mashimo-san indicated that in order to keep their positions people had to be lucky enough to meet good employers. He did not seem to have a good working environment, which somehow justified why he left his job.

His story was fragmented and it reflects his feeling of ambivalence; he believed that he should have been patient but, at the same time, he believed that people must work for a good company to be able to be patient with their work place. He might have tried to improve the situation but apparently did not succeed and gradually lost his enthusiasm. After he became sick, he decided to leave the company to reduce the stress from a mentally demanding job, which he indicated was in human relations.

*Daigo-san.* Daigo-san was 47 years old and started living in the Kamagasaki District 5 years ago. After graduating high school, he became a member of the Self-Defence Force (SDF: Japan does not have military forces). Eight years later, he left the force and became a part-time worker at a supermarket; however, he lost his position after a dispute with his boss and co-workers.

**Daigo-san:** (Before leaving SDF) I was asked which kind of job I wanted to do and I said that I wanted to work a place where there are women [laughing] and then, I was told that I should go to a supermarket (by someone from the force). I had a job interview at a supermarket and started working as a live-in worker (in the employer's house). That was the time I entered into supermarket business and I felt that I fit into the job...

.....

**Researcher:** But, you quit the job at a supermarket after all, didn't you?

**Daigo-san:** Yes, hmm...I quit after a fight... [Smile with a bit of embarrassment]

**Researcher:** Did you mean you did not get along with your boss?

**Daigo-san:** It was not like that. My boss's son became my boss. I was trained by my former boss and therefore, I had different opinions from him (a new boss). Although having different opinions, we must follow his instruction. But, I felt annoyed and went against him. And then, I felt that enough and I said that I would quit. After that, I moved a supermarket several times.

.....

**Researcher:** I wondered why your boss at the supermarket did not promote you to be a regular employee.

**Daigo-san:** It is very difficult for people to be a regular employee at supermarket business. If you become a regular employee, the company should provide you with social insurance. This means that the company have to pay half of the cost. They do not want to do that if their business is private operation. For instance, when I was working at the supermarket named "Maruai" for 4 years, a woman asked to work longer hours...but it should be within 5 hours (per day). Part-timers have maximum 5 hours. It's the Labour Law that regulates this. If part-timers work more than 5 hours, the company must provide them with social insurance, pension, etc. For the company, it would be difficult (for the company to hire regular workers)...I was living with my mom and she lived on her pension. So, I told (my boss) I needed to work more than 5 hours for my family circumstances. For a while, I had 7 hours to work. But, I was told sarcastic comments (by co-workers). There were gossips. This is one of the reasons why I was fired.

In another part of the interview, he said that he was asked to be a health administrator when he was working with his old boss. Also, he was treated better than the other employees as he was allowed to work longer hours. However, when a new boss came and did not treat him the same as the former boss did and he lost his enthusiasm.

He clearly pointed out the employment situation with small private supermarkets and also, how workers are exploited. However, he did not attribute his resignation to that situation. Rather, he seemed to think that he failed to handle human relations well and therefore it was his fault.

### **Out of patience: No more constraints**

“Out of patience” refers to the situation in which people are unable to tolerate their working environments or living conditions. Some participants described how they escaped their previous lives because they became unable to endure constraints at work or in their lives. But, they expressed different feelings about the consequences. One participant had positive feelings after leaving his job while other participants expressed the negative feelings of frustration, regret, resignation, or hopelessness.

*Fujita-san.* Fujita-san was 58 years old and had been in the District 16 years at the time of the interview. He used to be a manual worker for a big steel company and became a plasterer in his later life. He pushed himself to work every day to be a hard worker but finally he was unable to be patient with work. He finally stopped working regularly and came to the Kamagasaki District.

**Researcher:** When you had a job (at a steel company), how did you work?

**Fujita-san:** Of course, I went to work every day because I belonged to a company. People must work every day when they are employed by companies, right?

**Researcher:** Yes, they must work and can't take a day-off as they like.

**Fujita-san:** I think that everybody thinks so. Everybody wants to be a day labourer because they don't like it (working everyday). I mean that they don't like their previous life.

**Researcher:** About what age did you come to Kamagasaki?

**Fujita-san:** 42. I gave up my life already (when I came here) [laughing]. I came here with no hopes and no dreams [laughing].

.....

**Fujita-san:** I have experiences of day labour while in high school. Therefore, I thought that I would be a day labourer if something happened to my life.

**Researcher:** Was it a plan that you quit the job?

**Fujita-san:** No, not at all. I was working hard in a company. But, hadn't had that thought (of day labour), I would've been able to be patient (at his previous work place).

Hmm...no, it was not like that...it was my characteristic (lazy).

I hate jobs. I pushed myself like “I should work, I should work.” But, I really hated it. I pushed myself to work and then, it becomes out of control. It was beyond patience. So, I decided that I would be honest to myself.

Fujita-san expressed that he did not like to work every day although he deeply believed that people should work every day. He rejected a return to his previous life. Becoming a day labourer in the Kamagasaki District, however, did not seem to bring him a comfortable life. Through the interview, he expressed feelings of hopelessness and resignation about his future. He probably was frustrated at not having found a place for himself neither at mainstream society nor at the Kamagasaki District.

*Nakane-san.* Nakane-san was 61 years old and had lived in the District for 15 years. He had a difficult time dealing with his constraints (*Shigarami*). “*Shigarami*” means something that nags people and is difficult to get away from.

**Researcher:** Do you have reasons why you came to Kamagasaki that you can tell me?

**Nakane-san:** Hmm...It is a bit of...I don't want to talk about past things [with a wry smile].

....

**Researcher:** Do you think that it was better for you to come here?

**Nakane-san:** Yes, kind of. I mean...well, maybe I want to live alone...live alone. I don't like constraints (*Shigarami*). This is one reason. I ran away mostly because I wanted to eliminate them (the constraints). It is because there are no constraints living here (Kamagasaki). Well, I can go around with (people in Kamagasaki) through only helping each other. I no longer want to go to places where there are constraints. That means I want to live alone.

**Researcher:** Constraints...? People pay mind to people surrounding you when they work in companies or organizations. Is that like this?

**Nakane-san:** At least, that exists in *hanba* (construction sites with a camp where workers live). But it will be unfastened in a certain period of time.

**Researcher:** Does this mean that you have people whom you don't like (in *hanba*)?

**Nakane-san:** Yes, that'll be unfastened (after finishing the job). And coming back to Nishinari (the name of a jurisdiction that includes Kamagasaki, and find a job that you like (again), go where you like. If you like the place, you will be able to be there for a long period of time. I don't like to be bonded tightly. I can no longer do that.

Nakane-san hesitated to tell the reasons why he became a day labourer in the Kamagasaki District. But, he implied that he did not handle relationships well with those around him. He started saying that he liked to be alone and did not like relationships.

In another part of the interview, he talked about how he became a capable day labourer in the District. In fact, he appeared to be a successful day labourer who had no difficulty finding jobs. He even found several friends and they helped each other. After becoming a day labourer, he

regained his self-confidence because he was able to make a living on his own. In this sense, he was not hopeless but rather seemed to be comfortable and have found his place in the District.

*Asada-san.* Asada-san was 47 years old and had lived in the District for 3 years. After graduating from his junior high school, he went to Tokyo to work for a manufacturing company as a manual worker whose job was to put covers on electric cables. While working at the company, he was provided accommodation in a company dormitory. When his factory was relocated to a suburban area, he left the company.

**Researcher:** Why did you leave the company? Was there anything you found inconvenient?

**Asada-san:** No. It was relocation of the company.

**Researcher:** Did you mean that the company no longer needed you?

**Asada-san:** I don't mean it. It was because the company went far away after that.

**Researcher:** You didn't want to go there, did you?

**Asada-san:** (Smiling) It took me about an hour to get to Tokyo to go on holiday.

In another part of the interview, he implied that Tokyo was the best place for him to live. He had a stutter and had difficulty communicating with other people. He knew Tokyo and its people, however, and he could function there with his disability (stutter). He felt comfortable there even though he had difficulties communicating with other people. He implied that it was difficult for him to move to another place since he would face difficulties with new people who may not understand his disability.

**Researcher:** What was the reason you came here (Kamagasaki)?

**Asada-san:** When I phoned several places but was turned down. ...uh... It was because I speak too slowly.

**Researcher:** Do you?

**Asada-san:** Hmm...like this, the first word doesn't come out easily from my mouth.

...

**Researcher:** After you left the master in Jyuso, you mean that you couldn't get jobs with phone negotiation?

**Asada-san:** Yes, it was difficult. And then, because I felt that it can't be helped, I went to several places (to find a job and work).

**Researcher:** What kind of place did you phone to?

**Asada-san:** Even if I want to work at different places (than Kamagasaki), (I can't do it because) I have to speak. And then, I have only construction worker for choice.

**Researcher:** Do you think that you will stay here (Kamagasaki) for a while?

**Asada-san:** Yes. Even if I move to a different place, (I can't survive because) I can't speak. I have to make a phone call to find a job (if I move to a different place). It is easy and I don't have to speak much (working as a day labourer in Kamagasaki).

In this conversation, he tried to explain how difficult it was for him to get a job because he could not communicate well over the phone due to his stutter. To find a job particularly in the informal sectors, people need to contact employers by phone. Asada-san mentioned that there were no places to find a job without using a phone except day labour work at the Kamagasaki District.

**Researcher:** But, when you were working in Tokyo or Jyuso and worked at the same place, I think that your life was stable. For example, you lived in a dormitory, didn't you?

**Asada-san:** Hmm...

**Researcher:** You didn't have to worry about a place to sleep, did you? Coming to Kamagasaki, work would be easy but your life became unstable, you may have had troubles?

**Asada-san:** No. Those (troubles) are consequences of my choice. It can't be helped. ... And, living in a dormitory, I would lose freedom.

**Researcher:** Lose freedom...?

**Asada-san:** Uh...I go to work every day...Even asking for sick leave, but (I will be told that) "Not today" because it was too busy. There are many things like this.

**Researcher:** You may not have taken a day-off when you were sick?

**Asada-san:** No. But, here (Kamagasaki) ...uh...I don't have to go work when I feel a bit of sick.

**Researcher:** In this sense, you have control...

**Asada-san:** Instead ...uh... food or a place to sleep... you will lose them.

Beside the difficulty of finding a job due to his disability, he also wanted to have freedom from the constraints he had had before as a resident in a company's dormitory or perhaps as a live-in worker at a small construction company where he had worked before the Kamagasaki District. He wanted to live as he wished even though he had to sacrifice the basic needs for food and shelter.

### **6.1.2 Alternative Perspectives: Social Exclusion and Resistance**

Participants illustrated their experiences predominately from their individual perspectives. Most of their views of their experiences were isolated from social contexts. Social contexts, which include social structures and social relations, influence and constrain what people think and do and serve to reproduce the same social structure (Poland et al., 2006). Poland et al. also suggested that people routinised behaviours common to groups. Beyond participants' individual

understandings of their past experiences, I will reconstruct their experiences as social practices in the following section. In doing so, I will also explore the social structures that contribute to the reproduction of beliefs and values of the mainstream, which includes norms, resources, policy, institutional practices, and their relationship with participants that shape their actions, volitions and their sense of identity.

**Exclusionary community: intolerance of rule-breaking and denial for re-integration**

*“Being cut off”* represents a situation in which people who engaged in socially unacceptable behaviours such as breaking rules or laws are deprived of opportunities to rebuild a life in their community. Prior to the precipitating event, however, they had already been excluded from economically productive activities since they did not seem to have stable employment opportunities. Their misconduct can be seen as a resistance to economic inequalities that they had perceived at that time.

Some researchers suggested that the negative feelings about their social status tend to produce negative emotions and stress-induced behaviours that included antisocial behaviours or reduced participation in community activities (Pearce & Smith, 2003). In fact, participants such as Iga-san and Takahashi-san had struggled with their work situations and seemed desperate at the time of their misconduct. They may have had limited access to resources that could have maintained their self-esteem and prevented them from committing antisocial behaviours.

However, the public view of these people has been limited; the public tend to see people who break laws and rules as dangerous, non-conformist and anti-social. They tend to fear them and view them as obstacles to maintaining the social order and a safe community. They become social outcasts because the community feels threatened by them. However, everybody has both a legal and a human right to lead a life with dignity in which they are assured of a minimum standard of living and the opportunity to be integrated as a citizen in the community after or even while expiating their guilt. Participants in this “being cut off” category are deprived of this human right. In fact, they became unable to live in the mainstream because they have limited access to the resources needed to rebuild their lives.

The Kamagasaki District seems to be a place for segregating people who broke rules and laws to keep them away from the mainstream society. It allows the government to separate and watch, and therefore, better control people who have been ostracized from mainstream society. This is consistent with past history since day labour districts used to be places where criminals were sent (Gill, 2001). More than 16 surveillance cameras set up in the District reflect the government’s intention to monitor day labourers’ behaviours.



### **Internalization of social norms: self-exclusion in order to preserve dignity**

*“Preserving dignity”* represents the situation in which people try to rebuild their lives in a new place to preserve their dignity from negative judgements of their failures. People do not want to show their inability to deal with their business or family matters. Having failed to achieve up to expectations, they may feel as if their self worth is denied by society. Some people feel that they would rather die than bring shame on themselves and their families. However, preserving their dignity, often risks their lives since they often leave not only their jobs but also their communities. For example, Murakami-san and Fukai-san went to the Kamagasaki District to escape from their communities. As a result, they lost their stable lives.

In Japan, it is reasonable for people to want to leave their communities after making a mistake that was a source of shame. Japanese culture is known as the “shame culture” as opposed to western culture, which is a “guilt culture.” Shame is the experience of “exposure of peculiarly sensitive, intimate, vulnerable aspects of the self.” Lebra (1983) suggested that a Japanese person feels shame when she/he “seriously fails in living up to an expected level of ability, knowledge, performance, rectitude, propriety, or any other value.” Lebra also pointed out that the experience of ‘shame’ focuses on the people themselves who failed while that of ‘guilt’ focused on the things done or undone. This indicates that in a culture of shame, people feel that they are judged by who they are rather than by what they did. This makes people feel there is no way to amend their failure and they choose to disappear to avoid being judged and ashamed.

However, in a culture of shame, if people do not have alternatives for earning a stable living and leading stable lives to preserve their dignity, they become, essentially, outcasts. Murakami-san and Fukai-san came to Osaka immediately after leaving their communities. In Japanese society, social networks work for people if they are considered as a member of the society; however, when one loses their status the entire social fabric of the community becomes an apparatus to exclude them. Thus, social networks bring very limited benefits to people who are seeking a second chance in life.

### **Hard choices: bad working conditions**

Participants in the category “Bad Jobs” expressed their limited chances to have access to better working conditions. They were trapped in “bad jobs.” People work for not only economic reasons but also for self-development. Burchardt et al. (1999) suggests that it can be seen to be exclusionary when people cannot participate in economically productive activities that are also activities valued in the community. She emphasizes the significance of the self-respect that is developed while engaging in work activities. In other words, if people do not have opportunities

to develop their self-respect or self-esteem and enhance self-development at work, they are considered to be excluded.

Mashimo-san worked for a company as a regular worker but he was unable to negotiate with his bosses about his working conditions. He felt that he was controlled by his company as he was relocated many times at the convenience of the employer. It is reasonable to speculate that he did not think his performance was appreciated. He must have felt unable to develop his self-respect through this career path.

Daigo-san's story also reflects this dimension of exclusion that people do not only work for economic reasons but for self-respect. He was only a part-time worker at a supermarket, but he was proud of his position. He seemed able to maintain his self-respect, even though he worked only part-time in a market, so long as he felt he was treated well by his boss. In fact, the employer seemed to rely on him considering the fact that he was appointed as a health administrator in the shop. However, when a new employer took over the position and did not treat him with respect; he lost enthusiasm for his job.

Jobs at small enterprises tend to have poorer working conditions than those at large companies. For instance, precarious work tends to provide workers with low pay, limited access to benefits such as pension and health benefits, and a high risk of unemployment (Jackson, 2005). Jackson also suggested that precarious workers had limited access to opportunities for self-development and the development of new skills that are needed to increase their opportunities for advancement and reduce their risks of losing their jobs due to economic change. Participants in this study had limited access to secure jobs and also did not have chances to learn new skills, advance or change jobs to earn more money or have more job security or less strenuous work. Employers should provide their workers those opportunities. The participants were excluded not only from accessing socially valued activities but lacked opportunities to move out of precarious work: they were trapped at the bottom socially and economically.

### **Self-determination**

Participants in the category of "*Out of patience*" probably experienced overwhelming constraints that required them to tolerate little autonomy over their working conditions or family/community life. They voluntarily escaped their work place or community because they felt it had too many constraints to endure. They finally reached the Kamagasaki District as a place where they could lead their own lives. However, to do this, they sacrificed some of the daily necessities for life.

Unlike the participants in the previous section, they did not express that people should be patient with constraints. Rather, they tried to find ways around the constraints and, when all else

failed, they established their lives in the Kamagasaki District. They resisted traditional constraints while most Japanese people expect and accept little autonomy in their lives (Nakane, 1972). Pearce and Smith (2003) have suggested that traditional ways of life do not always help people maintain good health and may cause poor health. In our society, people tend to believe that social networks and community coherence are needed to enhance public health. However, some people may require independence and the right to “escape traditional social networks that are harmful to their health (Pearce & Smith, 2003).” If people have to sacrifice their health to comply with social norms, it can be considered that they are socially excluded from the opportunity to live with dignity.

### **6.1.3 Exclusion and Production of Social Inequalities**

Two major cultural factors that produce social inequalities and, therefore, lead people to become day labourers were identified: 1) collective welfare as a determinant of autonomy and 2) the dominant social position of ‘salaryman’ created during the period of high economic growth in the country.

#### **Social institution of collective rights**

One of the factors is the social institution that prioritizes collective well-being over individual autonomy, which was deeply ingrained into people’s psyches during the Edo period of the 16<sup>th</sup> century. Beer (1981) noted that the most significant unit in Japanese society is not the individual or the family but a group of people bound together by loyalty and a sense of obligation to the group. It reflects the feudal system of the Edo period in which duty to a feudal lord or village took priority over duty to the family. In this social system, people who broke rules or laws were disciplined because they were considered a threat to the social stability and group solidarity of the community. They were often exiled regardless of how it affected their lives. Thus, people who committed serious violations did not have any expectation of being able to start over in the group and re-claim their lives and self-respect. Rather they accepted permanent exile as a reasonable consequence of their actions. That cultural imperative has continued in Japan since the Edo period. Iga-san and Takahashi-san, for example, whose behaviours were considered as inappropriate in their community, were unlikely to question their exclusion from family or community as a discriminative treatment although that led them to marginalized lives in a segregated area where there is no guarantee for even a minimum standard of living.

The findings from this study show that, in this cultural context, ‘shame’, which has significant social value in Japanese society, plays a key role in reinforcing peoples’ attitudes about collective rights. The Japanese who grow up with shame-based cultural values feel ashamed

when they “seriously fail in living up to an expected level of ability, knowledge, performance, rectitude, propriety, or any other value” (Lebra, 1983). Komiya (1999) noted that the Japanese sense of shame arises “as a result of going against the ‘belief’ that one should conform to rules. People are always worrying that they may not be following the rules and this self-consciousness and obsession with rules helps create shame. Interestingly, he argued why people in Japan who commit crimes are exiled from community because shameful conduct such as criminal acts seriously damages the good name of the group to which they belong. The Japanese have adopted the deprivation of community membership because its cultural value emphasizes the group, while in western society people are often stigmatised because the culture focuses on the ‘individual.’ The cultural value of shame works to ensure group solidarity in Japanese society by expelling people who deviate from cultural norms. Shame and the individual obligation to society overshadow peoples’ awareness of their individual rights.

Japan has been known for its low crime rates because of the strong individual sense of obligation to the community and to the obligation to build social capital. Komiya (Komiya, 1999) attributed the low crime rates in Japan to the ‘self-control’ that has been developed throughout the course of life, including the family, school and the work place. People learn that they follow or obey rules that are set by parents, teachers, and bosses. This attitude toward self-control, however, limits people’s freedom to act of their own free will. On the contrary, it leads people to be highly dependent on family, parents and people at work in exchange for a sense of belonging and a sense of pride. Komiya (1999) suggested that this self-discipline works as an informal social control in the context of crime prevention in Japan. This implies that Japan places high value on social organization and social capital such as networks, norms of reciprocity, and trust in others. But, it is developed at expense of people’s freedom and sense of autonomy. The Kamagasaki District seems to have become a place of punishment for people who fail to follow the social norm of self-control.

This social value may well prevent health professionals and the public from seeing the antisocial behaviours of the Kamagasaki residents as resistance or a way of controlling their oppressive life circumstances. For example, Iga-san and Takahashi-san indicated that they did not necessarily have better working conditions before they came to the Kamagasaki District. Iga-san had only part-time work while Takahashi-san was working under an apprenticeship as a re-enforcing bar placer. Moreover, Oda-san was a manual worker in a manufacturing company at the time of his resignation. Those jobs seem to provide workers only limited control over their working conditions and it would be easy for stress to build. Moreover, these work situations do not appear to allow people to develop or increase their self-esteem. Studies show that lower self-

esteem is associated with aggression, antisocial behaviour and delinquency (Donnellan, Trzesniewski, Robins, Moffitt, & Caspi, 2005; Trzesniewski et al., 2006). In addition, those structural perspectives are hardly taken into consideration by most researchers and health professionals in understanding anti-social behaviour. It may not be easy for researchers and health professionals to respect individual rights to health in a cultural context dominated by collective expectation of self-discipline.

### **Dominant beliefs toward work: ‘working hard’ and ‘being patient’**

The other factor is people’s beliefs or attitude toward work that was developed during the high economic growth in the country. People, particularly men, were expected to work hard for their company; dedication and loyalty to the company was required and patience seems a key to success as a reliable member of the company until recently.

Beginning in the 1960s, Japan went through the transition to a post-industrial society. In this period, male employees of white-collar elite organizations came to represent not only the corporate ideals but also masculinity ideals (Dasgupta, 2000). It is often said that the Japanese economic miracle would not have been possible without those workers’ dedication. Large enterprises practiced lifetime employment and the employees received seniority based wages and promotions. Men especially were expected to show “quality of loyalty, diligence, dedication, self-sacrifice, and hard work” in the period of economic growth (Dasgupta, 2000). Under this system, they worked hard and dedicated their lives to their companies. It was natural that they sacrificed their family and personal lives for their careers.

Nakane’s interpretation (1972) helps us to understand how this idea permeated among workers in Japanese society. She pointed out that workers are often emotionally bound to their companies and life at work becomes ‘all-important’ to their lives. In most cases, a work place “provides the whole social existence of a person and has authority over all aspects of his life. Workers’ lives become deeply involved in the association. Workers are willing to develop loyalty to their company in order to help them to enhance group solidarity among employees and possibly increase the company’s success. In return, they feel secure through “tightly knit communal activities”; however, they must sacrifice their individual autonomy. Fukae (1991) pointed out that this idea has tremendously affected peoples’ minds and activities. People came to believe that everybody should work hard to be a respectable and reliable citizen. In this Japanese social context, it is not difficult to assume that the ideas of ‘working hard’ and ‘being patient’ have become dominant beliefs not only among workers but also people in general.

Most of the participants in this study went through the post-industrial era in their 20s-40s and had grown up under the influence of these ideas. Even having left their jobs because of poor working conditions, they seemed to believe that they should feel shame because they lacked patience. As their cases show, this belief in traditional Japanese values could have prevented day labourers from seeing their experiences as reasonable ways of responding to the constraints that they had faced, particularly among people from low socio-economic statuses who are often exposed to much poorer working conditions than those from the middle class.

More significantly, health professionals and researchers are not exempt from the influence of this discourse; they tend to see the reasons that people become day labourers to be associated with their irresponsible attitudes toward work or their inability to survive in a competitive society. This limitation would make it difficult for Japanese society to create opportunities for people who want to resist the constraints they face and to find alternative ways of life without sacrificing their individual autonomy and undermining their health.

## ***6.2 Social Contexts of a Day Labouring Life***

In this section, I shall analyze the social inequalities of day labourers' social environments, mediating the association between their individual behaviours and lifestyles and their health. I will examine the contexts of work, living circumstances, and welfare and social security policy as significant aspects of day labourers' social environments in order to uncover how those environments impact access to the resources and opportunities that day labourers need to maintain healthy lives.

Social issues tend to be constructed as if self-evident (Eakin, Robertson, Poland, Coburn, & Edwards, 1996). I will critically analyze the taken-for-granted perspectives on those environments, which are widely shared both in the Kamagasaki District and in Japanese society generally. I will also examine assumptions underlying day labourers' internalized understandings of their social environments that have affected them as well as the understandings of other people including officials from the public and welfare sector. This will help us understand to some extent the reason why day labourers' social inequalities have been long unquestioned and sustained despite the fact they clearly have lower living standards than other social class.

### **6.2.1 The Context of Work**

In contemporary industrial society, jobs are very important in peoples' lives. Individuals and society as a whole value work not simply to make a living but also to achieve the highest standard of living their incomes permit and because work provides status and self-esteem. Jackson (2005) further suggests that good working conditions are needed if people want to develop their abilities

and capacities to actively participate in society. The data from my fieldwork show that day labour in the Kamagasaki District hardly provides workers with these opportunities.

To reveal the structural influences of the day labour system on day labourers' lives, I have critically analyzed the context and explored the social inequalities embedded in the day labour system. There are six themes that emerged as significant aspects of social inequality in the day labour system: 1) the labour pool; 2) disadvantageous contracts; 3) discriminatory hiring; 4) unfair task distribution; 5) wage exploitation; and 6) limited opportunities for self-respect and self-development. I will explain each in detail.

### **The labour pool**

The day labour system in the Kamagasaki District is known as a labour pool for industry, mainly construction companies. Under this system, day labourers are hired to fill vacancies for companies. Through my interviews with day labourers, I learned about the types of work contracts available to day labourers and how the system prevents day labourers from re-establishing stable lives.

There are two types of day labour contracts: *genkin* and *keiyaku*. Working for *genkin*, which literally means “cash,” day labourers sign a one-day contract. Those working with this contract work for only the day they signed the agreement. Each time they need a job, they get up early and go to the hiring site to meet recruiters from companies. Getting a job depends on the negotiation with recruiters and they may not find a job on a given day. Whether they can get a job or not is always uncertain. When working for *keiyaku*, they sign an agreement for a job for a fixed period of time. Many day labourers whom I interviewed had worked on 10-15 days contracts while others worked longer-term contracts of a few months or even a year. Workers are paid on the last day of their contract or every 10-15 days for the longer-term contracts.

With both types of contracts, day labourers are paid by the day, or for a period of days, but they may well not work every day. Thus, they cannot manage their lives around the typical Japanese family monthly budgeting practice. They are constantly seeking employment and must worry about when and where they will work next. While most of the participants in this study did not express concerns about this characteristic of day labour, a participant who visited in the consultation room at the Hospital of Osaka Social Medical Centre (HOSMC) expressed anxiety about his unstable employment during his meeting with a social worker. He said, “I am so nervous because I don’t know whether I’ll get a job or not and where I can stay tonight!” At that time, he had problems with his arms; his hands were trembling which made it difficult for him to find jobs. He was asking a social worker to help him receive welfare assistance.

During my fieldwork, I noted that many people, including day labourers and social workers, tend to attribute the cause of day labourers' unemployment to the economic downturn rather than to the day labour system that is characterized by uncertain employment conditions. Staff from the KOSHP suggested that officials from the welfare sector believe that day labourers can lead a stable life if they work hard; they do not seem to question the system itself and particularly its uncertain and sporadic employment characteristics.

These views also fail to see the roles of the social structure that lead day labourers into their unstable employment situations. As mentioned earlier, the Kamagasaki District is a day labour pool that supplies a supplemental work force employed only when needed (Shima, 1999). Companies hire regular workers but limit the number because the demand for construction projects is highly subject to changing economic conditions. To avoid having excess employees during slow periods, construction companies hire a minimum of permanent employees and fill in, as needed, with day labourers. While regular workers keep a formal status of employee at their companies, day labourers often have no work during economic downturns and are not considered employees except when actually working. They are considered to be exploited by construction companies. The construction industry benefits at the expense of day labourers' opportunities to have stable jobs and lives.

### **Disadvantageous contracts**

There is essentially no negotiation between day labourers and employers over jobs, working conditions, and pay. Day labourers wishing work go to a large, open-air, parking lot like plaza in a corner of the Kamagasaki District (the *Airin Centre*) at 5:00 AM each day. Employers, or their recruiters, called *tehaishi* (literally, labour shark) arrive and announce how many men they need, for how long, the type of work (e.g., general construction worker, scaffolding men, or re-enforcing bar placers) and the amount of pay. The labourers either accept the terms and conditions and go with the recruiters or decline to work that day. They have almost no choice in the matter. While considerable numbers of day labourers rely on this system, participants' stories indicate that it is extremely disadvantageous to them.

I did not have an opportunity to visit the hiring site while doing my fieldwork. Instead, I gathered information from participants and texts collected from some organizations about the negotiation process. Nakane-san, a 55-year old day labourer, described his first experience negotiating:

I saw advertisements (on windshield of recruiters' cars at the hiring site of the District) and found some jobs that seemed I can do. And then, I tried to ask the recruiter by myself.



I asked him to take me to his construction site. And then, he asked me back. “Can you do this?” I replied, “I would be strong enough.” And, he asked me back again, “Are you sure you never run away (from the construction site)?” So, I replied, “I don’t run away once if I decide, so please take me there.” He finally said, “Fine, you can get in (his car) for today.”

Considering that the attitude of the recruiter in this story was fairly rough and intimidating, Nakane-san might have been suspicious about the working conditions. Nonetheless, he was determined to agree to the conditions without asking any questions. Because he was living on the street and could not even afford food for himself, he had to agree to whatever was offered.

In the face-to-face negotiations that typify the lives of day labourers, people learn about working conditions only on the day when recruiters come to the centre. However, for one-day contract jobs, companies often limit information regarding working conditions at the job site. Day labourers do not even know exactly where they will work until they arrive at the site. Inoue-san, a 55-year-old day labourer, said in his interview, “They will not tell you where you are going to be taken because if you know it, you may not want to take the job, right?” In addition, they have little idea what kinds of tasks they are going to be assigned until they arrive at the construction site. Duties may change, which presents the day labourers with the difficult task of quickly and efficiently learning the new task while being pressured to work quickly and well. These cases show that recruiters have more power in the hiring process than day labourers, who seem to have little choice except to decline the offer and not work that day.

Under Japanese labour law, face-to-face negotiation is prohibited. However, Hirai-san, a former leader of a day labour union in the Kamagasaki District, wrote in his book (Hirai, 1997), the government has quietly allowed it to exist with respect to day labourers in the Kamagasaki District and other similar places throughout the country. Under the law, working conditions must be disclosed to applicants before they enter into employment contracts (The Ministry of Health Labour and Welfare, 1971). This allows people to choose appropriate jobs according to their skills, expertise, and experiences. It also makes people feel more confident and consequently, people are able to develop self-respect. As day labourers describe, they are completely excluded from those opportunities. In addition, by not enforcing the law, the government sanctions a system that greatly benefits employers, at the expense of employees, who are exploited with significant psycho-social consequences.

### **Discriminatory hiring**

Not all day labourers who come to the hiring site find a job; many are out of work for the day. These people are called “*abure*”, which literally means, “fall out of work.” The term “*abure*” carries a negative connotation and can eventually stigmatize a worker as irresponsible or incompetent. Participants’ stories show, however, some day labourers are discriminated against by the recruiters. They suggest that there were some groups of day labourers that have better chances of being hired than others, as explained below.

Age discrimination is one of the major factors day labourers must deal with over the years. The day labour market increasingly excludes day labourers as they age. Ishihara-san, a 64-year-old day labourer, explained it this way:

I can’t find a job anymore. Even for younger people, some of them struggle to find a job [because of the economic recession]. I lost my confidence in the first place...I mean physically. ...It’s about 5 years ago. Until then, I often went to the centre (the hiring site) carrying my bag (to find a job)... the job became severe. (Recruiters) want younger people. Getting older, we become a buck-burner. For instance, getting on a bus, I was told that I should get off because regular members have just arrived. I had to get off after having received the offer... younger people are in fact quick and agile. ...Frankly speaking, if you are slow even a bit, (you would be shouted at the site) “*Do it right, or don’t do it at all!*”

Until he was 60 years old, Ishihara-san had little problem finding a job at the hiring site. However, recently he has not been successful negotiating for jobs. He suggested that it has become more difficult for him to work with younger men within a team because, as other participants also suggested, teamwork requires each member to have similar strength and to work at the same speed.

His story indicates that older workers are simply not as efficient, or productive, as the younger workers, which upsets the foremen at the job sites because it costs the company money, when comparing their productivity to that of younger workers. Also, because of their personal situations (social, psychological, educational, job skills), most have no prospects of leaving the day labourer lifestyle and most have difficulty finding regular construction work as they age, especially past fifty. As he gets older, a day labourer, regardless of his experience, invariably encounters age discrimination and exclusion from the day labour market, which is his chance for survival.

Other participants, however, suggested that getting older was not always an impediment to finding regular employment. In fact, some participants were still finding a job at the hiring site

even after age sixty. They indicated that it is because they have personal relationships with some recruiters who will provide a job when they ask. As the following case shows, recruiters and employers try to hire day labourers according to their own standards. This system is called “*kaoduke*.” It helps day labourers find regular employment therefore, making their lives a little bit easier than for those having no connections. Maeda-san, a 43-year-old day labourer, explained his experience:

There is a way we call “*kaoduke*” and the same person is going to work like a regular employee. So, they (recruiters) hardly accept strangers. If you have references, you could be accepted. If don’t, they may look down on you... you may be turned down. I often look for a job around 4 o’clock in the morning but I’m always told, “No.” They say that it’s already full.

The term “*kaoduke*” consists of two words; “*kao*” refers to name recognition and “*duke*” means connection. As these meanings suggest, some workers make connections through name recognition instead of through formal negotiations at the hiring site. Maeda-san indicated at another part of the interview that it is difficult for day labourers who work only sporadically to find jobs even though they look young and strong because the recruiters do not know them. Day labourers who do not cultivate these personal relationships with the recruiters are likely to be excluded first at the hiring site.

In addition, those who have “*kaoduke*” may be picked up at different places rather than the hiring site. If the recruiter can fill his needs with workers, he knows that he may not even go to the hiring site on some days. Ishihara-san explained the situation as follows:

Some people go to the same company. They go there again over and over. When they are broke, they call there and ask the boss if they can go work there or so. If they come into the boss’s favour, the boss tell them, “we have vacancy and you can come even from today.” (It’s) something like that. So, people who eager to find a job have a cell phone and receive calls from the boss and are asked to go to such and such place.

As the term “name recognition” implies, some day labourers have good reputations among recruiters and companies. To earn the reputation, they must fit into the expectations that recruiters and companies have for them. My analysis of participants’ narratives revealed that there are three qualities required to build a good reputation: 1) physical strength, 2) punctuality, and 3) devotion.

First, construction work is physically demanding; many things are performed in harsh weather and at a fast pace. For example, day labourers perform activities such as digging a big hole in the ground or carrying heavy loads of building materials all day. In addition, to enhance their productivity, companies tend to force day labourers to work hard to complete their tasks as quickly as possible. In this environment, as I mentioned earlier, older people tend to be less productive and younger people are seen as more physically capable of doing construction labour. Hirata-san, a 59-year-old day labourer, said:

It's probably until about mid-forties (to find a job at the *Airin Centre* without problems). At the age of 45 or 46, people have the most stamina in their lives. As we get old like me (his age), it becomes difficult to find a job. When I go to the centre to find a job, (recruiters) look at our faces and select younger ones because they are full of vigour.

Second, recruiters need day labourers to be punctual. The recruiters' job is not only to recruit day labourers but also take them to the construction site. They are expected to deliver the number of required workers to the job site on time or they get in trouble with their bosses. It is important to understand that the recruiters are not regular employees of the construction companies either, but work under contract and are paid, and keep their jobs, based on performance. To avoid the risk of failure, recruiters try to find day labourers who are always punctual. Ogata-san said, "Those people (employed through *kaoduke*) must meet on the day they were told. (Recruiters) get into trouble if those people do not show up when they come to the place to pick them up in the early morning."

Third, employers prefer day labourers who devote themselves to the company and display loyalty. In this case, efficient performance is not even valued; day labourers must be good subordinates to the bosses. People who work very earnestly tend to be liked more than others. During my fieldwork, I often heard the term "*tonko*", which is a slang word in the Kamagasaki District and literally means "running away." Day labourers often leave construction sites before their contracts end, usually because the work they are given is different than they expected or were promised when they were recruited. For instance, when I asked Murakami-san how he would handle a dangerous site, he answered without hesitation: "I would run away." Also, a day labourer visited the Hospital of Osaka Social Medical Centre told the social worker that he ran away because he did not want to work for little or no pay. Losing day labourers at the construction site, of course, slows progress and costs money, so companies want the day labourers to work to the ends of their contracts even if the actual job is different from the original expectations. Takahashi-san, a 48-year-old day labourer, explained this from his own experiences:

...people whom agents decide to send (to the construction site) are those by whom they never get complaints from the bosses of the site and they also work hard during their term, for example during 15-day contract. So, I often see people (day labourers) at the site who are not efficient but really work hard.... Some people are not good at their jobs but win their boss's favour because they are never absent or always come to work until the end of their contract...they draw well from their boss.

A day labourer who has those qualities is seen as a reliable and likable person by recruiters and companies and therefore, he seems to receive frequent job offers. This indicates that job distribution at the day labour market in the Kamagasaki District is inequitable. Many day labourers are excluded from fair employment opportunities while certain groups of day labourers are advantaged. It is possible to speculate that this inequitable hiring system benefits companies and their profits at the expense of many day labourers' opportunity to survive even at the bottom of society.

### **Unfair task distribution**

My information about construction sites is limited because I had no chance to visit actual sites where day labourers were working. However, participants' accounts illustrate several of the situations that they encounter.

Most participants in this study are general construction workers and they described some of the jobs that they are assigned at construction sites. Those include things like digging, pouring concrete, and helping with demolition work. From the perspective of workers from the formal economy, one might expect that those jobs are at least evenly distributed among people who have the same wages. However, some of day labourers indicated that tasks they were assigned were not equally or fairly allocated among day labourers but were rather unequally distributed. For instance, Mashimomo-san, a 56-year-old day labourer, explained: "People like me, newcomers, tend to be assigned on harder tasks than people who are working for the company for certain periods of time." Moreover, Takahashi-san suggested that people who do not have good social skills tend to be assigned tougher jobs than others: "Foremen tend to prefer day labourers who are good communication skills. Some fellows (day labourers) are very good day labourers but often taken to difficult positions."

In addition to some having harder physical work than others, there is another problem with inequitable task distribution. Mashimomo-san indicated that, based on his prior experience as a regular employee, day labourers' jobs are often harder than those of regular employees. After

becoming a day labourer in the District, he had tried to work every day as he did before; however, it was not physically possible and he finally damaged his health and became unable to work. He implied that if work was better distributed at the site he might not have damaged his health. This story suggests that task distribution at construction sites seem totally controlled by the bosses and is often inequitable. Thus, we see another way in which social inequalities within the system create health inequities.

### **Wage exploitation**

Several participants suggested there is wage exploitation of day labourers in the District; in fact, this is a well-known fact among day labourers as the construction companies usually have several layers of sub-contractors working at job sites. What struck me the most, however, is what happens to day labourers working for *keiyaku*, which is a type of day labour job with a fixed number of days of work. They often work under extreme exploitation. For a *keiyaku* job, *tehaishi* (recruiters) usually keep day labourers in their quarters (*hanba*) and use them as needed. Thus, they must stay in a *hanba*, not always working or being paid. And, because they are on contract, they cannot seek other employment. But, they still must pay for their room and board in a *hanba*.

According to participants' stories, *tehaishi* craftily exploits day labourers' wages. Through my fieldwork, I found that daily wage for general construction worker was often 9,500 yen (approximately CA\$ 95.00). However, for a *keiyaku* job, they cannot expect to earn this amount of money when they complete their contract because companies deduct one-third of wages for meals and accommodation of a *hanba*, leaving them with only 6,000 to 6,500 yen per day. To make matters worse, they do not work every day but average about every other day. After deductions for two days of meals and accommodation, their net incomes are reduced to only 3,000 or 3,500 yen per day. Inoue-san, a 55-year-old day labourer, clearly explained this situation:

Working at *hanba*, we can't make money. It's like work for free.... For instance, we work 15 days at some *hanba* (temporary living quarter). They deduct (the fee for a room and meals) even for the days we don't work. You know, it doesn't mean that they deduct only for the day we work. So, we work for 15 days but the fee come off (of our payment) for 30 days. That's the way *hanba* works. ... Selecting day labourers whom they want to use for that day is the way *hanba* does. That's the business of *tehaishi*. They earn money through it.

This situation shows that day labourers are exploited and deprived of the fundamental rights of workers, particularly the right to obtain just reward from their work. This system is extremely exploitative compared to jobs in the formal economy and it is inhumane considering

that companies exploit the most vulnerable population in society. However, I encountered very few people who spoke of this exploitation during my fieldwork and it seemed to me that most people in the District, including day labourers and people from supporting organizations, accepted the fact as inevitable and therefore, it has been long untouched although day labourers are under extremely difficult conditions.

### **No opportunities for self-respect and self-development**

Some participants suggested it is difficult for them to keep their self-respect at work while being treated poorly by foremen who push them to work hard to enhance productivity. Murakami-san, a 47-year old day labourer, talked about his experiences at construction sites:

Foremen tell us in one form or another. Everybody's working very hard, you know! We'll get angry if they tell something like that. [He refers to the situation in which bosses tell day labourers to work hard.] Sure, everybody's working hard. So, I don't wanna go to such a place. If we have jobs that are what we wanna do, everybody's going to work. We don't go to work because there are no such jobs [serious face]. Yes...I'm going to work if I have what I wanna do. I prefer to collect empty cans rather than going to the job that I don't like. ... [I asked; "*You don't want to work because the payment is low?*" ] No! It's not about money [strong wording]. It's not about money.

Murakami-san seemed to have long held a grudge against bosses he had served. He believed that it was not acceptable for day labourers to be pushed around by bosses. He implied that many day labourers have similar experiences and become discouraged. Although collecting empty cans does not allow him to earn much money, it seems better for him than jobs that do not allow him to maintain his self-respect. He implied that being respected was much more important than the amount of money he earns. Day labourers are deprived of the opportunity to develop self-esteem and dignity.

In addition, the work experienced by day labourers, particularly working as a general construction worker (a *doko*), does not provide them the chance to develop advanced skills and knowledge. The jobs they perform usually require little or no special skill. With no chance to learn, they appear to have no hope of advancing and possibly moving into the regular labour force and rebuilding their lives. Also, some day labourers enter the system with no experience in construction and may have difficulty doing even the simplest jobs quickly and well and, of course, there is little training available to them. When they perform poorly the bosses may simply tell the recruiters not to re-hire them. Iga-san, a 38-year-old day labourer, also expressed his

feeling of unfairness on how he was treated at the construction site. He explained his experience as follow:

... people (day labourers) themselves think that they are working hard. But, they are sometimes told that they are slow, and (a foreman or a leader of their group tell recruiters that), “*Don’t take him again!*” But, they didn’t mean that they (day labourers) goofed around. If people are not familiar with the job, it’s reasonable that they are a bit of slowly. Some came there for the first time for this kind of job. So, it’s no wonder that they don’t know (the job). But, It always happens that they are told, “*You don’t have to come anymore.*” or “*Go home by noon.*”

His story does not clearly show his inability to handle physical labour at the construction site; however, it suggests he was not good at some tasks because he lacked experience. Another participant, Maeda-san, also told me during his interview that people from white-collar jobs often could not keep up because they lacked the strength and stamina to do physical labour all day. Unlike regular employees at major corporations, there seems to be no on-the-job training for day labourers. Rather, they seem to be expected to be readily available for any jobs that the foremen or bosses order them to do through the day. If people are not familiar with a particular job, it is, of course, more difficult for them to perform efficiently. While trying to show good performance at job sites, Iga-san received negative evaluations. This is psychologically very discouraging and he lost his motivation to get up early in the morning and keep returning to the hiring site looking for work.

I had some chances to hear speeches made by leaders from labour unions. They said that the major concern of the unions was unemployment of day labourers in the Kamagasaki District. They negotiated with the city or prefectural government to create new jobs for day labourers who can no longer work construction. But, basic working conditions do not seem to be the main issue for the unions. While emphasizing job availability to all day labourers in the District, the union leaders may have to compromise on job quality. It is important to note that union leaders tend to be skilled workers with good communication skills and therefore, in relatively privileged positions in the day labour system. It may not be reasonable for them to raise the issues of self-respect and self-development as the cause of high unemployment in negotiations with the government over job creation. Considering that most workers in the formal economy have chances to develop their skills and receive promotions and higher salaries, the day labour system is inequitable because all it provides is the opportunity for some to make a very poor living.



### **Day labourers' Understandings of the Context of Day labour**

My analysis of the social environments of day labourers in the Kamagasaki District, as noted above, revealed several social inequalities and how they bore down on day labourers' lives. However, those social inequalities have remained untouched and sustained in the Kamagasaki District. Critical social theories state that forms of oppression are sustained when the oppressed accept their situations as natural or inevitable (Carspecken, 1996). From this perspective, I will examine day labourers' understandings of their experiences in order to uncover assumptions and values implicit in their understandings and the role they play in creating a matrix of core assumptions that affect their lives, and are also shared by many other day labourers and become cultural norms in the Kamagasaki District.

The analysis of the interviews with day labourers revealed two significant ways in which they accept the day labour system, which links them to the inequalities they experience. The first is "accepting as reasonable" their hiring and working conditions. The second is "accepting as inevitable." I will explain the details of each way of acceptance next.

#### **Accepting as reasonable**

Some participants think their circumstances are reasonable for day labourers in the Kamagasaki District. This idea seems to predominate over other ideas because it was created by day labourers who are acknowledged as 'good' workers by officials. For example, according to staff from the KOSHPP and social workers at the HOSMC, day labourers who work regularly and have relatively stable lives tend to be positively evaluated by welfare workers. Therefore, their voices tend to be heard and their ideas are easily seen as reasonable with seemingly official approval. Such ideas have become the social norm in the District. Underlying this "acceptance" are two notions: 1) "people get jobs if they try and 2) "people should work hard." Those assumptions reflect the values and beliefs of the mainstream.

The first notion is "people get a job if they try." During my interviews, I heard several opinions about the reason why many day labourers stop working and become like the homeless. While some people such as the staff from the KOSHPP attributed the reason to economic conditions at the time, some other people such as welfare workers or some day labourers think that some people do not want to work and therefore, unemployment is their own fault. Takahashi-san expressed his opinion as follows:

First, Jobs are not scarce (at the day labour market). Frankly speaking, that's not true. Many people said that they don't have a job, right? There are plenty of jobs. If you come here (Kamagasaki), you would definitely find a job. It's 100 percent. Those who said that

just choose what they want. They have a job at 100 percent. If they really want to work, they find one. It's true.

He insisted that day labourers should work and emphasized that they have no choices other than being day labourers. He criticised men who only take the jobs they want. The assumption behind his idea is “people get a job if they try.” In other words, whether one is employed is a matter of one's willingness to work; he assumes that people can overcome any difficulties if they have the will. Day labourers are expected to work hard in order to do any job. As mentioned earlier, the working conditions of day labourers are far poorer than those in the formal economy. Because people have a right to choose the job that has better working conditions there is an assumption that this right extends to day labourers. But that is not the case. Day labourers must choose from among available jobs, all of which are the most menial, or not work at all. They are then seen as lazy and irresponsible by everybody, especially by public aid officials.

The idea that anybody can work if they want plays a role for day labourers and public officials and sustains social inequalities in day labourers' work environments. I found through interviews with participants that the belief that anybody who wants can find work was quite common among day labourers who are more successful or who have more skills than others. For instance, Daigo-san, a 47-year old day labourer, proudly said, “I have no problems to find a job...if people choose a job, there are no jobs. They should be determined to challenge whatever it is.” He had some skills such as a forklift driver's license that needs a certificate and he indicated that he easily found a job at the hiring site. Both Takahashi-san and Daigo-san are skilled workers in their forties; higher skills would probably enable them to earn more and to have less strenuous tasks than the unskilled workers. Their situations seem to allow them to have more confidence in finding a job and handling working conditions at the construction site. It may be difficult for them to see the situations of other workers as social inequalities. Because they have received the benefits of self-respect and positive identity from the day labour system, they do not seem to recognize the inequalities it creates and sustains for others.

The second notion is “people should work hard.” During my interviews and my observations at the consultation room of the HOSMC, I heard several day labourers saying that they should work hard. They strongly criticized people who line up for free food in the middle of the day for taking easy options. They believe that day labourers must work hard regardless of the working conditions. He explained how he tried to prioritize work over his serious disease:

I had my varicose vein burst and also was diagnosed the early stage of cirrhosis. So, I've been wondering how I should do...what can I do (from now on). ... It's hard. But...I have to do. Maybe I can pull this off anyway. ...how should I say...work is work. So, I'd probably push myself too hard. You know what. It's about money. If somebody gives you money, you should work hard. You can't cut corners on your job. They are kind enough to hire us for that purpose [He refers to "day labourers' hard-working"]. ... No trust, no jobs. Otherwise, you can't find good jobs. Wherever they work, day labour is about trust... We should take whatever it is because they try to give us a job.

In this story, Takahashi-san tried to put work ahead of his health because he believed that is what day labourers should do. He appeared to show his determination to work hard regardless of working conditions, saying that people should work hard if they want to keep their job, which is also a common norm in mainstream Japanese society.

In this story, he did not speak about *kaoduke* but elsewhere he indicated that he had a recruiter whom he relied on to find work. Working through the system of *kaoduke*, it is reasonable to speculate that he has to show his dedication to the recruiter and its company to maintain the relationship that led him into stable employment and a stable life. Providing no regular positions in the company, the system of *kaoduke* probably forces day labourers to prioritize their job contracts over any other issues in their lives. In Takahashi-san's case, if he turned down a job offer because of his disease, he would lose his position of *kaoduke*. It might cost him not only stable employment but also his life since he would not be able to keep a roof over his head.

Takahashi-san, however, appeared to believe that his impetus to work comes from his belief in 'hard work.' He might have had no choice other than to dedicate his time to the companies in order to maintain his stable job opportunities and therefore, his stable life. His attitude toward work was not created from a principle but came from his need to maintain his relationship of devotion and loyalty to his recruiter. However, in his mind, he appeared to deeply believe in the principle of hard work and did accept the day labour system itself. It seems possible too that this idea was re-enforced by the belief that day labourers do not deserve better jobs and have to endure worse conditions than people working in the formal economy.

### Accepting as inevitable

Some day labourers accepted the situation of day labourer as inevitable. The following interview emphasizes the passive acceptance of their situations by many day labourers.

Inoue-san explained how recruiters exploit day labourers for their construction camps. However, he did not think that the situation could be changed; rather he believed that it was

inevitable and perceived it as something like a rule that he must follow as long as he was working as a day labourer. Inoue-san said:

Their job's not based on how much they work. They take people (to their construction site for day labour). Existence of the people means money (for them). They take people who are supposed to earn 100,000 yen per month, right? So, this means that our entire earnings go to the company. So, we are just like commodities for *tehaishi*... It can't be helped because it was the way that has been long going unmentioned [laughing]. That's like rules of baseball. It's like... a pitcher throws a ball and a batter hit it. It's been such a rule.

Inoue-san sounded cynical when he talked about this story and had little expectation that I would understand. He understood the exploitation as an unwritten rule under the day labour system; therefore, there was no room for day labourers to question and challenge. He did not seem to think this exploitation was right but he felt like he had no choice.

Moreover, by saying, "that's their job", he showed his belief that the way recruiters exploit day labourers was inevitable. Throughout my fieldwork, I heard day labourers explain their working conditions as a consequence of the sub-contracting system in the construction industry; they saw recruiters and themselves as being in the same boat under the system. They seemed to believe that it was futile to challenge this situation and better to accept it as fate while they are stuck in the day labour system.

### **6.2.2 Living circumstances**

The lives of day labourers in the Kamagasaki District take place within the District, although some of them live away during periods when they have multi-day job contracts that include on-site housing. My fieldwork revealed that day labourers' living circumstances were quite different than for the general population. Nine themes emerged as significant aspects of social inequalities in day labourers' living circumstances: 1) a marginalized community; 2) the high density of male day labourers; 3) an aging population; 4) *doyas*-lodging hostels; 5) takeout food and eating places, 6) limited choice of clothing and personal hygiene; 7) conflicting meanings of the place; 8) poor social networks; and 9) limited opportunities for preserving identity. I will discuss each theme next.

#### **A marginalized community**

The Kamagasaki District is not physically segregated from the rest of the city considering the fact that it is located in the middle of downtown Osaka and close to the public transportation hub. The negative reputation of the District, however, has spread across the country and most people who

know the District react negatively when they hear the term “Nishinari” (which is the name of the ward where the Kamagasaki District is located) or when they hear “Kamagasaki.” I experienced people’s negative reactions to the District when I visited a day labourer who had been admitted to a hospital in another city. During the visit, when I mentioned ‘Kamagasaki’ to one of the hospital staff, he gave me a strange look and said in a hushed tone, “This man is from the Nishinari. Are you sure you’re asking about the right guy?” In his view, a man from Nishinari was not the sort of person whom an ordinary woman like myself would have contact with. Moreover, throughout my fieldwork, I saw very few people entering into the District except residents and people who run businesses for day labourers. In fact, when I was walking through the District, a day labourer approached and warned me, “This is not a place for a woman like you to visit.”

There is evidence that the District is marginalized. Some buildings are very run down compared to other similar places in the city. As a volunteer of the KOSHP during my fieldwork, I visited a welfare office located in the District. Compared to other welfare offices in the city, this office was very old and the inside of the waiting room was dirtier than any of the others. The walls were grimy and the seats were uncomfortable. Also, the Hospital of Osaka Social Medical Centre is old and some rooms are shared by more than 10 patients. This situation is not seen in other government-funded hospitals in the city. Macintyre et al. (2002) stated that the reputation of an area and how people perceive their community is associated with people’s health. It is not difficult to assume that day labourers who live in the buildings in the Kamagasaki feel marginalized and therefore have lower self-esteem.

### **The high density of male day labourers**

The Kamagasaki District is the largest day labourer district in Japan. During my fieldwork, I had an opportunity to talk with a nun from a Christian group that had supported day labourers in the Kamagasaki District for years. She gave me a tour of the District and suggested the decaying features of the District and pointing out the ageing population compared to the situation 30 years ago. However, considering the fact that many newcomers visit the KOSHP for help, the area still keeps absorbing men looking for a way to survive and it seems to function as a home for both active and retired day labourers.

There are no accurate data for the population in the Kamagasaki District since most day labourers do not register as citizens. The most recent information available was the census conducted in 1990. It is assumed that more than 30,000 people are living in the District, of which approximately 20,000 are day labourers, according to the census (Kamagasaki Shiryo Centre, 1993). The size of the area is 0.62 square kilometres and the population density is more than

50,000 people per square kilometre. This contrasts with Tokyo, Japan's most crowded city, which has 14,000 people per square kilometre. Moreover, day labourers are predominantly men. I have heard that there are some women who work at construction sites, but I did not meet any during my fieldwork. In fact, one rarely sees women in the District and the exceptions are usually not day labourers, but some homeless women and residents involved in businesses that cater to the labourers.

### **An aging population**

The average age of day labourers in the Kamagasaki District is thought to be mid-fifties and ageing. The nun from the Christian group said "Kamagasaki has become a welfare town", indicating that in the past the Kamagasaki District was a lively town with many younger active day labourers. She also said that the District has become unattractive to younger people because of the declining day labour market. The mobility of the population is small and the remaining population is aging and becoming increasingly dependent on welfare assistance.

The Kamagasaki District is a less diverse community than other areas of the city. This results in a reduced capacity of the community to deal with their situations and to address new challenges. For example, as day labourers get older, they have more illness and disease. To continue to live in their own apartments requires community and informal support. Otherwise, they must go to a welfare institution where the quality of life is lower. In fact, through my volunteer work at the KOSHP, I heard of many cases where men who lost their capacity to live independently under welfare assistance became residents of welfare institutions or hospital patients and had no chance left to live in their own apartments due to a lack of support from others such as family and the neighbourhood.

### **Doyas: lodgings**

Most day labourers in the District do not have their own apartments but rather live in a room in a lodging called a "*doya*", in the District. Hirata-san explained how he used a *doya*: "We usually pay for 2-3 days in advance and after then, we keep paying." He indicated that day labourers do not stay at the same *doya* for long periods but use them as temporary accommodations.

I visited several *doyas* during my fieldwork and found them to be very unhealthy environments. Because the *doyas* were not built for permanent residents, the living conditions are not adequate for maintaining healthy lives for long-term users. The sizes of the rooms I visited were approximately five square meters, which is smaller than the minimum standard living space, which is 7.5 square meters. This is the standard defined by the national government as necessary for people to maintain healthy lives (Statistics Bureau Ministry of Internal Affairs and

Communications, 2003). The *doya* rooms provide only a small space for a bed, which is also smaller than the national standard stipulates; it says that adequate living accommodations should contain at least 7.5 square meters for a kitchen and dining area. The rooms all have entrances directly from the halls, assuring residents of some privacy, but the walls are very thin and noise travels easily from room to room. Stairs and hallways are narrow and the buildings have very little ventilation or fresh air, so one feels suffocated.

Room prices per night vary from 500 yen (approximately CA\$5.00) to 3,000 yen (approximately CA\$30.00). Price differentials reflect the size and quality of the rooms. Fukai-san said, “(I will stay in a room with) 1,000 yen or so. I think that it should be over 1,500 yen in these days. If we want a decent life...well, “decent” may not be an appropriate expression... Yes, there are cheaper places such as 600 yen or 900 yen. But, those are just for sleeping...” If they want to feel relaxed and rest, they need to pay at least 1,000 yen per day for a room. These prices are much lower than those at business hotels outside the District, which cost at least 7,000 yen per day.

Compared to apartment rents in buildings near the District, the *doyas* are often expensive. For instance, a one-room apartment with its own kitchen and bathroom costs about 40,000 yen per month. This may be less expensive compared to a life in a *doya* paying over 1,500 yen per night, which is considered as the minimum price for ensuring a decent life. Besides that, apartment dwellers have more space and privacy than *doya* dwellers. Also, with their own kitchens, they can cook healthy food rather than eating poor food in cheap neighbourhood restaurants. This contrasts with the *doyas*, which typically have one shared kitchen on each floor, but with no utensils, and shared bathrooms. It is not convenient to cook or to bathe in the *doyas* and day labourers often have to pay to use public baths. Moreover, since day labourers move frequently, they cannot have many belongings and often have to pay to store their things if they are between rooms. Storage costs about 100 yen per hour and up to 2,000-3,000 yen per day, which adds substantially to their living costs. The day labourers’ housing situation is costly if all these expenses are combined and their housing security is easily threatened if they do not find the means for maintaining a stable income.

### **Takeout food and eating places**

Because the District is near residential areas, a variety of food is available from takeout and eating places in the surrounding malls and stores. During fieldwork, I visited several places to eat. There are a variety of eating places within the District from restaurants for full family meals to a small shop place for a simple meal. Eating places under name “*shokudou*”, which is more casual than

restaurants, serve several dishes of deli, cooked rice, and miso-soup. Each dish is 100-300 yen and rice and miso-soup is 100 yen. People can eat lunch for 300-500 yen. There are also many coffee shops within the District and some of the shop opens from 6AM for breakfast for day labourers before they leave the District for their work sites. Most of the coffee shops serve a cup of coffee with a slice of toasted bread and a boiled egg for 350 yen. There are food shops and grocery stores selling cooked food on a Styrofoam plate for 100-300 yen each. They offer a variety of dishes including a variety of vegetables as well as meat. I often saw day labourers buying 2-3 dishes at a time.

These places would seem to provide day labourers enough opportunities to access sufficient amounts and variety of food to maintain good health. Yet they are not as healthy as workers with permanent jobs, higher wages and stable living conditions for at least two reasons. It costs day labourers more for food than people who live in permanent houses or apartments. During my fieldwork, I met only one day labourer who lived in his own apartment with his family; other than him, participants lived in *doyas*. This indicates that most day labourers have only limited chances to cook while people living in their own housing can prepare their meals in their own kitchens. It costs more to buy prepared food than to buy groceries and prepare meals in a kitchen. Also, eating prepared foods purchased from the establishments they can afford often does not permit day labourers to have balanced and nutritionally correct diets. Given their small incomes, they have to purchase cheap foods which are high in both carbohydrates and fat and which often contain too much salt and other unhealthy additives. It is likely that their diets often lack sufficient vegetables and protein. Moreover, day labourers in their mid-fifties do not seem to have cooking skills to prepare healthy food since those male generations were not expected to acquire those skills in typical Japanese households.

Participants suggested in their interviews that when they are not working, they often cannot afford to eat in restaurants or buy food. At these times, they probably rely on free food that is distributed in the District. The major free food service is held in a park located in the middle of the District. This service is run by a group of former day labourers. I had an opportunity to talk to a manger of the group over the phone. According to him, the group provides services 2-3 days a week and they usually prepare meals for approximately 2,000 people. The group starts distributing the meals at 10AM but people often start lining up in early morning. A day labourer living in his own tent in the park said that he saw people starting to line up to keep their spots at 5AM. During my fieldwork, I saw several time men in a long line just to get bowl of steamed rice with vegetables. Another religious group also provides free meals in another park in the District every morning. Many day labourers line up in this park every morning.



When labourers do not find work, this seems to be their only means of survival. But, one small bowl of rice and vegetables daily does not either fill stomachs or meet nutritional needs. Also, significantly, they have to expose themselves to the public as they stand in the food lines for long hours and they know people are staring at them. Most of the men I saw looked miserable and pitiful. It is not difficult to assume that they were embarrassed at being unemployed and depending on free food handouts. They have to sacrifice their dignity as men and as human beings in order to eat.

### **A handful of clothing and personal hygiene**

Throughout my fieldwork, I found that the Kamagasaki District has many second-hand clothing shops. In addition, there are low priced retailers and street stalls selling inexpensive clothing. Free used clothing is also available through Christian charities and at the police station. Day labourers may be able to afford to buy their clothes when they are working. However, since they do not live in permanent housing where they have closet space, the amount of clothes they can keep is very limited.

Contrary to the public image of day labourers when not working, they dress casually and do not look much different from the rest of society. Most of them appear to try to maintain their appearance as well as they can, given their limited resources (money, living circumstances, bathing and personal hygiene circumstances, etc.). Staff at an organization where I volunteered during my fieldwork said that many day labourers cared about maintaining their personal hygiene. However, a social worker from the HOSMC suggested that day labourers coming to the hospital usually do not have enough clothing, especially underwear. Also, day labourers are usually asked to shower when they are admitted and before they are given a bed.

Finally, clothing has a dual role. It protects us and it also says a lot about our social status. Even when day labourers are clean, their limited wardrobes limit their social life. Since they have mostly casual and work clothes, they may not be able to go to nicer restaurants, have job interviews except for menial jobs, meet women, etc. Kuroki-san, a former day labourer, provided his opinion about why day labourers in Kamagasaki feel relaxed when they are hanging around inside the District: “They do not have to care about their appearance when they go to a bar or a restaurant in Kamagasaki.”

### **Places for space time**

The Kamagasaki District has many places where people can gamble and drink, according to staff from the KOSHP. When one enters the District, one sees some people standing at certain points looking around with a suspicious attitude. Those people are called “*shikihari*” among day

labourers and they are monitoring the police who carry out raids on gambling houses and the parks where the men often gather to throw dice. These people create a strange atmosphere in the District. According to staff from the KOSHP, gangs that have small offices in the District or surrounding areas often run those gambling places. This type of gambling is in violation of the law and therefore, there are the lookouts who watch for the police.

Bars and alcohol vending machines are scattered throughout the District. There are small bars there people stop and drink a glass of beer or Japanese *sake* for about 300 yen (approximately CA\$3.00). At the vending machine, the price of a cup of Japanese *sake* is as much as 100 -200 yen. Also, people can buy a can of beer for less than 300 yen. Alcohol is cheap in the District, so the day labourers can afford to drink. Fujita-san indicates that he usually does not stop after only one cup of Japanese *sake* but moves to another vending machine to buy another cup. He seems to always be drunk when he is awake. Other participants said that many people start drinking in the early morning near the hiring site and keep drinking all day.

There are many ways that people use to preserve their sexual and social identities. However, the Kamagasaki District provides day labourers with only the very limited opportunities of drinking and gambling. This is problematic because these activities often make them spend beyond their financial limits and also because they are activities frowned upon by regular society. It is even worse for day labourers who become unemployed because without money they can neither drink nor gamble. It is reasonable to think that these men quickly lose self-respect and self-esteem because all the social mechanisms available in the District, work, gambling and drinking, are unavailable to them.

### **Separation from the mainstream**

The Kamagasaki District seems to have conflicting meanings to day labourers. While the District provides them with a secure place and they can maintain their individuality and dignity, it also isolates them from the rest of the world. Day labourers find it difficult to move out of the place and return to being a member of mainstream society.

Although the District has been called “Kamagasaki”, there are no official lines or borders dividing the District from the rest of Osaka and no signs reading “Kamagasaki.” Outsiders who enter the District do not know they are in the place, but they do immediately know that the neighbourhood is different. When I first began my fieldwork, upon entering into the District, I was overcome with feelings of anxiety and oddness. It is partly because there are so many men in their mid-fifties sitting, chatting, or drinking beer. This would probably be strange to outsiders because these scenes do not occur in most other neighbourhoods. When I walked through the

streets near the hiring corner, I saw hundreds of men sitting on the roadside in the morning and I was uncomfortable and knew I was conspicuous as a female outsider.

While they seemed discouraged, at the same time, I understood that, since the District was their only place to relax, they could behave as if they were inside their own homes. At his interview, Fukai-san, a day labour participant, said, “A life here is easy because we don’t care about other people’s gaze.” I often saw men who were lying, sleeping in the middle of the road, and smelled like alcohol. Fujita-san also said that, while drinking in this way was not seen as desirable in regular society, it is accepted in the Kamagasaki District. “This is the only place where people are not blamed for drinking alcohol day and night. If we did the same thing outside Kamagasaki, people would be angry and throw stones at you!” While it isolates them from the rest of society, the District seems to act as a huge ‘home’ for day labourers; a place where they are not judged, criticized and misjudged. Day labourers are often uncomfortable in the outside world because of the way they see and imagine the world to be viewing them. This may cause significant psychological pressure. As Fukai-san said, “other peoples’ gaze” reflects the cultural expectation that one should act as others expect. Once back in the District, however, that feeling appears to largely pass and the tension eases just as it does for us when we return home at the end of a work day. The men can act naturally and be themselves without feeling they are being stared at or criticized.

Day labourers’ lack of social roles within traditional families also influence their daily activities and the psychological ways in which they rely on the District. Social roles often determine people’s behaviour, placing certain social responsibilities and constraints on each individual according to their roles. For example, men often take the role of breadwinner in the family as opposed to homemaker, a more typical female role. As noted, the average age of day labourers in the Kamagasaki District is assumed to be mid- fifties. In general, most Japanese men of this age are married with families. However, either day labourers are estranged from their family’s relationship or they never had the chance to establish families. Even if they do have families, as day labourers it is unlikely for them to be able to play the role of family head, or if they have left their families, to establish new family relationships because they do not have enough income to lead a stable life. This seems to extricate day labourers from family responsibilities and the usual social expectations. Takahashi-san suggested this situation when he explained the reason for his heavy drinking: “I don’t drink much if I have family. If I have family, I will go home to eat dinner with my family. I don’t have family, that’s why I have always stayed with friend and drink.” While this way of life gives them freedom from social expectations, it is

also likely to place them outside mainstream social values and norms and relieve them of the attendant responsibilities and behaviours.

Given these social conditions, the whole District has become separated from the outside world and become like the home day labourers do not have. In the District, they probably feel safer and more secure from the criticisms of the outside world. In addition, the fact that almost all the inhabitants are single men seems to prevent the District from developing like a normal community with a more diverse population in terms of sex, age and social roles. The District appears to be a secure place where the men try to preserve their identity and dignity as they avoid contact with the rest of the world. For this purpose, the Kamagasaki District would provide them an opportunity to maintain their psychological health. However, at the same time, this way of life might have contributed to create negative images of the District and caused social stigmatization by the public. It seems to be a vicious cycle for day labourers to live in a place that is devalued by the rest of society and that makes it difficult for them to rebuild their lives, yet at the same time affords them protection and peace from the outside world.

### **Poor social capital**

In ordinary society, people rely on their family, friends, co-workers and people in their community. However, in the case of day labourers in the Kamagasaki District, social networks seem extremely limited. Day labourers are likely to have limited social ties with one another or with the outside world.

Most of the day labourers whom I interviewed did not have contact with their families. Some of them were cut off by their families while others left them before coming to the Kamagasaki District. For most, their family situations did not change after arriving in the District, even if they became successful day labourers with steady employment. There are several reasons for this. During my fieldwork, I met a day labourer who was sitting on the edge of a road near a park in the District. He told me that he had a wife and two daughters. He tried to contact one of his daughters but her husband strongly disagreed with the idea that the daughter meets him. He explained that it would be disgraceful for him to have a father-in-law who lives in an area that has long been highly stigmatized by society. Day labourers in the Kamagasaki District tend to remain cut off from their families to avoid causing trouble.

Furthermore, most of the day labourers I met immediately answered that they did not have any friends when I asked about it. One of the participants said, "If we have no money, it is very difficult to make friends. It's all about money." He suggested that if they have friends, they help each other. But, most of them barely survive with their limited and irregular incomes and

there is no extra money to lend others who also struggle to survive. However, other participants who had regular employment and relatively stable living conditions had friends and helped each other. Nakane-san said, “Friends came to visit me with some money because they worried about me if I needed money for my admission to the hospital.” Having steady job opportunities seem to help day labourers develop friendships while frequent unemployment is likely to limit their ability to create social networks and to have the support of a group, or a surrogate family.

Day labourers are not integrated into other community groups either inside or outside the District. Social stigmatization attaches to them and makes it difficult for them to establish relationships with other people. For example, there are an elementary school and a junior high school within the District but I rarely saw students talking to day labourers. On the contrary, I found that the walls of one of the schools have water sprinklers constantly soaking the area outside the walls to prevent the day labourers from erecting their shanties and tents against the walls. It is obvious that day labourers are not welcomed by the schools and thus, the students are not likely to be taught to treat them as they do other people in society. This kind of experience reinforces day labourers’ feelings of inadequacy and low self-esteem.

Another reason that people hardly trust District residents is because it is often seen as a dangerous place in general and day labourers are often seen as “dangerous people” by the public. It is true that some day labourers fight when drunk. But most of the real danger comes from outsiders, called “*shinogi*” who come into the District to rob the men (“*Shinogi*” literally means “survive” and it is said that they are also looking for a way of survive by robbing day labourers). A day labourer explained how he sleeps in the District: “We sleep with other two friends. We cannot sleep alone. It’s dangerous. We take turn to be awake to keep our eyes on (ourselves and our belongings).” Day labourers are always exposed to dangerous situations because since they do not necessarily have a roof over their heads.

### **6.2.3 Policy for Social Safety Net**

Public policies play an important role in shaping social environments (World Health Organization, 1998). The social safety net (unemployment insurance, health care, welfare benefits, income security, and pensions) is essential to peoples’ ability to maintain stable lives. To understand the social inequalities implicit in public policies, I have examined the current social safety net available to day labourers in the Kamagasaki District, including unemployment benefits, the pension system, employment security, health care, public health services, and welfare services. Next, I will provide an overview of each policy and also explain how those

policies exclude day labourers from opportunities to maintain their way of life, lead healthy lives, and remain independent.

### **Excluded from unemployment benefits**

Unemployment benefits and the pension system are the most common way for people to protect themselves from falling into poverty. To be eligible to receive these benefits, however, people need to pay into the system according to their income level. As this suggests, these systems target regular workers in the formal economy who receive regular pay checks. I have not met any day labourers who are eligible for unemployment benefit.

There is an alternative program of unemployment benefits for day labourers. The system is different both with respect to the way premiums and benefits are paid. Unlike ordinary unemployment benefits that are provided every four weeks, the unemployment system for day labourers requires people to visit the labour bureau every day to receive their benefit for a day. I observed thousands of day labourers lining up at the windows of the labour bureau office to receive their unemployment benefits for that day. Yamada-san, the head director of the KOSHP, said that there were currently about 6,000 insured labourers receiving daily benefits.

The system requires day labourers to meet certain rules to be eligible. They are required to work at least 26 days in the past 2 months. After the welfare bureau office approves a document affixed with 26 revenue stamps issued by their employers, day labourers will get 13-17 days of benefits worth 7,500 yen for each day (which is approximately CA\$75.00).

According to staff from the KOSHP, it is not easy for day labourers to become eligible for benefits. Many do not have a permanent address, which is required. Day labourers usually live temporarily in *doyas*, as mentioned earlier, and therefore, they are not considered residents in the city. Many day labourers reported they can usually work no more than 3-4 days per week and that it is difficult to work 13 days per month. It appears to me that the unemployment system for day labourers is structured more to help those who do not need assistance because they are working regularly than to help those who are really needy because they cannot find regular work.

Another major public safety net is the pension system. However, workers must pay into the system for a minimum number of years to be eligible to receive a pension and the amount they receive depends on how much they paid in and for how long. Recipients also must have permanent addresses. Most day labourers are eligible for little or no pension either because they were hardly able to pay the minimum into the system or because they lack permanent addresses. Fujita-san, a 58-year-old day labourer, said that he knew that he should have paid the premiums

but he could never afford to. Asada-san also said that he could only think about ‘today’ because he had so little money and the future was too far away for him to deal with.

In summary, the rules governing eligibility for both unemployment and pension benefits are such that many day labourers cannot qualify, even when they need the assistance. This may be part of the reason why so many end up living on the streets and in homeless shelters and not eating an adequate diet when they are unable to work. These two pieces of the social safety net seem to serve to exclude day labourers more than to help them.

### **Alternative policies of employment security**

There are local government policies for employment security that have been created for day labourers in the Kamagasaki District. The main policies for employment security targeting that population include: 1) a labour welfare centre, 2) temporary job creation measures, and 3) facilities for supporting independent living for day labourers.

An organization commissioned by the Osaka Prefectural Government, called the Nishinari Labour Welfare Centre, is developing and running social services for labourers and employment for workers based in the Kamagasaki District. This organization also monitors the negotiation between companies and day labourers at the hiring site and supervises companies if they find unfair negotiations at the hiring site or unreasonable working conditions in the ads. In addition, they provide job information for day labourers who have difficulty finding jobs at the hiring site particularly as they get older. The jobs the centre refers workers to are not always related to the construction industry but include other kinds of jobs such as being a building guard or various clean-up jobs in the area. Ogata-san, a 61-year-old day labourer and former re-enforcing-bar placer, was working as a guard. He said that the job was tiresome compared to his day labourer duties because he just had to stand and watch at the same spot for a long period of time. He also indicated that the payment was lower than in the construction industry. But he could not complain because he understood that he was too old to be employed as a day labourer.

The office also provides day labourers with specialized training so they can become certified for jobs such as crane, forklift, or tow truck operator. Acquiring these skills allows day labourers to have steadier employment, less physically demanding jobs, higher pay and even the possibility of moving back into the regular economy. Indeed, Daigo-san, a 47-year-old day labourer, had several qualifications that he obtained when he was a member of the Self-Defence Force, before coming to Kamagasaki. He bragged, “I have no problems to find a job at all.” However, these skills or qualifications may not bring benefits to all day labourers. For instance,

Hirata-san, a 59-year-old day labourer, said that he could find a job on only a sporadic basis, even with having several qualifications.

According to the staff from the KOSHP, the market for day labourers in the Kamagasaki District has been declining and many are out of work because of economic conditions, some have left the District and gathered in shantytowns in the city (Osaka), often in parks or along riverbanks. They are more visible to the public than before. The prefectural and city governments finally took action to create new policies to provide support for chronically unemployed day labourers. One of the measures was to create temporary jobs for day labourers, beginning in 1994.

I collected information about this from staff at the KOSHP who were commissioned by the governments to run the project. The measure created street cleaning jobs for unemployed day labourers which paid 5,700 yen (approximately CA\$57.00) per day. Nearly 1,500 workers registered for this program in 2007, according to the KOSHP report. (Kamagasaki Shien Kiko, 2007). They work throughout the city with some supervisors from the KOSHP. However, due to budget constraints, the jobs are distributed only a few times a month and only to workers who are 55 or older. One cannot live on income from only this program.

In addition to this project, the city government has started a program for homeless people, including day labourers, in order to enable them to establish a financially independent life. The program provides people with a residential space with meals during their job search. The main purpose of the program is to help former day labourers find a more stable job and support them so they can achieve financial independence. Four facilities provide this service in the city of Osaka. I visited one of them, the *Oyodo Jiritsu Shien Centre*, which is located 30 minutes by train from Kamagasaki and near one of the busiest shopping street in the city. The *Oyodo* building was in a corner of a residential District and looked quite old but well maintained. I interviewed the director, Yamamoto-san. He emphasized that the program intends to prepare day labourers for integration into mainstream society; to provide sufficient support while they find a stable job and settle into a community with other people.

He indicated, however, that not all people in the project are successful. Some could not find work and others simply dropped out of the program for various reasons. Some day labourers whom I had interviewed at a hospital in Kamagasaki suggested that they did not want to enter the program because they would be in a group living situation and prohibited from drinking. A recent report from the facility indicates that the success rate for users of the program for 3 to 6 months is approximately 50 percent (Oyodo Jiritsu Shien Center, 2007). Some former labourers withdraw from the program for health reasons and need other kinds of social assistance or hospitalization while others withdraw because they do not like the rules in the group living facilities.



### **Exclusion from the mainstream health care and public health services**

Under the health insurance system, all people in Japan are entitled to access to health care. In order to be an eligible, however, people must pay premiums and register at the city government office. The system also requires people to pay a 30 percent co-payment for any treatments. Considering day labourers' work and pay circumstances, they are unlikely to be able to pay their premiums.

In response, the government established a different health care insurance system for day labourers. It requires them to pay premiums based on their daily wages according to a formula issued by the Nishinari Labour Welfare Centre (2007). Like ordinary health care insurance, workers must be citizens and register with the city. As mentioned earlier, most of day labourers do not register with the city government partly because their usual lodging, a *doya*, is not considered a permanent residence. Also, some day labourers may not want to register because they do not want to disclose their real identities. In addition, according to the government formula, day labourers earning 9,500 yen per day are required to pay 500 yen for a premium for a day (They pay for only days they worked). This premium looks reasonable to people in the formal economy that work and are paid every day. But, it may not be easy for day labourers who work sporadically and must try to save for food and shelter when they are not working. Many participants said that they did not even have money for food and therefore, could not afford to think about health insurance. This exclusion from universal health insurance limits day labourers to access to resources and opportunities to maintain their health and prevent unnecessary complication as I will discuss later.

The public health system is another major health service that protects the public from illness and disease. There are a few public health programs developed particularly for day labourers. There is a branch office of the public health center in the welfare office in the Kamagasaki District. According to the program summary of the office (Osaka Shiritsu Kousei Soudansho, 2005), under the law, they provide medical examinations and consultations for day labourers with tuberculosis and mental disease. For some cases, public health nurses and other staff visit day labourers if they live in a permanent housing. They also provide direct observed treatment (DOT) for day labourers with tuberculosis. However, there seem to be no active measures to prevent them from spreading their disease, contracting other diseases or to protect them against other health-damaging events; they are likely to provide services only after day labourers become seriously ill.

Moreover, Tada-san and Sakai-san from the KOSHHP explained the experiences through which they learned health professionals' attitudes toward day labourers. They said that they were

often disappointed in health professionals who showed narrow perspectives when understanding day labourers' behaviours. Tada-san explained:

We had a meeting with public health nurses the other day...they said, 'where is their responsibility?' or 'where is their willingness?' They talked as if people's will is inherent...they assume that people have some wills by nature...they are ignorant! For example, about how people become conscious about their alcoholism or how people confront their tuberculosis, it is not something what people are born with. I told the public health nurses several times with different ways each time but they did not seem to understand it. ...People's willingness cannot emerge by itself...I think that it can be created only via choices (which people have in their context) or infrastructure (on which their lives are based), something like that...

At the meeting with a public health nurse, Tada-san discussed about how to support one of his clients who suffered multi-drug resistant tuberculosis and alcoholism. The client had run away from hospitals several times and always returned to the Kamagasaki District although having no place to stay. He believed that it was not unreasonable for the client to leave the hospital because the hospital made him feel isolated and he was not able to put up with sobriety. Knowing that he had a higher chance of death without proper medical treatment, He tried to convince public health nurses to find more suitable ways for him to deal with his diseases and situations. But the health nurses did not believe that the client deserved better treatment because they think that the diseases were his own fault. He criticised the public health nurses' perspectives on day labourers' behaviours because they did not understand the social contexts of day labourers' lives in which their behaviours were developed.

This story reflects the public health sector's understandings of day labourers and their behaviours. It also indicates that day labourers who do not develop behaviour acceptable and desirable to the government and public health professionals are likely to be further excluded from the public health services and needed medical care that is often the last resort for their survival.

### **Policies for day labourers' health**

The city government established policies for day labourers' health separate from health policies for ordinary citizens. I will provide an overview of two of the main programs; free health care access and a short/long-term facility, as well as their impacts on day labourers' lives. In addition, I will explain how day labourers are excluded from health care providers outside the District and therefore have less opportunity to maintain their health than other citizens.

The Hospital of Osaka Social Medical Centre (HOSMC) established and started their services for day labourers in the Kamagasaki District in 1970. The document issued by the hospital says that capacity is 80 beds, yet nearly 500 people visit doctors' offices each day. According to Sakai-san, a social worker at the HOSMC, if day labourers stay in a *doya* or a shelter, or sleep in the street within the Kamagasaki District, the welfare office accepts them as an eligible recipient for medical care without a health insurance card or co-payment. Day labourers do not need to pay for doctor's consultations or any medical treatment, and hospitalization is also free if they are admitted.

But that does not mean that day labourers can use the hospital like ordinary citizens. They must visit a welfare office first to get approval for its use. If it is an emergency, they can see a doctor first but then must visit a welfare officer for approval. According to Sakai-san, the welfare office usually easily approves day labourer's requests for doctors' consultations. The problem is that the HOSMC, with only 80 beds, is often full and patients must be referred to other hospitals. Unlike other citizens, day labourers have no choice as to hospital; they must go where they are referred.

When day labourers are not sick enough to be hospitalized they often enter a short-term care facility. Participants suggested that these facilities provide people with a bed and three meals per day as well as a small allowance. Compared to a shelter, which has only a bed, the short-term care facility has a better physical environment and services. Therefore, many unemployed day labourers wish to stay in them. But, labourers have to receive approval to stay from welfare officials. A social worker at the HOSMC stated that day labourers receive approvals for fixed periods of time if they are diagnosed with certain diseases that require medication or other treatments. The welfare office decides how many days each man can stay. The social worker at the HOSMC explained that welfare workers do not necessarily consider medical need when they make decisions because the facilities are always crowded and there are waiting lists. Welfare workers tend to share space in the facilities equally rather than differentiating based on differing medical needs. Typically, patients can stay from several days to two weeks.

Some quite ill workers may not be able to recover fully before having to leave a facility. During my observation at the HOSMC, a day labourer at the consultation room asked a social worker to help him find another place during convalescence because the facility he was in gave him only a few days for recovery. He suffered from a hepatitis C virus infection and needed to have an injection several times a week. Considering his disease and the treatment he required, he needed to have a proper place and sufficient food for recovery. However, he had no chance to receive welfare assistance because his doctor did not assess him as incapacitated. Welfare workers

do not usually approve day labourers who are not assessed as incapacitated by doctors or who are over 65 years old as legitimate welfare recipients. Because he was not assigned to another facility, he had to deal with his condition without help. Given that he was sleeping at a shelter or on the street and had insufficient food, it is not difficult to assume that his physical condition would soon deteriorate. The inequality here, of course, is that people in the mainstream with regular jobs and housing have proper care and excellent chances to recover while those at the bottom are denied similar opportunities.

The situation is similar for day labourers discharged from hospital. Not having permanent homes they must apply to the welfare office for referrals to emergency relief facilities. There they receive a bed and meals until they can return to work, in exchange for following certain group living rules, one of which is sobriety. This is very difficult for some and often they decline to apply for permission to stay in the shelters even though the alternative might be living on the street. Workers over 65, however, may receive both welfare and rent assistance and thus find their own apartments.

More exclusion happens for day labourers admitted to a hospital outside the Kamagasaki District, which happens often since the District facility is small. Other hospitals tend to see day labourers as undesirable patients who will bring a negative reputation to the facility. According to staff from the KOSHP, day labourers are infamous among some hospitals because they often drink during their stays and easily become bellicose with staff and other patients. A result is that day labourers are often referred to hospitals with poor facilities and care.

Some participants' stories show the shocking realities of how hospitals treat day labourers. Kotani-san, a former chief nurse at one of the hospitals, explained her experiences. She indicated that hospitals often take advantage of day labourers and gave an example. One day she found surgeons at the hospital performing unnecessary surgeries on their patients so that they could collect more fees. In another interview with Maruyama-san and Ishihara-san, former advocates for day labourers, particularly on the issue of health care services, explained a lawsuit that they had made against a hospital where a doctor implanted pacemakers in many day labourers who did not need them. It is easy for hospitals to exploit day labourers because they often have no place to stay other than the hospitals and no family who might act on their behalf. Maruyama-san and Ishihara-san also indicated that their story was the tip of the iceberg. In many other cases, day labourers simply do not receive the same quality health care from the staff and they are always at risk of receiving harmful treatments without being informed.

Tada-san and Sakai-san, KOSHP staff, expressed their perspectives on why the government does not do a better job of regulating the hospitals. They said that the government

might have recognized the poor quality of medical care provided by some hospitals. But they give silent approval because if the government performed a strict audit the hospitals may stop accepting such patients. This would create a problem for the government that does not have other options for providing health care services to day labourers, some of whom would not survive without hospital admission. Tada-san and Sakai-san assumed that if the hospitals did not accept day labourers, the number of the deaths on the streets of Osaka would climb from the already record high level of 200 per year.

### **Exclusion from welfare**

The Living Protection Law stipulates that the state will provide necessary protection for all people in strained circumstances, by formula, based on a right to a guaranteed minimum standard of living, and that citizens have a right to independence. Under this law, all people are entitled to living assistance. The cash assistance is approximately 120,000 yen each month for an individual (approximately CA\$1,200.00). With this assistance, they can afford to stay in their apartment and buy food. They will also receive free medical care. However, there are some conditions required for eligibility and it is difficult for day labourers to qualify. A means test is the first criterion, which is not a problem for most of day labourers as they usually have no savings and no fixed assets. More relevant, however, is their capacity to work. According to Tada-san from the KOSHP, there are five ranks of work capacity into which day labourers are categorized by examining physicians: 1) capable of working without problems, 2) can work, but not at heavy labour, 3) can do light labour, 4) can do light work that is not manual labour, such as domestic chores, and 5) incapacitated. Those who are assessed as ‘can do light work’ and ‘incapacitated’ are good candidates for livelihood assistance.

On the other hand, those who are in the other three categories rarely receive approval for assistance unless they are over 65 years old. People who are 65 years old are defined as incapacitated by the welfare office. While the Living Protection Law does not define an ‘incapacity’ age, it is not surprising that the welfare department adopted 65 since that is the normal retirement age in mainstream society. But, local governments often impose their own criteria, which may differ. Fujita-san, a 58-year-old day labourer, said, “I’m sure there is no age requirement. Livelihood assistance is actually given out to people who really have trouble to make a living. Everybody here has trouble and we deserve it. But... [laughing] there are so many people here and so, they made regulations. But, I’m sure the regulation isn’t necessary because the constitution said something like...the minimum standard of living... I knew it.” It is well known that local governments face financial constraints and have difficulty paying livelihood

assistance because of the growing number of people who apply, especially in the big cities. Fujita-san implied that the entire population of day labourers in the District should be eligible for livelihood assistance under the law, but there were simply too many of them.

After years of criticism, the city government of Osaka has finally loosened the regulation and expanded the eligibility for people under 65. However, the welfare office created a new condition; applicants must show a willingness to work. To demonstrate this, day labourers must go to an employment agency regularly. There they receive a dated stamp that proves their visit to the agency office, and the welfare office then assesses their job seeking enthusiasm. If the applicant is judged worthy, he will receive benefits for food and housing. But, the job search process is often an empty exercise because, as Seto-san, a 58 year-old day labourer, told a social worker:

I went to an employment agency today because I will be asked about it at *Shikousou* (a short name for the welfare office in the District). But, there're no jobs for people who stay in this place (which is a short-term care facility). Everybody in the facility said that there're no jobs. It's because the place is for people who are ill. (No companies) seem to employ people who are sick. There're no companies who give a job to people staying in a shelter in the first place. We can find no jobs at employment agency unless we settle in own house.

Tada-san from the KOSHP expressed a similar thought. He said:

(Day labourers are) no address, no contact persons, no cell-phones...under these circumstances, there is no way that they find a job through such activities (which is to visit an employment agency to find a job as the welfare office requires)... It would be a wasted effort. But, they should do this ritual and if they do, it could be helped (because they could be an eligible recipient).

By those remarks, Seto-san and Tada-san suggested that it was not reasonable to ask day labourers to find a job at employment agencies that provide jobs in the formal economy because most day labourers have been marginalized for so long that they are unqualified for most mainstream jobs. They have no money to prepare themselves for job interviews and they are often in poor physical condition as well. Also, Seto-san implied that there is general prejudice against homeless and day labourers in the Kamagasaki District. They may not be accepted at the agency because they have no permanent addresses or references. They are often rejected simply because they come from the Kamagasaki District. It is futile for day labourers to seek employment in the

formal economy; however, it is a necessary step for them if they want to be judged worthy by the welfare officials and approved for public assistance.

Welfare recipients are monitored by the social workers. The assistance they receive is sufficient only for very basic housing and food and if they spend their cash payment on alcohol and gambling, and are caught, they can lose their assistance. Many men may feel a loss of dignity because they need to subject themselves to social worker reviews and to change their living habits in order to continue on assistance. Some men would rather sacrifice the assistance than follow the rules and lose their dignity.

Others, however, are alcoholics or addicted to gambling and are not likely to obey the welfare rules. Staff from the KOSHP helps some recipients by holding their money and putting them on an allowance. Again, however, some recipients would rather sacrifice their assistance than live under such rigid controls. A former day labourer in his 70s said that he would rather become a homeless man and collect cardboard boxes for a living even though it pays very poorly. He added that he knew that it would be better to accept his social worker's controls, receive assistance and control his heavy drinking but he could not; it would be unendurable. Moreover, Hirata-san said in his interview predicting his retired life, "I see my future. I know it. It has been already set." He suggested by the remarks that his future life probably depends on welfare that does not bring him the income he had earned as a day labourer in his past. In addition, he knew that he could not use the assistance for drinking or gambling, which he likes and which is really the only entertainment and relaxation available to the men in the District. Those stories indicated that welfare living is not likely to provide the men with opportunities to exercise their autonomy and preserve dignity at the end of their lives.

These stories demonstrate that the social safety net that the government has put in place is so inadequate that it allows day labourers to barely exist at the end of their lives. Currents services are very limited to help rehabilitate them, both physically and psychologically and to train them so they can, at a younger age, re-enter mainstream society, be productive and retire into old age with dignity and a good quality of life. It seems that all our government services do for old and ill day labourers is allow them to die a little more slowly and without dignity.

### ***6. 3 Day Labourers' Cultural Behaviours***

Day labourers have developed their own cultural behaviours in the Kamagasaki District. In this section, I will explain their behavioural patterns along with relevant values and norms. In my analysis, eight themes emerged as day labourers' significant cultural behaviours: 1) Hard Work to Maintain Employment; 2) Work as a Means of Survival; 3) Temporary Living Arrangement; 4)

Unstructured Spare Time; 5) The Future Left to Chance; 6) Addictive Drinking and Gambling as Coping/Escaping Mechanisms; 7) Keeping Distance from Others; and 8) Prioritizing Jobs over Health. I will also analyze the structural influences on the way day labourers in Kamagasaki develop their cultural behaviours, which may contribute to their health inequities.

In this section, I will provide day labourers' accounts of their experiences and discuss how social contexts affect day labourers' choices of certain behaviours and sustain them as cultural norms. These analyses will provide us with clues to how structural factors contribute to health inequity of day labourers.

### 6.3.1 Working Hard to Secure Employment

Participants who have relatively stable employment tend to say that they must work hard. For example, Takahashi-san, who was working as a scaffolding worker, explained his opinion concerning his hard work.

Work is work. So, I'd probably push myself hard. It's about money. If somebody gives you money, you should work hard. You can't cut corners on your job. They (employers or recruiters) are kind enough to hire us for that purpose (our hard work). .... No trust, no jobs. Otherwise, you can't find a good job. ... Day labour is about trust.

Nakane-san suggested the same idea that day labourers should dedicate themselves to recruiters and companies to earn trust.

I work hard when I have to work. I'm that kind of person. ... I ask recruiters I know for years. They trust me anyway. I've handled my job well. So, they ask me if I like to work when they have vacancy. It helps me a lot. They even give me a *genkin* job when they have vacancy too. So, I decided to go to work (where they suggested) for a few days. (It's) because I've earned it. So, I think that I've been doing very well.

Other participants also shared the same idea of hard work. Ogata-san said, "They (day labourers) must be physically strong, earnest, and coming on time" in order to make positive impressions on employers and recruiters. Ishihara-san also agreed with the idea in his comments on the system of *kaoduke*: "They (day labourers) must be earnest, of course" to be reliable workers for recruiters. As mentioned earlier, recruiters from construction companies tend to hire day labourers who work hard or show their dedication to recruiters or companies. Securing their employment, workers try to meet the bosses' expectations. Consequently, this idea seems to be a social norm among day labourers in the District in order to maintain employment.



However, it becomes a source of conflict when they do not receive reasonable treatment in return. Several participants expressed their dissatisfaction with the fairness of the system. Murakami-san said:

Everybody's working very hard, you know! We'll get angry if they tell something like that. Sure, everybody's working hard. So, I don't wanna go such a place. If we have jobs that we wanna do, everybody's going to work. We don't go to work because there are no such jobs [serious face].

Foremen at the construction sites often do not acknowledge his performance although he worked hard. He indicated that many day labourers had similar experiences. The situation made him angry because he did not get what he expected from his hard work.

Inoue-san also expressed his feeling about the unfairness of the system since he did not get reasonable wages working under the system of *hanba*:

I tend to push myself too hard. That's why I feel tired that much. As long as I'm working, I have to work. Whatever the job is, I will try it hard. ... [Working at a *hanba*], we work for people (companies), but get nothing. If we can earn money through our jobs, everybody works. There are no points to work for nothing.

He emphasized that he always worked hard; however, he received less than what he was supposed to be paid. He felt it unreasonable because he received little in return for his hard work. It seems to diminish his motivation to work.

These stories indicate that most day labourers probably try to work hard as people in the mainstream do; however, working conditions including wages and treatment that they receive may not help them accept the norm of hard work. As a result, it is reasonable to speculate that they lose their reason to work hard to secure employment and may fall into homelessness as they have little alternative to make a living. This shows that it is not appropriate for us to see day labourers' attitudes toward work as lack of responsibility without knowing their working conditions and the impacts on their material and psychological conditions.

### **6.3.2 Working as a Means of Survival**

Day labourers have developed a casual approach to looking for work. Most participants said that they work for 10-15 days and take 7-10 days off when working for a *keiyaku* job. For a *genkin* job, they work for 3 or 4 days and take 3 or 4 days off. They do not work regularly but decide to work based on their finances.

When I asked participants about how frequently they work, most of them started talking about how much they need to earn to live in a *doya* and eat while not working. As my fieldwork progressed, I came to realize that day labourers tend to decide their work schedules based on their needs for necessities including housing and food.

Maeda-san explained how day labourers in the District develop their cycle of employment and days-off working for a *keiyaku* job:

After finishing the contract, and then got money and come back here (Kamagasaki)...stay at a *doya*...let's say... for a week...and well..., someone goes to a pachinko parlour or goes drinking if they like. So, fastest people lose all of money (they had earned) for just 2-3 days.... So, we have to go to the centre (the hiring site) and find a new job... We repeat this cycle. Everyone comes back from *keiyaku* and stays at a *doya* for a few days for relaxation. When their money is gone, they go to work for *keiyaku*. They do the same over and over.

He earns a certain sum from each one-time contract, and comes back to the Kamagasaki District. He takes a week off or a few days off depending on how he uses his earnings. Then the next cycle begins when he has used up all his earnings. He has no regular plan, but lives day-to-day.

Nakane-san's experiences indicated that this cycle was subject to how much pay they could get from their work.

I have usually about 15 or 20-day contract.... If I work for 2 weeks, I will have about 25,000 yen. ... If we stay in a *doya*, which is 1,300 yen (per a night), I should pay around 10,000 yen for a week (for a *doya*). So, I will have about 12,000 or 13,000 yen left for extra spending money. This means that we can't spend much time here (in the Kamagasaki District) for being relaxed even though I work for 2 weeks. [He must start over soon.]

Nakane-san would work for *keiyaku* for about 2 weeks at a time and then take off for about one week. He calculated his spending based on how much he needed for a *doya* and food. He has no regular plan but decides his life day-to-day.

The situation for participants who worked for *genkin*, which is day-to-day employment, is much the same. Participants suggested that they needed to work at least 3 days a week if they wanted to stay in a *doya*. Hirata-san and Iga-san briefly described how they made ends meet with their wages.

**Hirata-san:** As of the moment, if I go work for a day, it can cover 3 days (of cost of living). For example, the cost of a *doya* is 1,000 yen (per a night) and then, for three days, it will be 3,000 yen. If I got only 10,000 yen (from a day job), I have still 7,000 yen left and will pay meals for 3 days. Sometimes, it runs short.

**Iga-san:** It should be hard, I think. We need to work at least for 3 days in order to rest in a *doya* for a week. I think that we can't keep our lives only with only 10,000 yen of daily-payment (from day labour jobs), which 20,000 yen (from 2 day's work). So, I hoped if I could work at least for 4 days (per week) while I was in good shape. But, sometimes, I can't find a job. It's not always working.

For day labourers, the cost of a *doya* seems to be a significant factor in deciding their work schedule. They must calculate how many days they can stay in a *doya* with each day's work. They suggested that they needed at least 3 days employment to maintain themselves in a *doya*. They seem to think that living in a *doya* is a decent life and they try to maintain themselves at this standard of living.

As the above participant stories indicated, day labourers do not usually save money but rather spend all their earnings. When their money is gone, they start looking for the next job. Other participants' stories also provide a glimpse of this way of life:

**Maeda-san:** Everyone comes back from *keiyaku* and stays in *doya* for a few days for relaxation. When our money has gone, we go to work for *keiyaku*. We do the same over and over.

**Fukai-san:** Most of people (in Kamagasaki) go to work after all their money's gone [laughing].

**Iga-san:** I think that people in general spend their money that they brought from their hard work. And then, they start over. ... For example, when you occasionally go to a site for 10 or 20 days, which has good working conditions and earned such and such money, but it does not sustain even 3 days until you eat them up...

This lifestyle is often referred to as “*sonohi gurashi*”, which literally means “live day-to-day” or “living from hand-to-mouth” and has negative connotations for day labourers. Other participants' stories showed that they believe that “no saving” has become the popular lifestyle in the District. Nakane-san said that day labourers did not have the custom of “saving” like those in the mainstream.

I'm worried if I become unable to work. It would be over if people who survive with daily paid work become no longer able to work. You may ask why we don't save money when we have. But, we don't grow up with that habit. All money is always gone. So, we are feared when we become unable to work.

Another participant, Hirata san, indicated that he had not saved money even when he had good wages. Instead, he spent all his earnings with an easy-come, easy-go attitude.

**Hirata-san:** It's my fault. Getting older, people look back and realize that they should have settled down (when they are young). It's been 40 years. (If I saved money for 40 years), my life would've been easier (than now)....

**Researcher:** How did you spend your money?

**Hirata-san:** I think that men do the same. If we don't drink, we would gamble. Also, I had women. I bought them watches, bracelets, or rings....

When participants constructed their story in the interviews, they tended to explain the reason for this lifestyle as their voluntary choice. For example, some of them said that they choose this lifestyle in order to be able to organize their work and their lives as they want. They have more control over their lives than when they were in the mainstream.

Ishihara-san said that he chose to live and work in the Kamagasaki District because he was not able to keep his job in the mainstream. He said that he had a tendency to move from job to job. The Kamagasaki District is the only place where he has no problems with this lifestyle. Ishihara-san said:

(The life here is) as free as a bird. It's frankly speaking beneficial. (It would be trouble) if workers in an ordinary company take days off, as they like. ... In this sense, (day labour) is an easy job. ... To be honest, I have kept my life here because of that. ... I am a bone-idle. I believe it.

In another conversation, he expressed his feelings of hopelessness and regretted his past behaviours; however, he seems to believe that his life as a day labourer in the District gave him more control over his life than before.

Asada-san, who used to be a worker at a manufacturing company, also said that he preferred to work in the Kamagasaki District to the job he had previously because he was able to decide when he would work and he did not have to force himself to work if he was not well. He also added in another comment that he could not complain about his struggle with unemployment because he had chosen this lifestyle.

This way of life is also reflected in the remarks of a participant from the HOSMC who tried to explain day labourers' typical lifestyles to me when he learned of my fieldwork in the District: "The life here is very different from people outside the district. Most of people here do not work regularly. We live for the moment, indeed."

However, day labourers must realize that this lifestyle causes problems when they are no longer able to work because of age or illness. Some participants started talking about the reasons more seriously as the interviews progressed. For example, when I asked participants the reasons why they did not save money, some attributed it to their meagre earnings. Fujita-san answered my question about his concerns for the future: "I wouldn't say that I've never thought about it. But, I couldn't afford to pay. So, I gave it up." Ishihara-san more clearly confirmed this when he said that recent wages did not allow day labourers to think about their future.

Some people (day labourers) had earned a good deal (in the 1990s). But, it's slowed down now. ...Nothing is compared to those days. People are nowadays discouraged to work even though having good skills. So, they tend to take days off if they have a little extra money. ...If we were paid as before, our lives would be different. We can play pachinko for example.

These remarks indicated that the lifestyle of "no saving" is not only the result of day labourers' individual choices or their "easy-going" personalities. It is more reasonable to think that their poor working conditions and low wages make it futile to attempt to save.

As a reason for their casual attitude toward work, one participant's story provides an interesting perspective. He indicated that this pattern of sporadic employment is necessary in order for day labourers to preserve their physical condition. Mashimo-san, who came to Kamagasaki one year before the interview, learned that day labourers wisely manage their work schedules to avoid damaging their health from hard labour. He explained:

It's hard to get used to it [day labour at construction site]. I eventually damaged my health before I finished the first year and haven't gotten used to it. I think that many people came here and pulled really hard. ... People like me [newcomers] can't set that schedule. People working here for years can find the way they work according to their physical strength because they are experienced enough to figure it out. They choose [a company that they work for]. That is what I respect them for. I haven't learned that yet. So, I have to work places wherever I am given. That [to select a company] is one of the wisdoms and skills of people who have been working here for over 10 or 20 years. I believe.

He suggested that experienced day labourers choose a company that has good working conditions so that they can not only prevent health damage but also save their physical capacity for the future. Although no other participants told a similar story, Mashimo-san's comments reflect the significant point that day labourers are given hard physical jobs to do when they are employed and simply have to cope.

Although the low wages of the system affects day labourers' consumption behaviour, their "no saving" or "living for the moment" lifestyle seems to be influenced more by their limited access to mainstream society, where saving is a social norm and people believe that they should save money for the future. Day labourers may not feel pressure to change their consumption patterns from their peers or families, especially compared to people in the mainstream. As mentioned in the previous section, most day labourers have little contact with people outside the District, including their families and former friends. To be accepted into any social group, one must understand and accept the dominant norms and values of the group. People in general have some pressures and influences from people with whom they work and live. In the Kamagasaki District, where they meet only other day labourers, it is not difficult to assume that day labourers do not share the same social norms and values as people in the mainstream but rather develop their own standards and lifestyles.

### 6.3.3 Temporary Living Arrangements

Temporary living arrangements are, in general, naturally accepted as a way of life for day labourers. Most of the time, they are taken for granted as if inherent to day labourers. One possible interpretation from my analysis is that this way of life has become a social norm for day labourers after years of living within the system. I will explain it next.

While I met only a few day labourers who either currently or previously lived in their own apartments, all participants in this study said that they have lived in a *doya*. As mentioned earlier, most day labourers have temporary living arrangements in which they move from one *doya* to another depending on their employment opportunities and earnings.

The next remarks from a participant, Hirata-san, provide his perspective of how day labourers make sense of living in temporary housing.

Why I live in a *doya* is because if we have a good job which we're going to a remote area... it's not *hanba*. We stay in a hotel, which is called "*syuttyo*" for 1 or 2 -month contract. So, if we want to take that job, there're no meanings to be stuck in here [Kamagasaki]. Because we don't always have a job here. ... We're occasionally asked to go *syuttyo*. So, we cannot stay in a *doya* for months. It's wasting money.

He understood temporary living arrangements as advantageous for somebody who moves frequently among job locations. He seems to believe that permanent housing does not fit his lifestyle. This is a reasonable way for day labourers to explain their unsettled way of life as inevitable because day labour means that they must be flexible in terms of where they work to secure employment.

People in general try to settle in a place that provides them a basis for living a full life. In fact, day labourers show their struggle adjusting to life in the Kamagasaki District in their early years. Daigo-san, who came to the Kamagasaki District 5 years ago, expressed his desire to settle down in his own apartment during our conversation:

...I can't keep doing this (a life in Kamagasaki) ...I can't... I am going to save money for my own place to stay. This may go to extremes...but I can be a newspaper deliveryman. If I worked hard, it'd be possible... So, I have no problems with that (even the quality of the apartment is not satisfactory). I've been thinking that way.

Daigo-san found his day labourer, construction work, temporary housing, and no money saved lifestyle intolerable. He wanted a steady job with regular pay so he could afford his own apartment and move back into mainstream society. Most important to him was having his own apartment. Despite his construction skills and his willingness to work hard, he knew he could never earn enough as a day labourer to pay for an apartment.

Mashimo-san also spoke of his struggle to maintain his apartment with day labour jobs. He was 56 years old and came to the Kamagasaki District one year before our interview. He had an apartment when he began as a day labourer and was trying to work hard and earn enough to keep it. However, he became sick and was admitted to a hospital. He said:

Even we work for a job whose wage is promised to be 12,000 yen per day, after deduction of the camp fee, we have almost nothing as we use it for drinking a bit after work. (Sometimes) I can't pay for the rent because I don't have a job... (I go to work and have no money left for the rent). I am just working....

As a way of survival, however, day labourers must adjust to this temporary living arrangement. My analysis shows that after living for years, some participants expressed little difficulty with the temporary living arrangement. Over time, the lifestyle probably permeated day labourers' consciousness. Hirata-san's story reflects this aspect of cultural penetration. He explained the reason why he accepted temporary living arrangements, emphasizing day labourers' unpredictable and sporadic employment.

(I would tell myself) why didn't I settle down when I had good time [this means that he tried to say that he should have saved money to move out of the Kamagasaki District]. I realized that when getting older. It's been 40 years, you know. If I've saved for 40 years, I would've lived an easier life (than now). ... Well, when I came here at the first time, I mean *Nishinari* [The name of the ward where the Kamagasaki District is located], of course, I wasn't very comfortable, because I didn't know anything, right? But, people are getting used to it over years. As we said that once you live in a place, it grows on you, as getting used to it, we feel comfortable with it. And eventually, I'm still here to this day.

Indeed, Hirata-san was not comfortable with the life in his early period as a day labourer. As he got older, his possibility of returning to the mainstream diminished. He eventually settled in the District and became accustomed to the temporary living conditions.

The day labour system does not allow workers to establish permanence but only to maintain themselves day-to-day and to avoid becoming homeless. The *doya* system looks reasonable for day labourers who need flexible housing arrangements; however, it seems to help confine day labourers to the Kamagasaki District and preclude other options for re-establishing their lives. These economic and material contexts limit day labourers' rights to have a minimum standard of living. By living in the small district where people are separated from the mainstream, again, it is reasonable to see that the temporary living arrangements easily become a social norm among day labourers and reinforce public prejudice against them as irresponsible or incompetent social outcasts. To make it worse, for some day labourers, living in a *doya* becomes a decent life while many day labourers cannot afford even a life in a *doya*. Iga-san said, "I want to stay in a *doya* because I want to take a rest to watch a TV and also take a bath."

#### 6.3.4 Unstructured Spare Time

Day labourers spend time and money as they like when not working. Having few constraints from work and family, their spare time tends to be unrestrained.

Nakane-san talked about a consequence of his unrestrained life indicating that it caused his health problem:

Well...I think that it may be malnutrition. I haven't eaten much so that's why I had problems, I think.... When I'm in *hanba*, the time of meal is regulated. But, coming back here (Kamagasaki), it becomes irregular. And, I drink alcohol. So, I have been weak.

He attributed the cause of his health problems to his poor diet while away from work. He might have had no routines to regulate his eating behaviours while spending his days-off in the



District. Nakane-san seemed to know that his life was not healthy and he should change his behaviours if he wanted to keep his physical condition. When he said “malnutrition” during the interview, his tone indicated that he felt embarrassed to confess this to the researcher. Considering his stable employment opportunity, it was difficult to think that he lacked money for food; rather, he drunk a lot and ate little as he vaguely said later. His story indicated that he believed that if he had a strong will to control his day-to-day life, he would not have been hospitalized.” An assumption behind this norm is that health is determined by individual efforts.

However, a participant explains the cause of his dining and gambling in a different way. Takahashi-san suggested that family is a significant factor that affects people’s way of life. He suffered from serious cirrhosis at the time of the interview.

[He was talking about how he had a haemorrhage from his stomach at a *doya*.] I had money at that time. So, I didn't go to work and took off for a while. That was a mistake. If I went to work, this symptom [bleeding from his stomach] would appear later, I think. ... I usually don't drink or drink a bit in the evening because I have a job next day and I can't drink daytime because I'm on duty [he worked at a *hanba*].

He believed that he would not have had a haemorrhage if he were working at a *hanba*. While away from work and staying in the Kamagasaki District, he tends to cut loose and drink too heavily.

As I start drinking, I will drink 8 or 7 *gou* [*Gou* is a unit of volume; 1 *gou* is equivalent to 180cc]... My stomach becomes full (because of beer) and food. And then, we say, “Let’s go to one more place.” So, we start drinking at another place. ...laughing] I drink a lot... We heavily exhausted. We become tired. And, after getting sweat, we feel thirsty. So, drinking beer is good. As we start drinking one bottle of beer, and two, and three... and then, our stomach becomes full ... Of course, if we have family, we go back home and don’t do this. I too won’t do this, of course. If I had family and go back there and eat (dinner with them), I wouldn’t drink that much, it’s silly.

He clearly stated that his unrestrained drinking behaviour did not come from lack of strong will to control his behaviours but came from his single life. He would not drink too much but go home to eat dinner with his family if he had one. However, it is not clear that this idea has been accepted by many day labourers as a social norm in the District. Rather, it seems his personal explanation for his drinking behaviour discussed in the interview stemmed from a residual mainstream value.

Both Nakane-san and Takahashi-san had stable employment and, unlike other day labourers, did not seem to use drinking and gambling as a way of coping or escaping. Their behaviours are not destructive considering that they will return to their work after spending certain days off in the District. Contrary to the dominant view of day labourers, some seem fairly self-disciplined. In this case, their behaviours may not be blamed on anyone or changed until they seriously damage their health as happened with Nakane-san and Takahashi-san.

In conventional Japanese society, men are expected to devote their lives to work. Many men used to work even on weekends. Their lives are utterly regulated not by their decisions but by their workplace. In addition, most middle-aged men are married and have families. Their lives are more restrained than single men's lives due to their family responsibilities. Day labourers, however, are likely to have few constraints from their work place since they do not belong to any single company and work only as temporary employees. Moreover, most of them do not have family to live with or any family obligations. In the Kamagasaki District, where most residents are male day labourers, they must be expected to behave the same way as other day labourers do in order to fit in and be accepted. The peer pressure, along with their limited available leisure choices in the District, logically promotes unrestrained drinking and gambling as acceptable behaviours among day labourers. In other words, the day labour system and living in a segregated area are not likely to provide people with the same opportunity to develop healthy lifestyles in the same way as those who have permanent stable jobs and live in more diverse communities.

### 6.3.5 The Future Left to Chance

The theme of "*the future left to chance*" refers to the situation where day labourers do not think about what they should do to organize their day-to-day lives to maintain a stable life. The men tend to leave things to chance.

Murakami-san talked about the effect of luck on his life. At the time of our interview, he was filing a claim for compensation from a car accident that damaged his health. He was expecting to receive a settlement from the person who injured him.

**Murakami-san:** Luck picks up.

**Researcher:** What do you mean by "luck"?

**Murakami-san:** When it is upward, it keeps moving up. When it is downward, it keeps falling down [He tried to explain by moving his arms up and down].

**Researcher:** Do you mean when you move up, you have a good boss and a good job, and also are in good shape, something like this?

**Murakami-san:** Yes, yes.

**Researcher:** It's moving up now because you got the accident [the compensation], isn't it?

**Murakami-san:** Yes, it is [smiling].

The accident made him feel lucky because he would receive money without working. Citing this event, he suggested that his life depended on luck. During the interview, he seemed comfortable working as a day labourer and showed little anxiety. His younger age, mid-40s, might have allowed him to construct an optimistic view of his future at the time of the interview. Accepting the result at face value, his way of depending on luck may be considered as an attitude toward a life that is inherent to day labourers and negatively interpreted as laziness. However, critically analyzing day labourers' social contexts, which give them little control over their employment and working conditions, it seems reasonable for them to think that luck is the only way that they have to control their lives.

On the contrary, another participant, Fujita-san, indicated that he had struggled with his future and desired to change his situation. In the beginning of our interview, he said that he enjoyed an "easy-going" life as day labourer in Kamagasaki; however, as the interview progressed, he expressed his feelings of anxiety about his future. He explained why he did not resume a job as plasterer by which he could rebuild a more stable life than as a day labourer.

But, I don't have confidence because I haven't done it for a while [laughing]. Yes. I have a blank. I haven't done it for 3-4 years. Your hands become unsteady if you have a blank. You can't do this with your trembling hands. It should be like this [he showed his hands performing a right way]. You can't cut straight, right [laughing]? I really want to do this in fact [seriously talking]. But, I have no confidence. I'm afraid of being humiliated if someone tells me like, "*What're you doing?*" [laughing]. But, I've been wandering and sometimes, thinking that I should go for it (as a plasterer) and once humiliate myself. And then, I could move on. ...I can't make up my mind.

Fujita-san was a plasterer for more than for 10 years and used to have a relatively stable life. He was thinking during the interview, that if he returned to being a plasterer, he could move out of his hopeless life. However, he lacked the courage because he feared being humiliated if he tried and found he had lost his skills. His story suggests that it is not easy for day labourers to summon up the courage and resources to revert to their former lives despite not liking their current situations. This indicates that he did not have the personal strength to find an alternative way of life. Whether he was aware of the social contexts that limited his decision to move forward

was not clear. Rather, he seemed to think that he must do something himself if he wanted to move out of his day labourer's life, which no longer provided him with employment opportunities.

As previously noted, older day labourers are often excluded from the day labour market. Ishihara-san, a 64 years old day labourer, expressed his feeling of regret about his past life in which he did not think seriously about his future and did not make any plans. He believed that day labourers are likely to leave things to chance suggesting that they did not take any action to improve their living circumstances. It consequently led him into a miserable life. He explained:

We (people in Kamagasaki) understood it in our head but we can't move into action. I don't know why...people here including me lack ability to get things done. We worry about our future, too. But, frankly speaking, it is *nige* [an expression referring to a practice of avoiding facing difficult situations.]. (We tend to) run toward easier ways. All of us are thinking that we shouldn't do this forever but we just do nothing for years [laughing]. We just repeat the same thing. I actually turned 64 years old. I really think that I am a lazy person. People run toward easier ways as they live the way they want to like us. I think.

He suggested that he could not improve his situation because he had no ability to do so. He used the term '*nige*', suggesting that he knew he should have faced his difficult situation and done something to change it, but he avoided the problem. Ishihara-san blamed himself for not planning anything and leaving things to chance instead of considering the barriers to a better life that confronted him. He finally regretted his life because he came to realize that he did not have any way to preserve his autonomy and dignity when he could no longer work as a day labourer.

These three stories tell us how day labourers develop their attitudes toward their necessary personal affairs and the unexpected consequences. They often leave things to chance because they seem to have very little control over their personal affairs and few options. In a sense, day labourers' dependence on luck can be seen as their way to preserve control over their lives. When they are excluded from the day labour market, some men try to find alternatives; however, their limited resources are not likely to allow them to re-establish their lives outside the District. At the end of their lives, day labourers may realize that their cultural norm of "leaving things to chance" has left them very few options. They must rely on either charitable services or welfare assistance, which robs them of autonomy and dignity; the very things they probably most wished to preserve when they left the mainstream and became a daily paid worker in a marginalized community.

### 6.3.6 Addictive Drinking and Gambling as a Coping/Escape Mechanism

Some participants indicated that they drink heavily and gamble. Compared to other day labourers who have restrained drinking or gambling behaviours and are fairly self-disciplined in order to maintain their employment, as noted earlier, these participants drink and gamble excessively and relentlessly and often are chronically unemployed; they are addicted.

Fujita-san, a 58-year-old day labourer, struggled to find regular work and relied on a street-cleaning job provided by the city. He explained how he drinks:

I usually drink nearly 1.5 liters (each day). [He drinks day and night]... It lasts 3 days and on the fourth day, I come down... I repeat it over and over. ...Actually, I drink at several places. It's not a bar but a vending machine. I drink at one vending machine and another... [There are many alcohol vending machines in the District.]

He seemed to be drunk all the time when he was awake. Because he had little money, he could not go to a bar but bought a can of beer at a vending machine. This means that he probably drank on the street most of the time. He also said that he tended to spend his earnings from the street-cleaning job on beer instead of renting a room in a *doya* ("Paying for a *doya* is a waste") or for food.

Maeda-san was addicted to pachinko games. Every time after coming back to Kamagasaki, he spent most of his earnings playing pachinko.

I gamble. It's pachinko (Japanese pinball). I become easily hot and often spend all of money. ...I am sitting on a seat at pachinko parlour a whole day. ...I go to a pachinko parlour most of Sunday or when I got money from *keiyaku*. ...When I play pachinko, I hardly eat. I go to a parlour at 10AM and stay there until the shop is closed 11 PM.

Both cases show that they are addicted to drinking or gambling, spending most of their non-working hours at these activities. According to the staff from the KOSHP, many day labourers are addicted to these behaviours.

Some study participants justified these behaviours as a way of taking control over their lives or releasing stress from work. Fujita-san explained:

Why we drink is because we can get the feeling of 'come into power.' We enjoy that feeling like, "*Bring me (more booze)!*" ...that's the beauty of drinking. ...have you ever experienced like this, "*I am a king!*" ...That's the best part. ...I will change 180 degrees when I got drunk. I enjoy it. ...because we have many nasty things [He lowered his voice]. We have no jobs, no money, no house, nothing...so we will get desperate.

He suggested that he liked drinking because while being drunk he felt he was in charge of his life. He implied that he felt that he had had little power to control his work situations or change his life, but he felt he could escape his reality when drinking.

Iga-san explained more clearly about why he thought men in the District drink and gamble. He explained:

The job is not interesting, the payment is low, and first of all, there is no future. We only have anxiety. So, everybody's looking for *sake* (Japanese rice wine) as a way of escaping... For example, someone went to a good company and earned 100,000 yen in cash, and came back to Kamagasaki with the money. But, probably they just spend all of it for a few days. They would be broke in a few days. Many people are doing like this. It's because we can't live this kind of life here without going to pachinko or dicing (another kind of gambling). We need at least a fraction of fun time.

He suggested that it was because their lives were too harsh to do without some fun. He justified why men in Kamagasaki gamble away all their money even though they know they have no room or food.

Those day labourers' stories indicate that they use those activities as a way of coping with feelings of uncertainty or hopelessness that came from their circumstances particularly while unemployed.

Understanding excessive drinking and gambling behaviours only as stress-coping mechanisms or escapism, however, may overlook the social contexts that lead day labourers to choose those addictive behaviours, which become beyond individual control. One of the social contexts that was found to be relevant to day labourers' lives is poor social networks, as noted in the previous section. Most day labourers have no family and friends and this means that they have little material and emotional support and lack a social network to help them overcome their problems and deal with severe working conditions and living circumstances. It is reasonable to see that day labourers choose drinking and gambling as a way of coping and escaping. In addition, the staff from the KOSHP suggested that day labourers were often not successful at therapy sessions for alcoholics. Having no families and uncertain futures, they probably have little hope and therefore, little incentive to be cured, unlike those from the mainstream who potentially have full lives to return too when cured.

Moreover, talking about personal problems is not considered as manly within day labour society. A staff member from the KOSHP told of his experience spending time with day labourers

who were drinking together in a park. He observed that day labourers tend not to talk about their problems, such as having physical problems, even though he had shared with the staff his fear of dying of his aggravated tuberculosis. Instead, he drank and gambled, which seemed to be a common way of expressing day labourers' masculinity and male gender value in the District.

The physical environment of Kamagasaki also impacts their choice of drinking and gambling behaviours. Their material conditions may not allow them to find and indulge in other ways of coping with their stress and harsh reality. Drinking and gambling is relatively reasonable leisure for day labourers in the District; they find a pack of sake for 100 yen (\$1) and they can bet from 100 yen as well. Living within a segregated area where their leisure choices are limited to drinking and gambling, they lack opportunities to choose more healthy ways to cope with their stress, anxiety, and uncertainty about their future.

### 6.3.7 Keep Distance from Others

Some study participants have friends and help one another, while others said that they did not have any friends. Many of the latter said that relationships cause trouble when one has little money. The following are some conversations that reflect this.

**Researcher:** Do you have friends after coming to Kamagasaki?

**Fukai-san:** Do you mean companies? No, I don't have friends almost. I have some whom I know their faces because we worked together at the same *hanba*. But, there are no ones with whom I hang out.

**Researcher:** Have you had troubles with that?

**Fukai-san:** Well....I wouldn't say I have no troubles.

**Researcher:** What kinds of troubles do you think you have?

**Fukai-san:** When we say "troubles", they are only money and jobs [laughing].

**Researcher:** Do you drink with someone?

**Fujita-san:** Alone. If you are with someone, it would cost you money, right?

**Researcher:** Do you help each other with your friends when you have troubles?

**Iga-san:** Even though we want to be friends with some, we would end up to going down together. It is the matter of money. Money is the first.

**Researcher:** Do you mean that people here have difficulty to make a friend?

**Iga-san:** I didn't mean that it's difficult. I meant that we cannot afford to lend money people. If you have money, it would be fine. But, if you don't, you wouldn't want to ask. It's vice versa. ...But, it's probably 2 or 3,000 yen. Even for such a little money, there are not uncommon that the relationship is over here.

These three participants indicated that they did not have stable employment and therefore could not afford to help one another. When people have little money, their primary relationship concerns must be mutual financial support; other aspects of social support such as emotional support and informational support might become secondary. Iga-san suggested from his experience that if they have little money, it would be better for them not to have anyone to socialize with. To establish trusting relationships, people must have enough financial resources to allow them to have an equal partnership. This suggests that people in low socio-economic classes tend to be excluded from an opportunity to establish social networks that are often considered in the literature as one of the social determinants of health. Day labourers should not be seen as inherently antisocial, but their poverty appears to push them in this direction.

However, some participants, particularly those with relatively stable employment, also expressed a desire to live a solitary life. Nakane-san did not want to make strong ties with other day labourers and was likely to deal with issues alone. He did say he had friends and they helped each other when necessary, but insisted that he had no close relationships with others. He said that he needed to have space for being alone. *Doyas* provide him with privacy and therefore, he feels relaxed as opposed to when he is living at construction sites where he has no personal space or privacy:

I don't like to be with other people all the time. I don't like to see the same face for 2 days or for 3 days. ... Because there are walls between rooms in a *doya*, I am only the one (in the room) even though it provides us only a room. I can use it as I like. But, if you have 2 or 3 people with you, you have to always think about what those people are thinking.

He indicated that *doyas* help him to release his stress and give him moments of privacy, freedom and a sense of control. Considering the fact that he left the mainstream to avoid strong ties with others, it is reasonable to see that he has established a life that has fewer social ties. This attitude probably explains why day labourers often have difficulty living in a hospital or a welfare facility where they have to stay with other people, explained a social worker at the HOSMC. He suggested that many day labourers do not like group living.

There is one more facet to “keeping distance from others.” One participant, Nagai-san, showed his obdurate attitude toward help from others. He did not want to ask people for help; rather he tried to take care of his problems alone. The following is the story that the KOSHHP staff related in their interviews.

One day, he was diagnosed with a tumour near the outlet of his stomach. He consulted his doctor and was told that the outlet was becoming narrow and therefore, he must have surgery or



he will die. Despite the strong recommendation from the staff, he did not have surgery because he did not want to have someone take care of him after the surgery. He could not endure being helped by others; he preferred to die. He told the staff that he would have felt miserable if he saw himself as dependent on others. Having no medical treatment, he died a few months later. Through long-term exposure to the social environment that seems to provide residents little opportunity to establish social support networks, day labourers' ability to rely on others and seek help may be diminished and it would occasionally costs them their health and even their lives.

### 6.3.8 Prioritizing Jobs over Health

Through my fieldwork, I found that day labourers usually do not seek medical attention until their conditions become critical. Maeda-san chose a job over medical treatment for his eyes which were damaged by sparks from a welder's torch. He explained his decision as follows:

**Maeda-san:** ...My vision of both eyes is blurry. I can see that letter but it's blur.

**Researcher:** Aren't you worried if you leave it untreated?

**Maeda-san:** Yes, but I was told by my doctor that my vision would be fine. Things look fuzzy but my vision is fine. ...My doctor said that I should have a surgery. So, I asked him if it's life-threatening and he said that he wouldn't recommend that I leave it untreated. ...I decided not to have a surgery.

**Researcher:** Could you tell me the reason why you decide not to?

**Maeda-san:** ...if I have a surgery, what extent my eyes recover? How long do I have to take to get back to work? I don't know exactly but I will take me at least a week or two...And after the surgery, I have to see a doctor for a while. It would not take longer, I guess. But...many jobs will become available soon. It's getting close to the end of the year is coming. I have to keep *a doya* soon....

In this conversation, Maeda-san shows his lack of concern for the consequences of his decision to not have eye surgery. He was more worried about his immediate need for a job. The surgery takes nearly a month for recovery and it would have affected his plan for the year-end and New Year holiday. After this conversation, he talked about how he wanted to play pachinko. His attitude toward his health may stem from day labourers' typical value of "live for the moment", as noted earlier.

In another case, Nakane-san also tried to avoid seeing a doctor. He was afraid of finding something wrong with his health that might make it difficult for him to find a job. He did not see a doctor until his heart condition made it impossible to work. He had hoped it would go away by itself.

I thought that it (the feeling of tightness in his chest) would've been temporary. I might've been a bit of tired and would've been better soon if I took a rest for a while. And, when I came back (to Kamagasaki from the job), I still had money. But, after the New Year Day, it (the feeling of tightness in his chest) was getting worse day by day. ...I hadn't gone to any hospitals. I hadn't gone to see a doctor even when I had an injury. I was afraid of coming to a hospital. I mean I was afraid of seeing a doctor...I thought that I probably had something wrong (physically) because of my age. ...I was worried if I become unable to work. Our lives would be over (if we become unable to work) because we live on day-to-day payment. Maybe you think that we could save money while having enough for it. But, such a habit never comes upon us. All (money) is gone. So, we are afraid of the time when we become unable to work indeed.

In another conversation, he suggested that he came to Kamagasaki to enjoy freedom and more autonomy than in the mainstream. He successfully established his life as he wished in the District. However, he would lose such a life if he did not have enough physical strength to survive day labour. His primary concern was not his immediate need for a job but for his life as a day labourer, which gives him autonomy and freedom. Without work, day labourers quickly become homeless and malnourished which leads to more sickness and even death. Working, even while sick, seems a better alternative.

Takeda-san was also reluctant to seek medical care. His doctor recommended hospitalization, but he resisted because it would cost him jobs and money and make it harder for him to find work after he recovered. The following is the conversation between him and a social worker at the HOSMC:

**Takeda-san:** I was told to have a surgery on November 1<sup>st</sup>. But, I have to live here as long as I'm alive. I have to work. I've borrowed the money based on the connection. ... I have to go through many things before the surgery, right? I was told it would be November 1<sup>st</sup>. I'm in the hope that it could be rain (on that day) conveniently. You know, I've already missed my work today.

**Social worker:** But, I think that heart disease is scary because it sometime suddenly grows more serious.

**Takeda-san:** If it happens, it's the time. If I'll die, that's the time I will die.

He was afraid of losing his credit with his employers if he was absent from a job that he had already agreed to do. He had also borrowed some money from the boss after pledging to work on his project. He was concerned about the consequences of medical treatment on his employment more than he worried about his health.

Day labourers need to prioritize their jobs over their health even though it sometimes costs them their lives. They try to preserve their reputations as reliable employees and to be available when needed. Not being a regular worker, they must be available whenever they are called upon or they are replaced by others. It is reasonable to assume, therefore, that they are likely to postpone seeing a doctor until they really need medical treatment.

However, this norm of “prioritizing health over job” may not be only affected by the day labour system but also influenced by their male gender identity as day labourers who are expected to show their physical strength. For example, Takeda-san seemed to be proud of his attitude toward his health, which prioritizes his job over his heart surgery. His attitude evokes an old saying of the Japanese samurai (soldier) spirit; a samurai, even when starving, acts as if his stomach is full. This suggests that men should put honour and pride above everything else. Takahashi-san, as I mentioned earlier, talked about his experience of bleeding from his stomach as a heroic episode indicating how brave he was and how capable he was of handling such a difficult situation rather than complaining that his working conditions provided no opportunity to take a rest for his disease. This cultural norm probably prevents men in Kamagasaki from accessing health care services and it may discourage them from applying for health care insurance even if they have a chance.

## CHAPTER 7: PATHWAYS TO HEALTH INEQUITIES

Japanese society is very homogeneous and organized through rigid social norms. For reasons discussed in Chapter 6, some workers cannot function within the norms and values of the mainstream culture and drop out to live in the Kamagasaki District. Many enter the day labour market, which is one of the few alternatives available in Japan. Day labourers have established their own sub-culture within Japanese society, which has evolved into a set of norms and values that appear to meet the needs of its members. Working under the day labour system and living in a socially stigmatized area, the social environment for day labourers is extremely inequitable compared to workers in the formal economy. The environment affects day labourers and shapes their cultural behaviours, including work patterns, spending habits and priorities, and social interactions, all of which have significant effects on their health status and contribute to their health inequities. Examining day labourers' pathways to ill-health should shed light on how structural forces affect day labourers' lives and health by creating health inequities. In the first section, I will explore the pathways leading day labourers to poor health, examining how economic, political and cultural inequalities are embedded in each phase of the pathways. In the second section, I will illustrate relevant social determinants of health for day labourers.

### ***7.1 Pathways to Health Inequity***

The pathways will be broken into four phases: 1) Living in Japanese Society, 2) Leaving the Mainstream, 3) Encountering the Day Labour World, and 4) Developing Cultural Behaviours.

#### **7.1.1 Living in Japanese Society**

In order to understand day labourers' pathways to health inequities, we should start with the question of why some people fall into this lowest socio-economic class and sub-culture while others do not. I have critically analyzed participants' stories and found some historical and cultural contexts to be relevant in explaining the social forces that lead some in Japanese society into the very disadvantaged position of day labourer.

Lifetime employment in exchange for hard work, dedication and loyalty has long been a hallmark of the Japanese economic system. In exchange for dedication, loyalty and hard work, employees can expect regular wage increases and good pension benefits at retirement (Dasgupta, 2000). While officially lifetime employment only affects the white-collar employees in large companies, the system has permeated society and most workers accept this behavioural norm. Workers sacrifice their individual autonomy and in return, they secure their employment and have

a sense of belonging to their company. This idea of dedication and hard work also affects people's minds and activities (Fukae, 1991; Nakane, 1972). People come to believe that everybody should work hard in any kind of job to be respectable and reliable citizens.

Japanese society also values group identity and conformity as opposed to individualism (Henshall, 1999). The most significant unit in Japanese society is not the individual or the family but a group of people bound together by loyalty and a sense of obligation to the group (Beer, 1981). This was established in the early seventeenth century as a way to maintain social order and facilitate political control by the *Tokugawa* Shogunate. They implemented a general policy that enforces conformity (Henshall, 1999). Under this policy, people were expected to take collective responsibility for misdeeds and miscreants in the community.

Also, in Japanese society there is a culture of shame that works as an internal means of social control, punishing those who do not comply with the social rules. Japanese people feel shame when they seriously fail to achieve what is expected of them, in school, at work, or in the community, and for transgressions against community norms and values (Lebra, 1983). Personal perfection and success are expected and society has little tolerance of failure. There is little opportunity for people to rebuild their lives within the mainstream culture after making a significant mistake.

Although the economy is rapidly changing, these cultural norms and values remain dominant and greatly influence peoples' lives. Because Japanese society is so homogenous, as 2006 statistics show (more than 98percent of the people in Japan were Japanese, according to the Immigration Bureau of Japan, 2007), the society is monolithic and rigid and changes very slowly. While most people function within these constraints, some do not and may be harmed by the rigid rules, expectations, and intolerance of failure.

### **7.1.2 Leaving the Mainstream**

When people drop out of, or are forced out of mainstream Japanese society, they can either move abroad or join a sub-culture on the fringe of the mainstream, which is often the day labourer society. In the worst case scenario, people commit suicide if they fail to find a way to avoid embarrassment and preserve their dignity. The number of deaths due to suicide in Japan exceeded 30,000 in 1998, of which 70 percent were males and the largest age group is 55-59 (Yamashita et al., 2005). For example, the Japanese prime minister appeared on television in 2007 to ask for tolerance and a second chance to reduce the country's high suicide rate after the agricultural minister's suicide when his political scandal became public.

People who come to the Kamagasaki District are disadvantaged compared to most in the formal economy in terms of both employment and income security. When they lose their jobs, they seem to quickly become destitute, while workers with more education and skills tend to have savings and social support systems that help them recover. Approximately 50 percent of day labourers have nine or fewer years of education (Kamagasaki Shiryo Centre, 1993). It is reasonable to speculate that many of them worked in small enterprises where they faced poor working conditions. Many had frequent job changes probably reflecting their underprivileged positions at work.

Those facing social exclusion lose their livelihoods and all financial support from family and community. This exclusion from both work and community makes it more difficult for them to find another mainstream job because it also damages or destroys their social networks which otherwise might help them deal with unemployment and provide emotional support. Once they leave the mainstream, they have little access to the Japanese social safety net, which requires them to show a registered address when they apply for benefits. Thus, with little education, few skills, no savings, no job, no social support and no access to public benefits, it is almost impossible for them to re-establish their lives in the mainstream. They have little choice but to seek temporary employment in order to live. The most vulnerable in the population tend to end up in the Kamagasaki District as day labourers.

Despite the social inequalities that they face, most of the people who leave the mainstream tend to view their fate as reasonable. They accept their situations because they deeply believe that the responsibility for failure in the mainstream is theirs. They, indeed, are products of mainstream values and norms. As such, it would be difficult for them to see their experiences as resulting from structural forces in society rather than from individual responsibility.

### **7.1.3 Encountering the Day Labour World**

The Kamagasaki District is the largest day labour area in Japan. The men who end up there are trying to start new lives after failing in the mainstream society and economy. They, however, encounter further social inequalities while working under the day labour system and living in an isolated, stigmatized area. Various economic, political and cultural structures have contributed to build the social environments of day labourers' lives.

Although some people find relative success in the day labour world after escaping or being excluded from the mainstream, many day labourers easily fall into destitution. As previously mentioned, the day labour system does not provide the opportunity to avoid periodic unemployment, low wages and poor working conditions.

Employment and working conditions in the day labour system are very inequitable compared to those in the formal economy. The system does not always provide day labourers with reasonable employment and working conditions in order for them to maintain a stable life. The construction industry uses day labourers only to fill their shortage of workers and does not accord the men even the minimum rights they are entitled to under the law. They are often unemployed because there are not always enough jobs and their employment is always temporary. They are poorly paid and work in an environment where it is very difficult to maintain self-respect and dignity since they always perform the most menial, physically taxing and unskilled jobs and are often treated poorly by foremen and employers.

Despite this severe exploitation, the government has taken little action; in fact, public policies for day labourers are hardly sufficient to protect their rights; rather, companies are permitted to exploit day labourers and ignore their poor working conditions and living circumstances. Also, the social safety net does not meet the needs of the men when they are unemployed. Rather, government rules work to exclude day labourers from public assistance programs.

The day labourer sub-culture also plays a significant role in sustaining social inequalities embedded in the system. The sub-culture values the idea of hard work, just as the mainstream culture does and it reinforces day labourers' understanding of their disadvantaged employment and poor working conditions as being reasonable. This creates inequalities among day labourers because those who have stable employment tend to be seen as 'good' workers while others are criticized as 'irresponsible' or 'incompetent.' As a result, some day labourers who are more advantaged in terms of skills, education level, or physical strength than others are more likely to live with fair success within the system than less advantaged day labourers. While protecting some day labourers from unemployment, this value seems to contribute to the further exclusion of less advantaged day labourers, particularly as they lose their ability to compete for jobs because of age, declining strength and stamina, and poor health.

Social inequalities are also embodied in day labourers' lives in several ways. As noted, wages are not sufficient to maintain a decent standard of living. They do not earn enough to have their own apartments. The temporary living arrangement does not provide day labourers with the basis for a healthy physical or psychological lifestyle. Nor do their living and working circumstances provide opportunities to develop healthy social networks with fellow workers.

The government has little concern for day labourers' living circumstances. The lack of a government policy reinforces the social inequalities among day labourers. *Doya* housing is tolerated despite its being of poorer quality than the national standard for healthy living, and the

amount and duration of welfare assistance is limited despite the fact that day labourers earn sub-minimum wages and usually live below the established minimum standard of living. Additionally, the government tries to modify day labourers' behaviours when they seek welfare assistance, either through the intake process or within the welfare facilities. Government workers do not appear to consider the influence of the social environment on day labourers' behaviours but rather assume them to reflect day labourers' personalities and their inability to develop socially acceptable behaviours. There seems to be no recognition that the effect of their policies is to keep day labourers from applying for assistance and to rob them of their self-esteem when they do apply.

Because the Kamagasaki District is isolated from the surrounding city there is a stigma attached to it and its occupants. Under these circumstances, day labourers have little opportunity to establish or enhance the social networks that the rest of us use to help cope with psychological stress. They are labelled as outcasts by the larger society, making it difficult for them to have contact with outsiders. Their world exists only within the district, whose residents are predominantly male day labourers. Their leisure activities are limited to drinking and gambling with other men. This isolation seems to contribute to a culture that values living only for today, behaving in a carefree manner with too much drinking and gambling, and living solitary lives.

#### **7.1.4 Developing Cultural Behaviours**

Day labourers have a unique way of life. I will critically examine how social structures affect day labourers' lives as they develop their cultural behaviours, focusing on the power relationships behind the process.

First, the economic structure of the day labour system significantly affects day labourers as they develop their cultural behaviours. For instance, many have a casual attitude toward seeking employment and work only sporadically when they need money for housing and food, often working only three or four days a week or accepting 10-15 day short-term contract jobs. This is different from the behaviour of workers in the formal economy in several ways. Day labourers tend to be assigned to harder physical tasks than regular employees and therefore it is often impossible for them to work consecutive days without damaging their health. Their apparently casual attitude toward work, therefore, can be considered as a way for them to exert control over their lives under exploitative working conditions. The insufficient social safety net also contributes to developing this attitude, although welfare workers think it is the reverse, with workers behaving irresponsibly rather than defensively.



Lack of policies for controlling the day labour system and creating affordable housing and limited welfare services preclude day labourers settling in permanent housing. Their only real choice is living in a *doya* where they have only temporary accommodations. This lifestyle would, logically, negatively affect peoples' psychological health. They may not develop a sense of belonging and connectedness. Having no permanence in their lives, it would be difficult for them to plan for the future, which contributes to their cultural behaviours of living day-to-day and not saving.

Cultural structures also cause day labourers to establish unique behaviours. Their separation from the mainstream and limited financial resources also limits their ability to establish or enhance their social networks. Their temporary employment arrangements are also not likely to allow them to socialize with others from the mainstream or other day labourers. The lack of social support networks makes it difficult for them to deal with the psychological stress stemming from their harsh reality. Day labourers seem to develop their own coping strategies that are not always conducive to health and include attitudes such as not saving money, not planning, and being addicted to drinking and gambling.

Moreover, confined within an isolated small area, day labourers are excluded from an opportunity to share the social norms of the mainstream, which might help them to establish healthier behaviours than the day labourers' culture. As a result, it is reasonable to speculate that they developed unrestrained lifestyles that include frequent drinking and gambling and not eating regularly. The government has few policies for community integration or community development that could be considered an effective public health strategy to enhance healthy living. Rather than promoting community solidarity, the government seems to seek to control behaviour by monitoring the Kamagasaki District with sixteen surveillance cameras.

Nevertheless, some day labourers view a life in Kamagasaki more favourably than that in the mainstream, which provides them with only limited respect for diversity or for autonomy and freedom. Even though they need to sacrifice daily necessities, they probably find the Kamagasaki as the only place where they can preserve their autonomy, self-respect, and freedom. This suggests that public policy that aims to enhance the social inclusion of day labourers into the mainstream may not be enough to reduce health inequity. What is needed is a transformation of the society so people do not need to sacrifice their personal autonomy and freedom in order to enjoy the same economic benefits as the mainstream population.

## ***7. 2 Social Determinants of Health and Health Inequities***

In this section, I will examine how work and social environments and health behaviours help damage day labourers' physical and psychological health in order to understand how both social and environmental factors and individual behaviours affect their health and lead to poor health consequences. The concept of social determinants of health has been widely used to describe social and environmental factors that affect people's health and health behaviours, particularly in public health, after Dahlgren and Whitehead's model of the main determinants of health was introduced in the early 1990s (Graham, 2007). To situate findings within the context of the current international health promotion discourse, I will reconstruct aforementioned day labourers' social contexts and their individual behaviours as social and individual determinants of health, and explore mechanisms by which those determinants contribute to health. Social determinants of health that are found to be relevant to day labourers in the Kamagasaki District include: 1) employment, 2) working conditions, 3) temporary living, 4) housing quality, 5) social support, 6) marginalized neighbourhood, 7) access to health care, and 8) gender.

### **7.2.1 Employment**

The day labour system provides only temporary employment and it is often also sporadic, making it difficult for day labourers to establish daily routines for healthy living. People are more likely to maintain physical health when they can establish regular lifestyles (Farshchi, Taylor, & MacDonald, 2005; Kokkinos et al., 1995). Employment in general requires that people structure their day and budget their time. Day labourers' sporadic work schedules are not likely to require them to regularize their lives and maintain healthy lifestyles, and may contribute to the higher rates of hypertension and diabetes among them than in the larger population. Employment under the day labour system is more likely to induce health damage than permanent employment in the formal labour market.

Day labourers regularly face employment insecurity, which causes people serious psychological damage (World Health Organization, 1998b). While unemployed, people in general lose the "opportunity to control", the "availability of money", and lack a "valued social position" (Warr, Jackson, & Banks, 1988). Day labourers probably experience more psychological suffering than mainstream workers due to employment insecurity because in the formal economy unemployment happens infrequently but for day labourers it is a fact of life. Chronic unemployment, leads to lower self-esteem, feelings of rejection, and a dependence on charity for free food and shelter, which is embarrassing and degrading. It is reasonable to speculate that day labourers ultimately lose hope for the future because in Japan, employment is a key element for

social values and a meaningful existence. As Ishihara-san said, “I lost meaning for my life.” Participants also reported that they saw or heard of some day labourers who committed suicide while homeless. It is easy for day labourers, who are already on the bottom socio-economically, to lose hope as well as all self-esteem and self-confidence. They are at high risk for psychological distress and depression.

### **7.2.2 Working Conditions**

Manual, blue-collar, male workers tend to have occupational diseases and injuries rooted in the physical conditions of their work (A. Jackson, 2005). Day labourers tend to be assigned to physically harder tasks than regular employees at construction sites and are often exploited. They are always at risk for heat exhaustion and dehydration during summer months and are more likely to have work related injuries than regular employees because they are less experienced and are often assigned difficult and dangerous tasks. Maeda-san, a participant in my study, explained that both his eyes were injured by sparks when he was helping a welder. He did not wear safety goggles because he did not know of the danger. Hirata-san also saw some of his co-workers die from falling off high places at work. The number of outpatients treated for injury by the HOSMC (Hospital for Osaka Social Medical Centre, 2004), which treats many day labourers, was more than the average for the general population. This suggests that day labourers in the District are more susceptible to injuries than the general population.

Psycho-social factors also contribute significantly to the health inequities of day labourers (Marmot, Siegrist, Theorell, & Feeney, 1999). They are frequently assigned to different construction sites and constantly meet new co-workers and bosses. The men tend to live alone and it is difficult and stressful for them to move into new social situations with strangers every few days and force themselves to communicate. Regular workers do not experience this level of stress. Inoue-san, also a study participant, said the supervisors often treat them as animals. These facts suggest that day labourers are more likely to have psychological stress and difficulty maintaining their self-esteem.

Dahl et al. (2006b) stated workers should have some freedom to choose to not work when their circumstances are difficult. This fosters a sense of control over their lives. Day labourers have limited freedom to not work because they have little savings and no job security and cannot maintain themselves when unemployed. When day labourers exercise their right not to work, they are risking their health and sometimes their lives.

### 7.2.3 Temporary Living

Hayakawa (1997) states that habitation is a fundamental human right and that having physical living space not only protects people's lives but also provides a basis for daily living and emotional well being. He also says that people need to settle in their own homes in order to establish a foundation to their lives. This is important to enhance their motivation to deal with day-to-day activities. Day labourers' lives feature temporary living arrangements. Low income and the lack of a public policy for day labourers' housing security limits them to small rented rooms in *doyas*, which also negatively affects their lives. It is difficult for day labourers to maintain daily routines without their own permanent homes and they also feel as though they have no roots or permanence to their lives. Finally, the cramped quarters in the *doyas* make it virtually impossible for the men to establish healthy lifestyles and this also contributes to their physical deterioration.

Hayakawa states that having a home fosters good psychological health and encourages people to think about and plan for the future. It provides physical and psychological security. It has also been noted that people link their identity to their housing (Hill, 1991). Dunn (2005) also states that permanent housing is important for the construction of social meaning in individuals' lives and that people who have a sense of attachment and meaningful investment in their homes have better health. He suggests that housing security also provides people the ability to maintain a coherent, dignified, and meaningful sense of self-identity. With their temporary living arrangements, day labourers' identities are always challenged and are more likely to induce psychological distress than people living in their own housing.

### 7.2.4 Housing Quality

Quality of housing also influences people's health (Shaw, 2005). Day labourers' living spaces in *doyas* do not allow them to lead healthy lives. A small living space with a small window and stairs without windows prevents air movement and creates opportunities for disease to spread. Thus, for example, as already noted, the incidence of tuberculosis among day labourers is more than 30 times higher than in the general population. Also, the lack of daylight and air movement in *doyas* make for poor room sanitation which not only affects respiratory conditions but also discourages people from engaging in healthy living (Hayakawa, 1997). *Doyas* also have shared bathrooms, which makes it difficult for the residents to maintain personal hygiene. Finally, as mentioned in the previous chapter, they usually do not cook in the shared kitchen but eat out or buy takeout food. It is clear that the physical living conditions of the *doyas* make it very difficult for occupants to maintain healthy lives.

Housing quality also affects peoples' psychological health. Individuals chronically exposed to residential crowding and noise tend to have strained interpersonal relationships (G. W. Evans, Well, Chan, & Saltzman, 2000). From my observations, walls between rooms are very thin. Day labourers endure constant noise and often resent their neighbours who are making the noise. In addition, the low quality housing reduces self-esteem because quality of housing reflects social status. Even among day labourers, there is a pecking order and some who are more successful will not stay in the poorest *doyas*, saying, "Those *doyas* are not for us."

### **7.2.5 Social Network and Support**

Through contacts with friends and family and participation in social and community activities, life acquires a sense of coherence, meaningfulness, and interdependence (Berkman & Glass, 2000). Social support and social networks are significant factors that enhance peoples' health and behaviours (Emmons, 2000). Social norms within the social network play an especially important role in establishing healthy lifestyles and behaviours. Day labourers in the Kamagasaki District are not likely to have social networks providing them with opportunities to share the norms that may encourage them to engage in healthy activities. This is reflected in remarks by Takahashisan, a participant in this study, who said that he would not have drunk so heavily if he had family.

Social integration and connectedness are considered significant predictors of mortality (Berkman & Glass, 2000). It is not likely for day labourers in the Kamagasaki District to develop social integration in their community in the same way as we in general expect. There are several possible interpretations for this. First, they left the mainstream because they would not or could not conform to the mainstream culture which values collectivism; they are not likely to seek collectivism in the Kamagasaki. Second, employment and income inequalities among day labourers exist in the District and differentiate day labourers into 'good' and 'bad' workers. This inequality seems to discourage establishing community ties and solidarity. Finally, their temporary living arrangements do not create opportunities for steady relationships with other residents and, rather, seem to impede such relationships. Lacking social networks, day labourers are unlikely to reap the benefits that social networks often bring people, including information about job opportunities, financial support, access to material goods and services, and useful information that links them to healthy lifestyles. In fact, participants with the steadiest employment are those with a mutually supportive social network.

### **7.2.6 Marginalized Neighbourhood**

Living in the Kamagasaki District may bring some day labourers to a place where they can exercise control over their lives. But, their lives appear to also be controlled by their very limited

environment and that is the price they pay, both physically and emotionally, for independence. People's behaviours are not only individual choices but also a consequence of environmental effects (Curtis, 2004). Having little connection with the outside world, their lifestyle is strongly affected by the environment available to them within the District. In the Kamagasaki, for instance, there are many businesses targeting day labourers, including *doyas*, catering businesses, food vendors, bars, used clothing shops, etc. While this environment may help day labourers survive a life with limited income, it would be easy for them to become heavily dependent on those businesses because they have very few other options. Living in the marginalised area, day labourers are excluded from opportunities to choose and develop healthy lifestyle and behaviours.

The district is socially stigmatized which in itself decreases day labourers' self-respect and contributes to psychological distress (Krieger, 2000). Day labourers are unlikely to socialize with people outside the District, even including their families and former neighbours who are potential members of their social networks and who could help them cope with physical health and psychological stress by providing both physical and emotional support.

#### **7.2.7 Access to Health Care**

Access to health care also negatively affects day labourers' health. Day labourers can access health care services without health insurance, but the services are not always sufficient for full recovery and prevention. Compared to the rest of the population, day labourers are less likely to perceive their health problems until they become critically ill. According to my observation at the HOSMC, day labourers were more likely to come to see a doctor at a later stage of disease than people who have health insurance. This may reflect the fact that day labourers tend to hesitate to use health care services because they need to obtain approval from a welfare office where they often experience humiliation for being unable to pay for their health care. Also, day labourers cannot choose which doctor or hospital to visit; something that is possible for citizens with health insurance. Instead, the welfare office picks the hospital for day labourers. Because of prejudice against day labourers, only a limited number of hospitals outside the District accept them and they are often discriminated against by the staff. Some hospitals that I observed were very crowded, with as many as ten patients per room. Those circumstances would naturally cause both physical and psychological health damage over time and, therefore, may delay recovery. In some cases, they may risk patients' lives since some hospitals exploit day labourers by performing unnecessary medical treatments for purposes of profit. Day labourers tend to have lower quality health care than the general population.

Limited access to health care may also have psychological effects on day labourers' health. It possibly lowers their self-confidence and damages their identity. Day labourers encounter people from the mainstream while receiving health care, including welfare workers and health care professionals. Also, in hospital they must adjust to the hospital rules and schedules, which reflect the values and norms of the mainstream and some find it psychologically difficult to make those adjustments. Also, in hospital, people are dependent on the help of others and for day labourers that is often degrading, since self-reliance is a prized value in their sub-culture.

### **7.2.8 Gender**

Gender also plays a critical role in creating health inequities among day labourers. First, in Japan men are more likely to be excluded from welfare benefits than women. Ezawa (2002) pointed out that the Japanese welfare system, which relies heavily on family as a safety net, is based on a classic male-breadwinner model in which men are expected to dedicate their lives to the company that provides health insurance, pension, and family allowances to not only the worker but also their spouses and children, while women are discouraged from engaging in full-time employment in order to take care of their children or the elderly at home. In this system, able-bodied men without family are rarely granted welfare benefits under the assumption they are employed full time. The welfare system does indeed exclude day labourers from its benefit provisions until they get sick or old enough to be 'incapacitated,' as noted earlier.

This emphasis on classic gender roles in the welfare system seems to easily lead the men in the District, who are mostly able-bodied single men, into homelessness and therefore, affects their health status more intensely than on any of the populations in the mainstream. This dominant belief possibly also affects men's psychological status, when they lose the ability to make a living in the day labour society. Day labourers in the District often feel embarrassed when they have to rely on emergency shelters and free food services. Eventually, as some participants showed, they may lose hope after having been excluded from the day labour market and becoming unemployed.

Masculine gender roles seem to also significantly contribute to men's health in Kamagasaki. Working at hard physical labour, day labourers are likely to develop typical male gender identities within the district where they have peer pressures from other men. They tend to assign positive meanings to their experiences, even though they struggle to survive in the day labour system, in order to preserve their masculinity and dignity. This probably helps lead day labourers to choose unhealthy behaviours, such as drinking and gambling, to cope with their stress. Finally, it is reasonable to think that masculinity helps them to accept their situations as

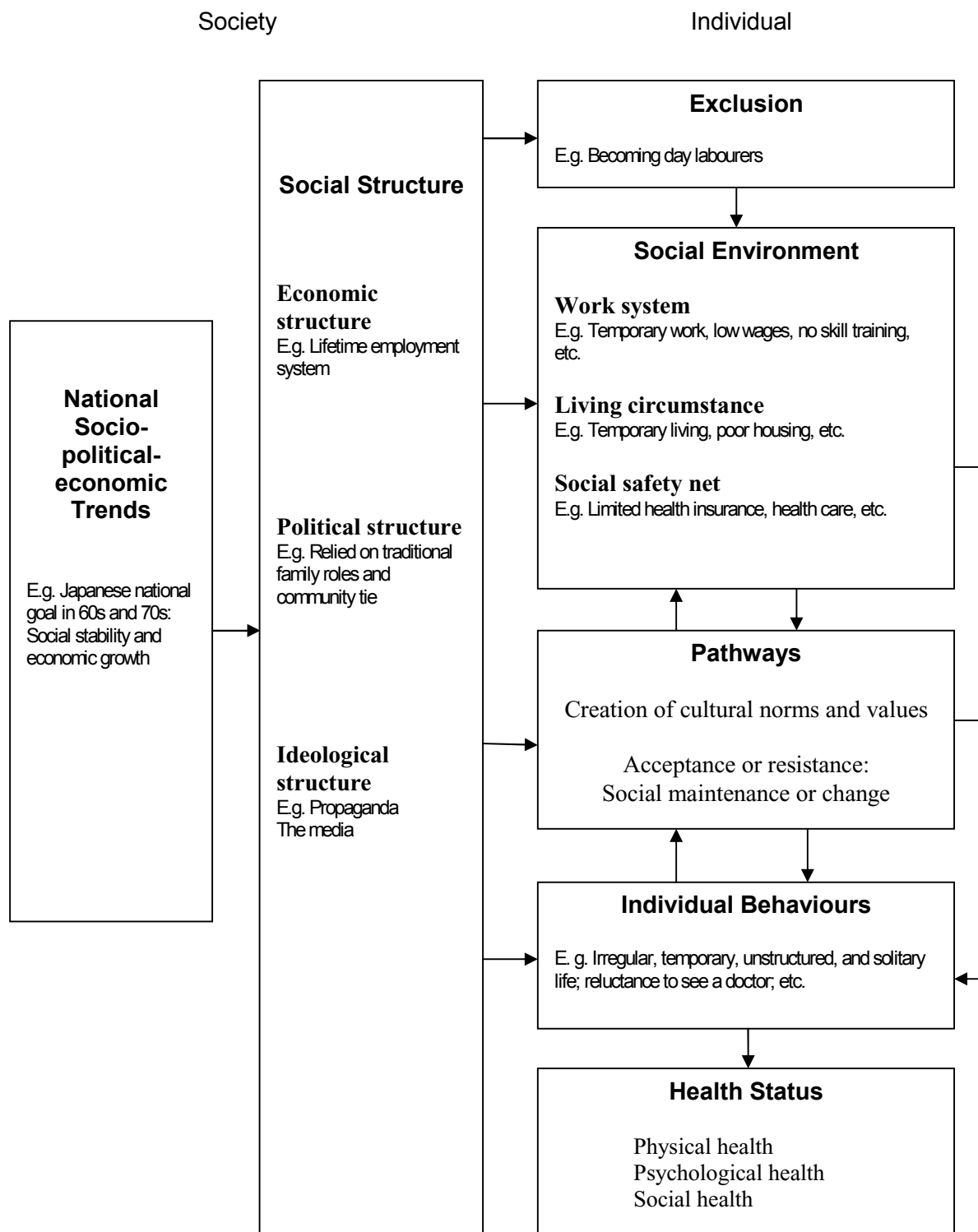
inevitable or reasonable and helps preclude the possibility of challenging the system and it sustains the status quo.

### ***7.3 The Models of the Pathways to Health Inequities***

Integrating findings from this study into existing models that explain the causal relationship between socio-economic status and health inequities, I depicted the pathways to health inequities as a model, as Figure 1 shows. I placed national socio-political-economic trends as a significant component of the pathway to account for shaping social structures using Coburn's idea of global capitalism (Coburn, 2004). To create this model, I also adopted models developed by Diderichsen et al. (2001) and Graham (2001), which explain the pathways to health inequities at both individual and societal levels and emphasize the significance of the social environment to which people at certain socio-economic statuses are exposed, as well as their individual behaviours as immediate factors that affect health status. As a distinctive feature of my findings, I determined that cultural understandings, norms and values have significant roles in establishing the social environments of the marginalized. At the individual level, I also added people's agency by which people accept or resist their social environments. My findings showed that this process is significant in understanding the mechanism of sustainability of social inequalities and finding potential for social change to reduce inequalities.



Figure 1. The Model of Pathways to Health Inequities



## CHAPTER 8: CONCLUSION

In this concluding chapter, I will discuss the contributions of this research in three areas, including: 1) contributions to substantive areas, 2) methodological contributions, and 3) theoretical contributions, followed by implications of the study.

### ***8.1 Contributions to Substantive Areas***

In this section, I will discuss how the study makes contributions to knowledge about day labourers in the Japanese context, including: 1) the structural causes of becoming day labourers, 2) social environments of day labourers, 3) day labourers' cultural behaviours, 4) social determinants of health, and 5) day labourers' acceptance of their situations.

#### **8.1.1 The Structural Cause of Becoming a Day Labourer**

I identified social forces that lead people into the world of day labour, focusing on not only economic structures, but also political and cultural forces. Shima (1999) conducted a survey of homeless people in Osaka and day labourers in Kamagasaki to examine their working and living circumstances. In his study, he attributed the reasons for men becoming day labourers to the surplus labour force in the formal economy. He also suggested that the Kamagasaki District has been a base for people who are excluded from regular employment. Ushikusa (1993) also analyzed day labourers' prior lives and emphasized their frequent job changes as the main cause for becoming a day labourer in the District. While these are valid, they are only partial explanations. My critical examination of participants' accounts identified more complicated reasons behind the decisions men make that lead to their becoming day labourers in Kamagasaki. I particularly identified some cultural forces that drive some men from the mainstream. Traditional values and norms such as "hard work" and "shame" play a key role in excluding them from the mainstream. Those norms were developed to achieve the nation's goals of economic development and social stability.

#### **8.1.2 Social Environment of Day Labourers**

With respect to the work context of day labourers, Shima (1999) also wrote about the ways industry exploits day labourers. Some of those are supported by my study, including the "labour pool" process, labour supply and demand issues that lead to "disadvantaged contracts" for workers and "wage exploitation." However, I found other negative aspects of their work environment, including "unfair task distribution" and "lack of opportunity to maintain self-respect or for self-development." Shima emphasized economic deprivation as a significant aspect of day

labourers' lives. However, my analysis of participants' accounts showed that day labourers were not only excluded from economic resources but also from opportunities to develop self-respect. "Unfair task distribution" means not only that day labourers face employment discrimination but also some are discriminated against at construction sites. Participants' stories indicated that many day labourers do not receive reasonable treatment by employers at work sites. Day labourers do not necessarily find jobs regularly and therefore, often cannot afford even the daily necessities such as housing and food. Therefore, it is reasonable to speculate that day labourers are only concerned with how they survive and avoid homelessness. This idea overlooks workers' need for self-respect. A participant stated, "We are not working for money." In fact, the lack of opportunity to maintain their self-respect at work is a significant negative factor in the lives of day labourers.

I also explored day labourers' living conditions, revealing the social inequalities embodied in their lives. While the employment and work contexts of day labourers are often discussed as exploitative, as mentioned above, their living conditions tend to be seen as inevitable and unavoidable. Comparing day labourers' living conditions to the average Japanese, this study found day labourers' living conditions to be unfair. Living in the Kamagasaki District does not provide day labourers with even the minimum standard of living that our Constitution guarantees to all people. For instance, their transient hotels, *doyas*, were revealed as smaller than people need to maintain a minimum standard of living, and smaller than government regulations theoretically permit. Also, living exclusively in just a bedroom in a temporary accommodation limits dietary practices to eating out or buying take-out food. Moreover, day labourers' limited incomes do not allow them to obtain the variety of clothes that people need for better access to other resources such as employment or for socializing with people from other communities. Also, the physical environment provides limited opportunity for spare time activities other than drinking and gambling. Finally, separation from the mainstream culture precludes day labourers from the opportunity to develop social norms that are needed to shape healthy lifestyles. This separation contributed to the development of the day labourers' sub-culture that leads the men into unhealthy behaviours. Understanding their living circumstances from the perspective of social inequality allows public health workers and policy makers to understand how the socio-economic realities of day labourers' lives amount to negative social determinants of health.

### **8.1.3 Day Labourers' Cultural Behaviours**

This study brought out alternative understandings of day labourers' behaviours. Rather than viewing their behaviours as a consequence of irresponsible personal choice or an inability to take

care of their lives, I found that their behaviours are shaped by the day labour sub-culture that developed to help the men preserve their social identity and dignity while being day labourers.

First, my analysis showed that day labourers develop unique lifestyles such as “sonohi-grashi”, which refers to the way of life in which they do not save money but rather spend all they earn. In this context, they do not think about their future. Shima (1999) indicated that their limited employment opportunities and earnings lead them into this lifestyle. However, I did not merely relate their behaviours to a single aspect of the economic structure, but also analyzed their behaviours in the context of the sub-culture. This approach allowed me to identify significant factors that affect the development of their behaviours other than the impact of economic deprivation. For instance, living in an area socially and physically separated from the mainstream precludes them from having certain common social roles, such as a husband or father or other social responsibilities. Rather, they are confined in a community where their social contact is limited to other male day labourers. They are not able to develop a different way of life due to peer pressure.

The next cultural behaviour that this study found is “temporary living arrangements.” This way of life is usually considered to be day labourers’ choice. In addition, most studies tend not to question this way of life or consider it as inevitable and necessary for day labourers’ survival as temporary workers. On the contrary, however, my analysis of participants’ accounts showed that day labourers tried to maintain a regular way of life, but they found no other choices aside from living in *doyas*. Their lifestyle is a consequence of the limited social environment in the Kamagasaki District. For instance, the existing *doya* system can be seen as a reason why day labourers are able to sustain their lives as temporary workers in the District. The system provides reasonable accommodation fees per night and day labourers have adjusted to the temporary way of organizing their lives in *doyas*. Using this system, they do not have to earn or save for a month’s rent as the rest of the people in our society usually expect to do. Thus, the socio-economic environment leads them to settle for temporary living arrangements rather than choosing them as a preferred alternative. This study revealed that day labourers are excluded from the opportunity to develop a regular life not only because they work in temporary employment but also because they have limited resources that help them to lead a decent life.

Drinking and gambling are also common behaviours among day labourers. Many day labourers become addicted to those activities. It is reasonable to speculate that these are self-induced addictions since they face employment insecurity and uncertain futures with limited social resources. In fact, several participants expressed that they needed to drink or gamble to escape from their harsh reality and release the stress coming from their lives and work. However,

I identified that they tend to be addicted not simply because they have so much stress or loss of hope for the future, but also because their social environment leads them to develop those habits. There are few alternative ways to release their stress in the Kamagasaki other than drinking and gambling. The District does not provide day labourers other ways to cope with stress. More significantly, however, drinking and gambling have become a social norm of day labourers. They need to participate in those activities to be accepted in the District and to preserve their social identity as a day labourer.

Being solitary, or living alone, is also found to be one of day labourers' cultural behaviours. Most participants said that they did not have friends while living in the District, although some of them had loosely tied relationships with other day labourers. This behaviour tends to be viewed as an intrinsic attribute of day labourers. On the contrary, however, my analysis in this study indicates that being solitary is partly a consequence of their limited economic resources. Several participants stated that they were not able to make friends in the environment where most people look for help to survive. This suggests that healthy social networks can be formed only after people's basic needs are filled. Moreover, some day labourers deliberately choose to be solitary not because they like to be but because they want to preserve their autonomy and control over their lives, as strong ties often constrain their lifestyles. This indicates that their seemingly intrinsic attributes are also socially constructed within the District and inform us of the impact of social environment as a significant factor in understanding their behaviours.

Moreover, the interview with a social worker at the HOSMC and my observations suggested that, when sick, day labourers tend not to visit a doctor until their conditions become serious. In fact, several participants stated that they did not want to see a doctor. This attitude is often seen as lack of responsibility or incompetence to take care of their health. My analysis, however, showed that under temporary employment, being sick means to lose employment. They should prioritize their jobs over their health to maintain their employment in order to survive. This finding clearly suggested that knowledge about their healthy behaviours does not necessarily help people to develop healthy lifestyles or choose healthy behaviours. To prioritize their health, they should be guaranteed employment and income, which are considered as pre-requisites for health in the Ottawa Charter.

#### **8.1.4 Social Determinants of Health**

In this study, I reconstructed day labourers' social environments as eight social determinants of health and explored the mechanisms of how those determinants affect their health. This contributes to creating the linkage between day labourers' social inequalities and their impacts on health and therefore, gives readers a clear understanding of the health inequities of day labourers. In addition, this study developed a more comprehensive understanding of the social determinants of day labourers' health. While current studies have demonstrated some of the social factors that affect day labourers' health status, their findings are limited to unemployment, limited income, or ineffective use of health care services. In this study, however, I found not only employment and limited health care access but also adverse working conditions, temporary living, poor housing quality, lack of social networks and support, a marginalized neighbourhood, and gender as significant social determinants of day labourers' health. Thus, this study provides health care workers and researchers with opportunities to understand day labourers' health in a broader, more comprehensive and systematic fashion.

#### **8.1.5 Day Labourers' Acceptance of their Situations**

This study found that day labourers' acceptance of their work and living circumstances play a key role in sustaining their oppression as day labourers in the District. My analysis of their accounts showed that day labourers believe that the social exclusion that they have faced is their own fault and therefore, they cannot afford to choose their jobs. Rather, they should work hard and earn trust from employers to maintain their employment regardless of their working conditions. This acceptance tends to be voiced by relatively advantaged day labourers in terms of their employment opportunities. Their voices, therefore, seem to be the dominant norms among day labourers. This belief, in a sense, benefits those more advantaged day labourers but stifles other perspectives that are held by the more disadvantaged within the District. Moreover, this idea not only undermines their ability to understand their situations critically, in order to find the social inequalities, but also discourages them from challenging the inequitable distribution of social resources and opportunity.

### ***8.2 Methodological Contributions***

I will discuss two areas of methodological contribution: 1) critical ethnography, and 2) reconstructing day labourers' accounts.

### **8.2.1 Critical Ethnography**

Critical ethnography has several advantages for revealing the structural influences on health and health inequities of vulnerable populations. Critical ethnography aims to explore asymmetrical power relationships behind culture where some groups sustain certain norms and values that benefit them and exclude others (Thomas, 1993). Also, critical ethnography questions what people think is natural or inevitable and tries to create alternative perspectives to the dominant idea. Therefore, it is a useful tool for identifying cultural norms and values that contribute to creating social inequalities and which are often taken for granted. In fact, this methodology enabled me to analyze day labourers' social norms and values and how those play a role in creating their social inequalities. Therefore, critical ethnography enabled this study to transcend previous research (Kuroda, 2004; Kuroda et al., 2002; Osaka, Saeki, Kuroda, & Matoba, 2003), which aimed only to describe social inequalities or health status. This methodology is suited for research that aims to comprehensively explore health inequities of vulnerable populations.

### **8.2.2 Reconstructing Day Labourers' Accounts**

This study suggests the significance of reconstructing the meaning of participants' accounts in order to understand the structural influences on participants' social exclusion and the mechanisms leading to social inequalities. In current qualitative research, a number of researchers examined laypeople's knowledge regarding how they perceive or experience health inequities as mentioned in the chapter on literature review. Most studies show that participants tend not to talk about their negative experiences (Blaxter, 1997). This study also had similar results, since day labourers viewed their experiences as being a consequence of their past misconduct or lack of responsibility to better manage their lives. Taking their accounts at face value does not allow researchers to understand the social contexts that shape their understandings and interpretations of their experiences. In this study, therefore, I reconstructed the meanings of their experiences, particularly those leading to the men becoming day labourers in Kamagasaki. It enabled this study to reveal values and norms that constrain their understanding of their experiences as well as the mechanisms that lead them into social inequalities in health.

## **8.3 Theoretical Contributions**

I will discuss two areas of theoretical contributions; 1) philosophical foundations of health promotion, and 2) social justice.

### 8.3.1 Philosophical Foundation of Health Promotion

Japan is often referred as the healthiest nation in the world because of its cultural characteristics of groupism and social cohesion. Wilkinson (1996) asserted that social cohesion was a mediating factor between socio-economic status and ill-health. He argued that Japan's longer life expectancy was reached by the "groupishness" of society as well as by equitable income distribution. He suggested that Japanese "groupishness," emphasizing loyalty, group memberships and performance, helped people to minimize rivalry and maximize cooperation and security, compared to the western countries where societies are more competitive and self-interest is pervasive. Marmot (2004) also pointed out that Japanese social norms enhance social cohesion, which lowers the crime rate in Japan and that the social solidarity of companies contributes to compress the dispersion of wages and salaries. He concluded that this Japanese cultural value has helped the country grow to its current place in the world.

However, the study also showed that Japanese cultural norms affect people's health negatively. The cultural impediment to good health is "collectivism," which requires sacrificing autonomy in order to obtain job security and achieve individual economic success. Autonomy is one of the significant values of health promotion (Downie, Tannahill, & Tannahill, 1996). Downie et al. (1996) suggested four personal values that are embedded in autonomy: self-determination, self-government, sense of responsibility, and self-development, which help people to make decisions and take control of their own lives. Thus, health promotion is a movement for the development of autonomy. In this context, Japanese culture is not consistent with traditional health promotion principles because the culture discourages self-development, individuality and self-empowerment. Downie et al. also suggested that people are often prevented from developing those values by social and economic forces and peer groups. This suggests that Japanese culture does not inherently discourage autonomy, but that the social structures prevent people from developing it.

Nakane (1972) supported this idea suggesting that the idea of majority rule is always employed as a powerful device by a dominant group that wishes to impose its will. She indicated the structural influences on the development of Japanese values, particularly in relation to the country's industrialization and need for efficiency. Chiavacci (2007) also illustrated how Japanese people developed their way of life during the period of high economic growth in the 1960s and '70s. He suggested that the shared values of hard work and self-discipline were encouraged to enhance efficiency and productivity to achieve the national goal of economic success. Fukae (1997) also suggested that people's individuality and autonomy are discouraged through the normative control of Japanese collectivism used for the nation's economic development. Loyalty



and social solidarity are often understood as inherent characteristics of Japanese people and as Asian values based on Confucianism. However, those researchers indicated that such values became Japanese social norms only during the period of high economic growth. In fact, before World War II, not many companies used the lifetime employment system and workers had more mobility in their careers compared to today.

After the Second World War, Japan set a goal for national economic development and instituted lifetime employment and seniority based pay and promotion at large enterprises. Consequently, through the 1970s and '80s, the majority of people enjoyed upward mobility, an increased standard of living and low unemployment and the proportion of people in the middle class increased (Chiavacci, 2007). This was achieved through the individual sacrifice of autonomy. Chiavacci (2007) suggested that people's way of thinking was directed toward achieving the goal of economic success. This Japanese economic development created the view of Japan as a socially equal and middle class society. This material achievement and belief in social equality may contribute to the Japanese having the longest life expectancy in the world. However, it is important to note that the lifetime employment system was used only at large enterprises that accounted for only one-third of the workforce. Other workers were, to a greater extent, at risk of unemployment and bankruptcy, although most maintained socio-economic security because the rapidly expanding economy created constantly increasing demand for goods and services. There were social inequalities in Japanese society. However, overall economic success seems to have obfuscated those inequalities and contributed to creating the negative perspective of people who are unemployed as failures.

In recent years, however, the Japanese economic model no longer helps companies survive in a changing and more competitive global economy. As noted earlier, non-standard employment has increased and the income distribution has become more inequitable. Nonetheless, Japanese values remain unchanged and have continued to influence people's lives as well as the work place. Significantly, these values impact the disadvantaged more than the population at large. The disadvantaged include people in lower socio-economic status, women, children, youth with lower educational attainment, and the elderly. It is time that Japanese cultural norms be re-examined from the standpoint of health promotion in order to minimize the negative consequences of cultural influences and to reduce health inequities in Japanese society.

### **8.3.2 Social Justice**

An additional contribution to theory is that this study showed that "social justice" can be a useful and significant concept when examining the status of vulnerable populations in Japanese society.

Using the concept of social justice, I was able to examine day labourers' situations not as "bad" or "good" but as "wrong" or "right." Existing studies (Aoki, 2000; M. Nakane, 1999; Shima, 1999; Tamaki, 1999a) point out that their social environments are problematic; however, they do not interpret them as unfair or unjust. To transcend this situation, I tried to critically examine my internalized Asian values, which are more likely to value of 'self-discipline' and 'loyalty' than 'right' or 'entitlement' (Sen, 1999). Consequently, I was able to show that day labourers' living and working conditions were not only absolutely poor but also relatively poorer than other populations. Significantly, the concept of social justice allowed me to identify day labourers' oppression as well as the unfairness of Japanese society. Thus, the concept is not only a useful tool to examine their status but also becomes a quintessential concept for promoting health as a basic human right.

This also has implications for the dominant belief that the western concept of social justice may not be appropriate for the Japanese context, given its different social values and norms (Sen, 1999). For instance, while recent public health research examined the association between socio-economic status and health (Fukuda et al., 2004, 2005a, 2005b, 2005c; Nishi et al., 2004; Teramoto, Soeda, Hayashi, & Urashima, 2006; Ueda et al., 2006), they do not identify health inequities as a problem of "social justice." This may be partly because Japanese cultural values are not necessarily consistent with the concept of social justice. However, as mentioned repeatedly, this does not mean that the concept of social justice is not appropriate to use to examine people's health status. Researchers' lack of concern for social justice is a manifestation of the culture which discourages people from thinking about their basic rights, liberty, and opportunity under the dominant cultural value of collectivism. This may also undermine people's ability to examine their situations critically and move toward social transformation. This study showed that the concept of social justice is a useful tool for study and practice to uncover the social inequality of the socio-economically disadvantaged in Japanese society in order to understand and reduce health inequity in those populations.

#### ***8.4 Implications of the Study***

I will discuss four areas of implications of the study: 1) public health practices, 2) public health policy, 3) research, and 4) education for public health nurses.

#### 8.4.1 Public Health Practices

This study suggests that public health practice needs reflexive practices so that practitioners question what they see as natural or inevitable. This would enhance their skills and knowledge for understanding and working with vulnerable populations in order to identify structural causes of poor health and reduce the health inequities of those populations. The current Japanese public health policy at the national level has focused on an individual lifestyle modification approach and has paid little attention to the structural causes of poor health. This individually focused perspective on health has limited current public health practice in Japan. Public health workers need critical thinking to deviate from this dominant perspective for identifying the structural influences on the socially disadvantaged. Reflexivity is a useful tool for public health workers since the theory provides them with the opportunity to re-examine what they have taken for granted in their daily practice. For instance, through this study, I was able to constantly question what most people accept as inevitable, such as the day labour system or life in *doyas*. This reflexive strategy led this study to find forces that shape the social environment. Thus, reflexivity helps practitioners understand the structural causes of health and leads them to develop practices that are more effective for treating health problems of vulnerable populations.

Second, in public health practice, behaviours of vulnerable populations must be understood within their social contexts. This study revealed that day labourers developed behaviours that are not conducive to good health. Those behaviours tend to be seen as intrinsic character flaws of day labourers. This study, however, revealed that the behaviours are developed in their work and living circumstances as day labourers. Moreover, their temporary living arrangements do not allow them to establish a regular life that is a significant factor for healthy living. Considering the fact that recent public health practice has predominantly focused on the health of the general population and paid little attention to the vulnerable groups, it is reasonable to speculate that they do not have sufficient skills and knowledge to work with the population and, therefore, tend to understand lifestyle or health related behaviours within their own circumstances rather than considering the social environments of the disadvantaged. Enhancing their ability to understand vulnerable populations, training and educational opportunity must be systematically developed for public health workers.

### 8.4.2 Public Health Policy

This study suggested that public health policy targeting the health inequities of vulnerable populations, including day labourers, is needed at both the local and national levels in Japan. In the current public health policy, day labourers do not seem to be considered as legitimate recipients of public health services as they do not register with the city government. In fact, current public policy does not provide day labourers with opportunities to maintain or improve their health. Rather, it provides day labourers with public health services for infectious diseases and the mentally challenged, but only after they are ill. Compared to other vulnerable populations such as the physically or mentally challenged or racial minorities, the socio-economically disadvantaged, such as day labourers, tend to be discriminated against in public policy discussions in Japan (Goto, 2004). To overcome this barrier, public policy for eliminating public prejudice against day labourers and the District must be developed and implemented. In addition, prejudice against day labourers has limited their ability to challenge current discriminatory public health policy. It is because the prejudice acts to deny them access to resources that might help them to recognize their social inequalities. For instance, prejudice limits them from establishing social networks that are conducive to health. In order to promote the community empowerment of day labourers, prejudice must be eliminated.

This study also showed that health policy alone cannot address day labourer's health. As suggested by the Ottawa Charter for health promotion (World Health Organization, 1986), intersectoral collaboration is essential for any health promotion policy. It is important to recognize that it is a complex social, political and economic system of segregation and separation from the mainstream that creates day labourers' health inequities. Merely, creating day labour jobs for unemployed day labourers or providing a shelter for the homeless creates only limited solutions to reduce health inequities. The study indicates that the day labour system itself should be questioned before establishing public health policy for day labourers. In addition, living circumstances in the physically and socially segregated areas, such as Kamagasaki, should be examined from the public health standpoint. Finally, future public policy for day labourers should be informed by evidence-based research in order to foster intersectoral collaboration.

### 8.4.3 Research

This study suggested that more qualitative research is needed to reveal the mechanisms of social inequalities in health among day labourers in Japan. To provide policy makers and public health workers with compelling evidence of social inequalities, research needs to demonstrate not only that health inequity exists, but also the processes by which the social environment leads into poor

health. Current health related studies on day labourers are mostly epidemiological research (Fukuda et al., 2004, 2005a, 2005b, 2005c; Nishi et al., 2004; Teramoto et al., 2006; Ueda et al., 2006) and are limited to exploring the mechanism of social inequality.

This study also suggested the role of research to raise awareness among the public and public health workers as well as day labourers. In this study, I identified alternative views about day labourers and their health. Day labourers have long been seen as lazy and irresponsible people by not only the public but also public health workers. To change this dominant idea, day labourers' lives and health must be shown as a consequence of an 'unjust' society and social inequalities. Describing their health status alone may not only obscure the structural influences on their health, but it may also create further discrimination against day labourers as being irresponsible men who are unwilling or incapable of taking care of their own health. To influence policy makers to develop effective public policy to reduce the health inequities of day labourers, researchers need to provide them with alternative perspectives to the current dominant views of day labourers.

#### **8.4.4 Education for Public Health Nurses**

Public health nurses, like other professionals, should be given the opportunity to enhance their knowledge and skills relevant to health inequity and social determinants of health in order to become agents of change working to reduce the health inequities of the socially disadvantaged. However, given the fact that the centralized system provides educators with little autonomy to create courses that are not related to current public health perspectives embodied in national public health policy, current public health nursing education is not necessarily conducive to dealing with social determinants of health or health inequity. The current public health curriculum places little emphasis on social determinants of health. Public health nurse textbooks do not deal with the concept of health inequality or inequity. To overcome those barriers, first, the Ministry of Health as well as the Ministry of Education, which are regulatory bodies, need to endorse the concept of social determinants of health and health inequity as their values. Then, public health nurse educators can integrate those concepts into current courses for community health and public health nursing. Kaminski (2007) suggested that only providing knowledge might not be effective in encouraging students to become activist because it is often seen as 'just rhetoric.' In order to enhance students' ability to be change agents and advocates for the social determinants of health and health inequities, appropriate pedagogy should be carefully selected.

This study also suggested that critical ethnography might be an appropriate methodology for community health assessment for vulnerable populations. As mentioned earlier, public health

practice should be culturally sensitive to the socially disadvantaged. As this study showed, the socially disadvantaged tend to develop different cultural behaviours than the mainstream population. To work with vulnerable populations, public health workers should understand their cultural behaviours from the vulnerable populations' points of view. In recent years, an ethnographic perspective has been integrated into the curriculum for community health assessment in some faculties of nursing in Japan. However, only describing a culture may not be effective for understanding its inherent social inequalities. A critical perspective should be integrated. Critical ethnography has the potential to enhance public health nurses' ability to work with vulnerable populations.

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### Appendix A: Inventory of Observational Data

Category	Places or events	Hours (Total)
Landscape of the Kamagasaki District	<ul style="list-style-type: none"> <li>• Job search places: the ground floor of the Airin Centre, a labourer welfare office, and an office of KOSHP</li> <li>• Sleeping places: doyas, shelters, tents, and apartments converted from doyas for people who are older day labourers (DLs) with livelihood assistance</li> <li>• Shopping places: malls, convenience stores, work clothing stores, hardware stores, used clothing stores, street booths selling used articles, etc.</li> <li>• Eating places: food shops, soup kitchens, restaurants, coffee shops, and stands selling plates of cooked food</li> <li>• Drinking places: bars, liquor stores, and vending machines of alcohol (beer and Japanese <i>sake</i>)</li> <li>• Storage places: coin-operated lockers and baggage check rooms</li> <li>• Gambling places: pachinko parlours and illegally operated gambling places</li> <li>• Leisure places: a movie theatre</li> <li>• Places to rest: parks, streets, and drop-ins</li> <li>• Places for personal hygiene: Laundromats, public baths, shower rooms at shelters, barbershops, and a place distributing free used clothing</li> <li>• Health and welfare services facilities: a welfare facility for short-term and long-term care, a hospital, labour offices, a welfare office (waiting rooms), and clinics</li> <li>• Other places: an office of the KOSHP, a police office, a fire station, alcoholics treatment centres, an office for street cleaning jobs, and a post office</li> <li>• A place for children that provides day care services and other support for children of homeless families, etc.</li> <li>• Places for non-DLs: a primary school, a junior high school, a subsidized housing apartment building (for permanent residents), and others</li> </ul>	120 hours
Activities or events in the District	<ul style="list-style-type: none"> <li>• In parks: sitting, chatting, sleeping, watching TV, and eating</li> <li>• In the street: sitting, drinking, sleeping (day and night), eating, finding something useful for survival, hanging around, riding bicycles, collecting empty cans, reading, selling illegal drugs, cleaning streets as temporary jobs, and</li> </ul>	40 hours

	lining up for shelter tickets <ul style="list-style-type: none"> <li>• At a labour office: waiting for their turn</li> <li>• At a welfare office: waiting for their turn and spending time doing nothing or escaping from hot weather or rain</li> <li>• In soup kitchens in parks: waiting in long lines and getting food and eating</li> <li>• In a drop-in: cooking, eating, sitting, sleeping, and watching TV</li> </ul>	
Places outside the District	<ul style="list-style-type: none"> <li>• A welfare facility helping DLs re-establish an independent life</li> <li>• A welfare office</li> <li>• Hospitals providing health care services mainly to DLs in Kamagasaki and treatment of alcoholics</li> <li>• A shopping mall and other shops for food and clothing</li> <li>• Train stations</li> <li>• Other</li> </ul>	30 hours
Interactions at the HOMSC	<ul style="list-style-type: none"> <li>• Interactions between medical social workers and DL/the homeless</li> </ul>	1 hours
Activities of members of the KOSHP	Speeches by members of the KOSHP at study meetings <ul style="list-style-type: none"> <li>• A director of the KOSHP gave a speech (1.5 hours) regarding:             <ul style="list-style-type: none"> <li>- how the organization helps day labourers find work to re-establish their independence</li> <li>- his thoughts about the future of the Kamagasaki District</li> </ul> </li> <li>• Two social workers of the KOSHP gave speeches (2.5 hours) regarding:             <ul style="list-style-type: none"> <li>- how staff of the KOSHP help day labourers to overcome homelessness</li> <li>- how staff of the KOSHP help day labourers to maintain their lives after receiving government livelihood assistance</li> <li>- others</li> </ul> </li> </ul>	4 hours

## **Appendix B: Interview guide for day labourers**

1. Current physical condition (to build rapport)
  - Why did you become hospitalized this time?
  - What is your physical condition now?
2. The reasons for becoming a day labourers
  - When did you come to the Kamagasaki District?
  - Why did you come to the Kamagasaki District?
  - What kinds of jobs did you have prior to coming to Kamagasaki?
3. Employment and working conditions
  - How many days per week do you usually work?
  - What kinds of contracts do you usually have or have you experienced?
  - What kinds of tasks do you usually do at the construction site?
4. Living circumstances
  - Did you use shelters or free food services at parks?
  - What kinds of food do you usually eat?
  - How often do you drink or gamble?
  - How do you spend your spare time at the Kamagasaki District?
  - How often do you go outside the Kamagasaki District in your spare time (not for a job)?
  - Do you have friends who help each other or to spend time with in the District?
  - Have you contacted your family or relatives since becoming a day labourer?
5. Health and health care seeking behaviours
  - Have you ever been to a hospital before?
  - What do you usually do if you get sick?
6. Welfare services
  - Have you ever been to the welfare office in the District?
  - What kinds of services do day labourers ask for at the welfare office?

## **Appendix C: Interview guide for social workers, advocates, and other participants**

1. Their work with day labourers
  - What are the major problems that you have faced in working with day labourers?
  - Could you give me the details of your experiences working with day labourers?
  - How do you describe your role in providing services to day labourers?
  
2. Their experiences at welfare offices, health care facilities, and other organizations involved in day labourers lives and health
  - Could you describe your experiences while meeting or negotiating with welfare workers at their office on behalf of day labourers?
  - Could you describe your experiences while meeting or negotiating with health professionals regarding day labourers' health issues?
  - Could you tell me your impressions about the physical environments and services at welfare offices and health care facilities?

### Appendix D: Collected documents

Organization, etc.	Contents
The Kamagasaki Organization Supporting Homeless People (KOSHP)	<ul style="list-style-type: none"> <li>• Brochures about the Organization</li> <li>• The annual report</li> <li>• Other documents</li> </ul>
The welfare office within the Kamagasaki District	<ul style="list-style-type: none"> <li>• Brochures from a welfare office in the Kamagasaki District</li> <li>• A summary of a descriptive study about former day labourers who are on welfare in the Kamagasaki District</li> <li>• Other documents</li> </ul>
The branch office of the Osaka City Public Health Centre within the Kamagasaki District	<ul style="list-style-type: none"> <li>• A brochure from the branch office of public health</li> <li>• An article about how a director of public health sees the situation of the Kamagasaki District and how they have dealt with it.</li> <li>• Other documents</li> </ul>
The Hospital of Osaka Social Medical Centre (HOSMC)	<ul style="list-style-type: none"> <li>• Brochures from the organization</li> <li>• The annual report</li> <li>• Article about how social workers see the situation of day labourers and work with them to find housing</li> <li>• Other documents</li> </ul>
Organizations supporting independent living of day labourers and homeless people	<ul style="list-style-type: none"> <li>• Brochures from the organization (the Oyodo Ryo)</li> <li>• Brochures for users of the organization (Nishinari Jiritsu Shien Centre)</li> <li>• Other documents</li> </ul>
An unpublished essay from a day labourer	<p>Kuroda-san (67Y): a former day labourer (one of interviewees above)</p> <ul style="list-style-type: none"> <li>▪ A diary about the lives of day labourers and how day labourers should live in Kamagasaki</li> </ul>



## **Appendix E: Information sheet and consent form for observations of day labourers' activities**

### **Project title:**

A Social Construction of Health Inequalities: A Critical Ethnography of Homeless Men in Urban Japan

### **Investigator:**

My name is Makie Kawabata. I am a doctoral student at the University of Toronto, Canada. I am conducting a study about homelessness in Japan, which is part of my dissertation. I would like to invite you to participate in it.

### **Why do I do this study?**

I will do this study to gather information about people's experiences living in a day labourer district because I would like to create new knowledge regarding health promotion to day labourers and homeless people. Your participation will help me to understand how day labourers and homeless people live and keep their health. I am also interested in what people think about services for day labourers and homeless people in the district. I will invite 10-15 homeless people for observations in this study. To participate in this study, you must be a man aged between 45 and 65 and sleep outside, in emergency shelters, or a cheap hotel for day labourers called "Doya" or you must be at risk to sleep outside because of very few job opportunities available for you. In addition, you must have lived in the district for at least one year and worked as a day labourer for at least one year.

### **How do you participate in this study?**

You will be observed when you have conversations with the staff from health and welfare organizations including: the Kamagasaki Organization Supporting Homeless People, welfare offices, a labour office, a public health centre, hospitals and clinics in the Kamagasaki District and surrounding communities. You will also be asked to show me the places where you usually go in your everyday activities. During the observations, I will write some notes. I might ask you to meet a second time to get your comments on how I understood the observations. You will be given daily necessities such as food, towels, and socks that are equivalent to \$10.00 per hour to refund you for your time and expenses.

### **Risks and benefits**

There are no particular risks in participating. However, some people feel uncomfortable being observed. If you change your mind after signing the consent form, you can leave this study anytime you want. If you choose to leave the study, no change in your social and welfare services and supports will occur.

If you participate in this study, you will have the chance to share your life circumstances with me, and through my research, other people will learn about the struggle to survive and hard work that day labourers or homeless people experience.

## How do I protect your privacy?

The notes that I write during the observation will be expanded after I leave the district. These field notes will only be shown to the thesis supervisor and committee members and two other Japanese researchers. You can have a copy of them, if you want. Your name will be not shown in any publication or presentations of this study. A false name will be used in my study and in any publication. If your characteristics are too unique, I will change them in the publications. These documents will be kept in a locked place for 7 years and the data will be destroyed in 7 years.

## Where do you call if you have questions?

If you have any questions about this study, please call me any time at 080-5331-9585. If you are still not satisfied with the information provided, you can contact Dr. Denise Gastaldo, my thesis supervisor, at the Faculty of Nursing, University of Toronto at +1-416-978-4953 (English only). If you have difficulties speaking English when contacting Dr. Denise Gastaldo, I can help you hire someone to translate for you.

By signing this consent form, you have read *the Information sheet and consent form for observations of homeless people's activities* and also have been fully explained it by the investigator. You have had all your questions answered to your complete satisfaction and you have been told that you are free to ask other questions about the study in the future. You are being given a copy of this informed consent to keep for your own records.

I agree to participate in this study and know that I am free to withdraw at any time.

## Participant

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Witness (Only if participants are not able to read this information and consent form due to their low literacy level.)

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

## Appendix F: The Japanese version of Information and consent form for observations of day labourers' activities

ちょうさ きょうりょく ねが どういしょ  
調 査 への 協 力 のお 願 いと 同 意 書 (ホームレスの人への観察用)

ちょうさ なまえ  
調 査 の 名 前

けんこう ふびょうどう しゃかいてきこうちく としぶ ほ むれすだんせい ひはんでき  
健 康 の 不 平 等 の 社 会 的 構 築 : 日 本 の 都 市 部 に 住 む ホー ム レ ス 男 性 の 批 判 的  
えすのぐらふい  
エスノグラフィー

ちょうさしゃ  
調 査 者

わたし かわばたまきえ かなだ とろんとだいがく はくしかてい がくせい はくしろんぶん  
私 (川畑摩紀枝) は、カナダのトロント大 学 の博士課程の学 生 です。博士論文  
さくせい にほん ほ むれす けんきゅう ちょうさ みなさま  
の 作 成 の ため に 日 本 に お いて ホー ム レ ス の 研 究 を し て い ま す 。 こ の 調 査 に 皆 様 に  
さんか おねが  
参 加 し て い た だ く こ と を お 願 い す る も の で す 。

ちょうさ  
なぜこの調 査 をするの か？

ちょうさ ひやといろうどうしゃ ほ むれす かた けんこう かいぜん かまが  
この 調 査 は 日 雇 労 働 者 あ る い は ホー ム レ ス の 方 の 健 康 の 改 善 の ため に 釜 ヶ  
さきちく す ひとびと せいかつ たいけん じょうほう みなさまがた  
崎 地 区 に 住 む 人 々 の 生 活 や 体 験 に つ い て の 情 報 を 集 め る も の で す 。 皆 様 方 が こ  
ちょうさ さんか わたし おお た ひとびと みなさまがた  
の 調 査 に 参 加 し て く だ さ る こ と に よ り 私 を は じ め 多 くの 他 の 人 々 が 皆 様 方 が どの  
ように 生 活 を し、また 健 康 を 保 つ た め に どの よう な 苦 労 を さ れ て い る の か を し  
き ます 。 ま た、私 は 皆 様 が こ の 釜 ヶ 崎 で 皆 様 方 が 受 け て い る 支 援 に つ い て どの よう  
に 感 じ て お ら れ る の か も 知 り た い と 思 い ます 。

ちょうさ ねが つぎ ないよう かた ねんれい さい さい  
この 調 査 を お 願 い す る の は 次 の 内 容 に あ て は ま る 方 で す 。 年 齢 が 45 歳 から 65 歳  
の じゅく いちじひなんじょ どや す げんざい いがい  
ま で で、野 宿 を し て い る、ま た は 一 時 避 難 所 か ド ヤ に 住 ん で い る、ま た 現 在 こ れ 以 外 の  
ばしよ す しごと の じゅく  
場 所 に 住 ん で い る が、仕 事 が な い た め に 野 宿 を す る こ と に な り そ う な 人 で す 。 こ れ ら の  
ひとびと なか かまがさきちく す ねんいじょう ひやといろうどうしゃ  
人 々 の 中 で、釜 ヶ 崎 地 区 に 住 ん で 1 年 以 上 そ し て 日 雇 労 働 者 と し て 1  
ねんいじょうはたら かた さが にんずう にんていど  
年 以 上 働 い た こ と が あ る 方 を 探 し て い ま す 。 人 数 は 15 人 程 度 で す 。

ちょうさ  
どのようなことを調 査 されるの か？

ちょうさ みなさま けんこう ふくし ば はたら ひと はな とし いっしょ  
この 調 査 に お いて 皆 様 が 健 康 や 福 祉 の 場 で 働 い て い る 人 と 話 し を す る 時 に 一 緒  
はなし き たとえ みなさま かまがさきしえんきこう しりつこうせいそうだんしよ  
に 話 を 聞 か せ て も ら い ます 。 例 え ば 皆 様 が 釜 ヶ 崎 支 援 機 構、市 立 更 生 相 談 所、  
ふくしむしよ ろうどうふくしせんた ほけんじょ びょういん しんりょうじょ い とし  
福 祉 事 務 所、労 働 福 祉 セ ン ター、保 健 所、病 院、診 療 所 な ど へ 行 か れ る 時 間  
た は こ れ ら の 場 所 で 働 く 人 と 話 し を す る 時 で す 。 ま た、皆 様 が た が 日 ご ろ 過 ぎ て お  
ばしよ はたら ひと はな とし みなさま ひ す  
ら れ る 場 所 を 案 内 し て い た だ い く こ と も あ り ます 。 こ の 調 査 の 間、私 は メモ や ノー

と み き わす か と かいめ  
トに見たり聞いたりしたことを忘れないように書き留めます。また、もしかすると1回目の  
ちょうさ みな たず いちどちょうさ おねが  
調査のあと皆さんにもういちど尋ねたいことがあったら、もう一度調査を御願います  
ちょうさ さんか みな にちょうひん  
かもしれません。また、この調査に参加して下さった皆さんに日用品などをそのお  
れい わた  
礼としてお渡しいたします。

ちょうさ さんか きけん やく  
この調査に参加することによる危険と役にたつこと  
みなさま ちょうさ さんか きけん みなさま なか  
皆様がこの調査に参加することによる危険なことはありません。しかし、皆様の中  
わたし いっしょ こうどう みなさまがた ようす み き おも  
には私が一緒に行動し皆様方の様子を見たり聞いたりすることがいやだと思われ  
かた おも みなさま ちょうさ さんか き どういしょ  
る方もおられると思います。もし皆様がこの調査のに参加すること決めてこの同意書  
なまえ か あと き か ちょうさ おも ちゅうし  
に名前を書かれた後でも気が変わって調査をやめてほしいと思っただけでも中止する  
ことができます。そして、みなさま ちょうさ ぬ みなさま なん めいわく  
皆様がこの調査から抜けられたとしても皆様に何の迷惑  
もかかることはありません。

みなさま ちょうさ さんか ひやといろうどうしゃ ほーむれす  
皆様はこの調査に参加することにより、日雇労働者あるいはホームレスとしての  
せいかつ ちくいがい しゃかい すむひとびと しらせ せいかつ  
たいへんな生活をこの地区以外の社会に住む人々に知らせ、皆様方の生活がいかに  
たいへん りかい  
大変であるかを理解してもらうことができます。

みなさま ぶらばし まも  
どのように皆様のプライバシーを守るのか？

ちょうさ あいだ か めも の と すこ くわ きろく つく  
この調査の間に書いたメモやノートをもとに、もう少し詳しい記録を作ります。こ  
きろく とろんとだいがく しどうきょういん た めい きょういん にほん  
の記録はトロント大学の指導教員とその他の2名の教員、それと、日本の  
けんきゅうしゃ めい み いがい ひと み  
研究者2名に見せます。しかし、これ以外の人には見せることはありません。この  
きろく みなさま み きぼう ばあい み  
記録を皆様が見たいと希望される場合には、見ていただくことができます。また、この  
きろく みなさまがた なまえ で ちょうさ ないよう かいごう  
記録において皆様方の名前が出ることはありません。この調査の内容を会合や  
ざっし はっぴよう ばあい みなさまがた だれ べつ なまえ  
雑誌に発表する場合には皆様方が誰かわからないように別の名前をつけますし、ま  
みなさまがた とくちょう た ひと おもわ ばあい とくちょう か  
た皆様方の特徴が他の人からわかると思われ場合にはそれらの特徴を変えて  
はっぴよう きろく かぎ ばしよ ちょうさ  
発表します。また、これらの記録はいつも鍵のかかる場所へしまいます。また調査が  
しゅうりよう とろんとだいがく かぎ ばしよ ねんかんほぞん  
終了しましたら、トロント大学の鍵のかかる場所に7年間保存し、そしてその  
ごこま き  
後細かく切って書いてある内容がわからないようにして捨てます。

しつもん れんらく  
質問があったらどこへ連絡したらいいのか？

ちょうさ たず かわばたまきえ  
もしこの調査についてわからないことがあったり、尋ねたいことがあったら川畑摩紀枝  
でんわ ばんごう かわばた こた ばあい  
までお電話ください。番号は080-5331-9585です。もし川畑の答えではわからない場合  
けんきゅう しどうしゃ とろんとだいがくかごがくぶでにす がすたると れんらく と  
は、この研究の指導者であるトロント大学看護学部デニス・ガスタルドへ連絡を取

ることができます。電話の番号は+1-416-978-4958です。もし、ガスタルドと連絡を取りたいが英語を話すことが難しい場合には通訳をいたします。

あなたはこの「調査への協力のお願いと同意書（ホームレスの方への観察用）」を読み、またこの内容について調査者から十分に説明を受けました。あなたはあなたのすべての質問について満足のいく答えを得え、またこの先にいつでもこの調査について自由に尋ねることができることも聞きました。あなたは、この同意書の写しを一部自分の分としてとっておくために調査者から受け取ります。

私はこの調査に参加することに同意いたします。また私はいつでも参加を取り消すことはできることを知っています。

調査対象者

署名 \_\_\_\_\_ 名前 \_\_\_\_\_ 年 月 日 \_\_\_\_\_

立会人（調査対象者がこの「御願い」と「同意書」の文字を読むことができない場合のみ。）

署名 \_\_\_\_\_ 名前 \_\_\_\_\_ 年 月 日 \_\_\_\_\_

調査責任者 川畑摩紀枝

トロント大学大学院看護学研究科博士課程 連絡先 080-5331-9585

研究指導者 デニス・ガスタルド (Denise Gastaldo) トロント大学看護学部

連絡先 +1-416-978-49353 (英語のみ)

## **Appendix G: Information sheet and consent form for observations of activities of health professionals, welfare workers, and staff from advocacy organizations**

### **Project title:**

A Social Construction of Health Inequalities: A Critical Ethnography of Homeless Men in Urban Japan

### **Investigator:**

My name is Makie Kawabata. I am a doctoral student at the Faculty of Nursing, University of Toronto, in Canada. I am undertaking this study in partial fulfilment of the degree of Doctor of Philosophy in Nursing. I would like to invite you to take part in this study.

### **The purpose of the study:**

The purpose of this qualitative study is to gather information about life circumstances of those living in a day labourer district because I would like to create new knowledge regarding health promotion to day labourers and homeless people. This research will help academics and professionals understand how day labourers and homeless people live and maintain their health, and how existing social structures such as public policies and service provisions for day labourers and homeless people affect their health.

### **Eligibility:**

I will ask 10-15 people from both health or welfare organizations and advocacy groups for the observations. To participate in this study, you must be a full-time employee and have been working with homeless people in the Kamagasaki District for at least one year in your organization at the time of the observation.

### **Taking part in this study:**

The observation will be conducted in places where health professionals or welfare workers have conversations with homeless people. I will mainly observe activities of health professionals and welfare workers, which include the content of conversations and body language, when they provide homeless people with services or support. During the observations, short written records will be made. I might ask you to meet a second time to get your comments on my understanding of what I observed. You will be given stationery useful for your work that is equivalent to \$10.00 per hour to refund you for your time and expenses.

### **Risks and benefits:**

There are no particular risks in participating. However, some people feel uncomfortable being observed. If you change your mind after signing the consent form, you can leave this study anytime you want. If you choose to leave the study, no one in your work place will be informed. Your participation in this study and reflective process may be beneficial because it will allow you to use your professional experience to help to generate new knowledge in the area of homelessness.

**Confidentiality:**

The notes that I write during observation will be expanded and later shown to the thesis supervisor and committee members and two other Japanese researchers. You can receive a copy of them, if you want. You will not be identified as a study participant in any publication or presentation of this research. Pseudonyms will be used throughout the research process and in any publication. In addition, any identifying features will also be altered.

**Questions of problems:**

If you have any questions about this study, please call me any time at 080-5331-9585. If you are still not satisfied with the information provided, you can contact Dr. Denise Gastaldo, thesis supervisor, Faculty of Nursing, University of Toronto at +1-416-978-4953 (English only). If you have difficulties speaking English when contacting Dr. Denise Gastaldo, I will help you hire someone to translate for you.

By signing this consent form, you have read *the Information sheet and consent form for observations of activities of health professionals, welfare workers, and staff from advocacy organizations* and also have been fully explained it by the investigator. You have had all your questions answered to your complete satisfaction and you have been told that you are free to ask other questions about the study in the future. You are being given a copy of this informed consent to keep for your own records.

I agree to participate in this study and know that I am free to withdraw at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## Appendix H: The Japanese version of Information and consent form for observations of activities of health professionals, welfare workers, and staff from advocacy organizations

調査への協力の依頼と同意書  
(保健医療福祉およびホームレス擁護活動機関のスタッフの観察用)

### 研究課題名

健康の不平等の社会的構築：日本の都市部に住むホームレスの男性の批判的エスノグラフィー

### 調査者

この調査の責任者はカナダのトロント大学大学院看護学研究科の博士課程に所属する学生である川畑摩紀枝です。この調査研究は博士論文の一部となるものです。

### 調査の目的

本調査の目的は日雇労働者とホームレスの人々の健康および well-being の改善のための示唆を得るために釜ヶ崎地区における日雇労働者やホームレスの方の生活や健康、またこれらの方々へのサービスや支援とそれらに関連する要因を調べることです。この調査を通して保健医療福祉の研究者及び専門家のホームレスの方の生活や健康に対する理解を向上させるとともに、ホームレスに対する制度や社会規範などの社会的文化的要因がどのように現在の釜ヶ崎地区のホームレスの理解の形成に影響しているのかを知ることが目的です。

### 調査対象者

本調査の対象となる方は保健医療機関、福祉機関、ホームレス擁護活動団体で釜ヶ崎地区およびその周辺に住む日雇労働者およびホームレスの方へのサービスおよび支援の提供に1年以上携わっている方です。人数は保健医療機関、福祉機関、ホームレス擁護活動団体それぞれに10–15名程度を予定しております。

### 調査の内容

本調査において皆様と日雇労働者あるいはホームレスの方が一緒に折られる場面に参加をして観察をさせていただく参加観察という方法をとります。観察の内容は皆様方の会話や行動です。

(この参加観察の調査は対象となる日雇労働者あるいはホームレスの方にも説明後同意を得られた場合に限って行います。) この参加観察の間に調査者はメモをとらせていただきます。このメモをもとに後ほどフィールドノートを作成いたします。また、内容を正しく把握したかどうかを確認するためにその後面接を御願ひするかもしれません。この調査に対する謝礼として1時間あたり800円程度の文具を贈呈させていただきます。

### リスクと不利益

この参加観察の調査において特別に危険なことはありません。ただし、皆様方が観察されることを不愉快に思われることもあると存じます。もし、同意書にご署名をされた後でもこの調査への協力を断ることはいつでも可能です。また、調査を断ったことで皆様方の仕事の上でなんら支障をきたすことはありません。



この調査は私ども研究をするものだけでなく、この調査へ参加をすることにより皆様方にとりましても釜ヶ崎地区のホームレスの問題に関する新たな気づきあるいはサービスや支援への何らかのお役にたてるものであると願っております。

#### プライバシーの保護

フィールドノートは英語に翻訳した後に私のトロント大学の博士課程の指導者および私の博士論文の委員会の委員である他2名の教員、また本研究における日本人の助言者である神戸大学の教員1名に見せることになります。しかし、これ以外の人々にフィールドノートを見せることはありません。もし、皆様が希望されれば逐語録を複写してお渡しいたします。また、このフィールドノートをもとに分析した結果を学会あるいは専門雑誌などに発表する予定ですが、その際に皆様方のお名前が特定されることは決してありません。お名前は匿名を用いますし、また皆様の個人を特定される情報はすべて変更して記載いたします。また、観察中に書いたメモおよびフィールドノートは随時鍵のかかる場所へ保管するとともに、調査終了後はトロント大学の鍵のかかる場所へ7年間保存の後裁断機にかけて廃棄いたします。

#### 本調査に関するご質問

この調査に関するご質問は調査の責任者である川畑摩紀枝の下記の連絡先宛にご連絡ください。また、不十分であると思われた場合にはこの研究の指導者であるトロント大学看護学部助教授のデニス・ガスタルドまで連絡が可能です。ただし、英語でのみの連絡になりますので必要な場合は通訳をおつけいたします。

この同意書に署名をするにあたり、あなたは「調査への協力の依頼と同意書（保健医療福祉およびホームレス擁護活動機関のスタッフの面接用）」を読み、また調査者から十分に説明を受けました。また、あなたは疑問な点について満足の行くように説明を受け、かつこの先に質問がある場合にはいつでも尋ねることができると言われていています。あなたはご自身用にこの同意書の写しを受け取ることになっています。

私はこの調査に参加することに同意をするとともにいつでもこの調査を断ることができると思っています。

署名 \_\_\_\_\_.

名前 \_\_\_\_\_.

日付 \_\_\_\_\_.

調査責任者 川畑摩紀枝 トロント大学大学院看護学研究科博士課程 080-5331-9585

研究指導者 デニス・ガスタルド (Denise Gastaldo) トロント大学看護学部 +1-416-978-49353

## **Appendix I: Information sheet and consent form for interviews with day labourers**

### **Project title:**

A Social Construction of Health Inequalities: A Critical Ethnography of Homeless Men in Urban Japan

### **Investigator:**

My name is Makie Kawabata. I am a doctoral student at the University of Toronto, Canada. I am conducting a study about homelessness in Japan, which is part of my dissertation. I would like to invite you to participate in it.

### **Why do I do this study?**

I will do this study to gather information about people's experiences living in a day labourer district because I would like to create new knowledge regarding health promotion to day labourers and homeless people. Your participation will help me to understand how day labourers and homeless people live their lives and keep their health. I am also interested in how people think about services for day labourers and homeless people in the district.

I will invite 10-15 homeless people for observations in this study. To participate in this study, you must be a man aged between 45 and 65 and sleep outside, in emergency shelters, or a cheap hotel for day labourers called "Doya" or you must be at risk to sleep outside because of very few job opportunities available for you. In addition, you must have lived in the district for at least one year and worked as a day labourer for at least one year.

### **How do you participate in this study?**

You will be asked to talk about your daily activities, experiences regarding your health and illness, and your past experiences that led you to be a day labourer living in the Kamagasaki District or to be homeless. The place of the interview will be at a private room of the KOSHOP or a place where you feel comfortable to talk. The length of the interview will be around 60 minutes. I would like to audio-tape the interview and later write what you said on notes. Also, I might ask you to meet with me a second time to get your comments on how I understood what you said. You will be given daily necessities such as food, towels and socks that are equivalent to \$10.00 per hour to refund you for your time and expenses.

### **Risks and benefits**

There are no particular risks in participating. However, some people feel uncomfortable being interviewed. If you change your mind after signing the consent form, you can leave this study anytime you want. If you choose to leave the study, no change in your social and welfare services and supports will occur.

If you participate in this study, you will have the chance to share your life circumstances with me, and through my research, other people will learn about the struggle to survive and hard work that day labourers or homeless people experience.

## How do I protect your privacy?

The notes that I write during the observation will be expanded after I leave the district. These field notes will only be shown to the thesis supervisor and committee members and two other Japanese researchers. You can have a copy of them, if you want. Your name will be not shown in any publication or presentations of this study. A false name will be used in my study and in any publication. And, if your characteristics are too unique, I will change them in the publications. The tapes will be erased when the study is fully completed and the data will be kept in a locked place and destroyed in 7 years.

## Where do you call if you have questions?

If you have any questions about this study, please call me any time at 080-5331-9585. If you are still not satisfied with the information provided, you can contact Dr. Denise Gastaldo, my thesis supervisor, at the Faculty of Nursing, University of Toronto at +1-416-978-4953(English only). If you have difficulties speaking English when contacting Dr. Denise Gastaldo, I can help you hire someone to translate for you.

By signing this consent form, you have read *the Information sheet and consent form for interviews with homeless people* and also have been fully explained it by the investigator. You have had all your questions answered to your complete satisfaction and you have been told that you are free to ask other questions about the study in the future. You are being given a copy of this informed consent to keep for your own records.

I agree to participate in this study and know that I am free to withdraw at any time.

## Participant

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Witness (If only participants are not able to read this information and consent form due to their low literacy level.)

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

## Appendix J: The Japanese version of Information sheet and consent form for interviews with day labourers

ちょうさ きょうりよく ねが どういしょ  
調 査 への 協 力 のお 願 いと 同 意 書 (ほ む れ す ひ と め ん せ つ よ う  
ホームレスの人への面接用)

ちょうさ なまえ  
調 査 の 名 前

けんこう ふびょうどう しゃかいてきこうちく としぶ ほ む れ す だ ん せ い ひ は ん て き  
健 康 の 不 平 等 の 社 会 的 構 築 : 日 本 の 都 市 部 に 住 む ホ ー ム レ ス 男 性 の 批 判 的  
えすのぐらふい  
エスノグラフィー

ちょうさしゃ  
調 査 者

わたし かわばたまきえ かなだ とろんとだいがく はくしかてい がくせい はくしろんぶん  
私 (川畑摩紀枝)はカナダのトロント大 学 の博士課程の学 生 です。博士 論文 の  
さくせい にほん ほ む れ す けんきゅう かんが  
作 成 のた め に日 本 にお いてホ ー ム レ ス の 研 究 をしよ う と 考 え て い ま す。そ こ で、こ の  
ちょうさ みなさま さんか おねが  
調 査 に 皆 様 に 参 加 し て い た だ く こ と を お 願 い す る も の で す。

ちょうさ  
な ぜ こ の 調 査 を す る の か ?

ちょうさ ひやといろうどうしゃ ほ む れ す かた けんこう かいぜん めざ かまが  
こ の 調 査 は 日 雇 労 働 者 あ る い は ホ ー ム レ ス の 方 の 健 康 の 改 善 を 目 指 し て 釜 ヶ  
さきちく す ひとびと せいかつ たいけん じょうほう みなさまがた  
崎 地 区 に 住 む 人 々 の 生 活 や 体 験 に つ い て の 情 報 を 集 め る も の で す。皆 様 方 が こ  
ちょうさ さんか みなさまがた せいかつ けんこう  
の 調 査 に 参 加 し て く だ さ る こ と に よ り 皆 様 方 が ど の よ う に 生 活 を し、ま た 健 康 を  
たも 保 つ た め に ど の よ う な こ と を さ れ て い る の か を 知 る こ と が で き ま す。ま た、私 は 皆 様 が  
ひやといろうどうしゃ ちく みなさまがた う しえん かん  
日 雇 労 働 者 の 地 区 で 皆 様 方 が 受 け て い る 支 援 に つ い て ど の よ う に 感 じ て お ら れ る の  
し おも  
か を 知 り た い と 思 い ま す。

ちょうさ ねが つぎ ないよう かた ねんれい さい  
こ の 調 査 を お 願 い で き る の は 次 の 内 容 に あ て は ま る 方 で す。年 齢 が 45 歳 か ら 65  
さい かた のじゅく いちじひなんじょ どや す ひと  
歳 ま で の 方 で、野 宿 を し て い る、ま た は 一 時 避 難 所 か ド ヤ に 住 ん で い る 人、ま た  
げんざい いがい ばしょ す しごと のじゅく かた  
現 在 こ れ 以 外 の 場 所 に 住 ん で い る が、仕 事 が な い た め に 野 宿 を す る こ と に な り そ う な 方  
も 入 り ま す。こ れ ら の 人 々 の 中 で、釜 ヶ 崎 地 区 に 住 ん で 1 年 以 上 そ し て  
ひやといろうどうしゃ ねんいじょうはたら かた さが にんずう  
日 雇 労 働 者 と し て 1 年 以 上 働 い た こ と が あ る 方 を 探 し て い ま す。人 数 は 15  
にんていど  
人 程 度 で す。

ちょうさ  
ど の よ う な こ と を 調 査 さ れ る の か ?

ちょうさ みなさま まいにちおこなって おたずね とく けんこう  
こ の 調 査 で は 皆 様 の 毎 日 行 っ て い る こ と に つ い て お 尋 ね し ま す。特 に 健 康 や  
びょうき かまがさき ひやとい はたら ぎ  
病 気 の こ と ま た 釜 ヶ 崎 で 日 雇 と し て 働 く よ う に な っ た き っ か け な ど に つ い て 聞 か せ  
て い た だ き ま す。こ の 面 接 の 時 間 は 1 時 間 ほ ど で す。お 話 を 伺 う 場 所 は 釜 ヶ 崎 支 援  
きこう じむしょ なか た ひと き か れ な い ば し ょ みなさま  
機 構 の 事 務 所 の 中 で 他 の 人 か ら 聞 か れ な い 場 所 か あ る い は 皆 様 が 話 し や す い 場 所 で い

みなさま きよか え おはなし ろくおん  
 ます。皆様の許可が得られればお話をテープに録音させていただきます、それをもとに  
 かいわ ないよう ぜんぶべつ かみ か うつ かいめ ちょうさ  
 会話の内容を全部別の紙に書き写します。また、もしかすると1回目の調査のあと  
 みな たず いちどちょうさ おねが  
 皆さんにもういちど尋ねたいことがあったら、もう一度調査を御願ひするかもしれません。  
 ちょうさ さんか みな にちようひん れい わた  
 また、この調査に参加して下さった皆さんに日用品などをお礼としてお渡しいたし  
 ます。

ちょうさ さんか きけん やく  
 この調査に参加することによる危険と役にたつこと  
 みなさま ちょうさ さんか きけん みなさま なか  
 皆様がこの調査に参加することによる危険なことはありません。しかし、皆様の中  
 わたし いっしょ こうどう みなさまがた ようす み き  
 には私が一緒に行動し皆様方の様子を見たり聞いたりすることがいやだと思われ  
 かた おも みなさま ちょうさ さんか き どういしょ  
 る方もおられると思います。もし皆様がこの調査のに参加すること決めてこの同意書  
 なまえ か あと き か ちょうさ おも どういしょ  
 に名前を書かれた後でも気が変わって調査をやめてほしいと思っただけでも中止する  
 みなさま ちょうさ ぬ みなさま なん めいわく  
 ことができます。そして、皆様がこの調査から抜けられたとしても皆様に何の迷惑  
 もかかることはありません。

ちょうさ さんか みなさまがた ひやというどうしや  
 役にたつことは、この調査に参加することにより、皆様がたの日雇労働者あるい  
 ほーむれす せいかつ ちくいがい しゃかい すむひとびと しらせ せいかつ  
 はホームレスとしての生活をこの地区以外の社会に住む人々に知らせ、皆様方の生活  
 がいかに大変であるかを理解してもらうことができることです。

みなさま ぶらばし まも  
 どのように皆様のプライバシーを守るのか？  
 みなさま はなし て ぶ ろくおん と き みなさま ほんとう なまえ べつ  
 皆様のお話をテープに録音する時には皆様に本当のお名前ではなく別のお  
 なまえ つか みなさま はなし きろく ようし とろんとだいがく  
 名前を使ってもらいます。また、皆様の話をすべて記録した用紙はトロント大学の  
 しどうきょういん た めい きょういん にほん けんきゅうしや めい ひと み  
 大学の指導教員とその他の2名の教員、それと、日本の研究者2名の人の見  
 せます。しかし、これ以外の人には見せることはありません。この記録を皆様が見たいと  
 きぼう ばあい み きろく みなさまがた  
 希望される場合には、見ていただくことができます。また、この記録において皆様方の  
 なまえ で ちょうさ ないよう かいごう ざっし はっぴよう ばあい  
 名前が出ることはありません。この調査の内容を会合や雑誌に発表する場合には  
 みなさまがた だれ べつ なまえ みなさまがた とくちよう た  
 皆様方が誰かわからないように別の名前をつけますし、また皆様方の特徴が他の  
 ひと おもわ ばあい とくちよう か はっぴよう  
 人からわかると思われる場合にはそれらの特徴を変えて発表します。また、  
 ろくおん きろく かぎ ばしょ ちょうさ お あと  
 録音したテープと記録はいつも鍵のかかる場所へしまいます。また調査が終わった後  
 とろんとだいがく かぎ ばしょ ねんかんほぞん て ぶ こわ きろく こま  
 はトロント大学の鍵のかかる場所に7年間保存し、テープは壊して記録は細かく切  
 す  
 って捨てます。

しつもん れんらく  
 質問があったらどこへ連絡したらいいのか？

ちょうさ たず かわばたまきえ  
 もしこの調査についてわからないことがあったり、尋ねたいことがあったら川畑摩紀枝  
 でんわ ばんごう かわばた こた ばあい  
 までお電話ください。番号は080-5331-9585です。もし川畑の答えではわからない場合  
 けんきゅう しどうしや とろんとだいがくかんばんでにす がすたると れんらく と  
 は、この研究の指導者であるトロント大学看護学部デニス・ガスタルドへ連絡を取

ことができます。電話の番号は+1-416-978-4958です。もし、  
 がいが英語を話すことが難しい場合には通訳をいたします。

あなたはこの「<sup>ちょうさ</sup>調査への<sup>きょうりょく</sup>協力のお<sup>ねが</sup>願いと同<sup>どういしょ</sup>意書（ホームレスの方への面<sup>ほ むれす かた めんせつよう</sup>接用）」  
 を読み、またこの内<sup>ないよう</sup>容について調<sup>ちょうさ</sup>査者から十<sup>じゅうぶん</sup>分に説<sup>せつめい</sup>明を受けました。あなたはあな  
 たのすべての質<sup>しつもん</sup>問について満<sup>まんぞく</sup>足のいく答<sup>こた</sup>えを得<sup>え</sup>え、またこの先<sup>さき</sup>にいつでもこの調<sup>ちょうさ</sup>査に  
 ついて自由<sup>じゆう たず</sup>に尋<sup>き</sup>ねることができることも聞<sup>き</sup>きました。あなたは、この同<sup>どういしょ</sup>意書の写<sup>うつ</sup>しを  
 いち<sup>いちぶ</sup>部<sup>ぶん</sup>自分の<sup>ぶん</sup>分としてとっておくために調<sup>ちょうさ</sup>査者から受<sup>う</sup>け取<sup>と</sup>ります。

わたし ちょうさ さんか どうい さんか と け  
私 はこの 調 査 に参加することに同意いたします。また私はいつでも参加を取り消すこと  
はできると知っています。

ちょうさいしょうしゃ  
調査対象者

しよめい  
署 名

なまえ  
名 前

ねんがつび  
年 月 日

立 会 人（調査対象者がこの「御願い」と「同意書」の文字を読むことができない場合のみ。）

しよめい  
署 名

なまえ  
名 前

ねんがつひ  
年 月 日

ちょうさせきにんしゃ かわばたまきえ  
 調査責任者 川畑摩紀枝  
 とろんとだいがくだいがくいんかんごがくけんきゅうかはかせかてい れんらくさき  
 トロント大学大学院看護学研究科博士課程 連絡先 080-5331-9585  
 けんきゅうしどうしや でにす がすたると  
 研究指導者 デニス・ガスタルド (Denise Gastaldo) とろんとだいがくかんごがくぶ  
 れんらくさき えいご  
 連絡先 +1-416-978-49353 (英語のみ)

## **Appendix K: Information sheet and consent form for interviews with health professionals, welfare workers, and staff from advocacy organizations**

### **Project title:**

A Social Construction of Health Inequalities: A Critical Ethnography of Homeless Men in Urban Japan

### **Investigator:**

My name is Makie Kawabata. I am a doctoral student at the Faculty of Nursing, University of Toronto, in Canada. I am undertaking this study in partial fulfilment of the degree of Doctor of Philosophy in Nursing. I would like to invite you to take part in this study.

### **The purpose of the study:**

The purpose of this qualitative study is to gather information about life circumstances of those living in a day labourer district because I would like to create new knowledge regarding health promotion to day labourers and homeless people. This research will help academics and professionals understand how day labourers and homeless people live and maintain their health, and how existing social structures such as public policies and service provisions for day labourers and homeless people affect their health.

### **Eligibility:**

I will ask 10-15 people from both health or welfare organizations and advocacy organizations for the interviews. To participate in this study you must be a full-time employee and have been working with homeless people in the Kamagasaki District for at least one year in your organization at the time of the interview.

### **Taking part in this study:**

In depth interviews (lasting 60 minutes in length) will be conducted with participants. Issues to be covered in the interviews will be about the services for day labourers/homeless people, policies supporting the service provision for day labourers/homeless people, opinions about day labourers/homeless people and their health. The interview will take place at a private room of your office or a place where you feel comfortable to talk about these issues. I might ask you to meet a second time to get your comments on my understanding of what I heard.

The interviews will be audio-taped and later transcribed into written notes. You will be given stationery useful for your work that is equivalent to \$10.00 per hour to refund you for your time and expenses.

### **Risks and benefits:**

There are no particular risks in participating. However, some people feel uncomfortable being interviewed. If you change your mind after signing the consent form, you can leave this study anytime you want. If you choose to leave the study, no one in your work place will be informed. Your participation in this study and reflective process may be beneficial because it will allow you

to use your professional experience to help to generate new knowledge in the area of homelessness.

**Confidentiality:**

The notes that I write during observation will be expanded and later shown to the thesis supervisor and committee members and two other Japanese researchers. You can receive a copy of them, if you want. You will not be identified as a study participant in any publication or presentation of this research. Pseudonyms will be used throughout the research process and in any publication. In addition, any identifying features will also be altered. The tapes will be erased when the study is fully completed and the data will be kept in a locked place and destroyed in 7 years.

**Questions of problems:**

If you have any questions about this study, please call me any time at 080-5331-9585. If you are still not satisfied with the information provided, you can contact Dr. Denise Gastaldo, thesis supervisor, Faculty of Nursing, University of Toronto at +1-416-978-4953 (English only). If you have difficulties speaking English when contacting Dr. Denise Gastaldo, I will help you hire someone to translate for you.

By signing this consent form, you have read *the Information sheet and consent form for interviews with health professionals, welfare workers, and staff from advocacy organizations* and also have been fully explained it by the investigator. You have had all your questions answered to your complete satisfaction and you have been told that you are free to ask other questions about the study in the future. You are being given a copy of this informed consent to keep for your own records.

I agree to participate in this study and know that I am free to withdraw at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



## Appendix L: The Japanese version of Information and consent form for interviews with health professionals, welfare workers, and staff from advocacy organizations

調査への協力の依頼と同意書  
(保健医療福祉およびホームレス擁護活動機関のスタッフの面接用)

### 研究課題名

健康の不平等の社会的構築：日本の都市部に住むホームレスの男性の批判的エスノグラフィー

### 調査者

この調査の責任者はカナダのトロント大学大学院看護学研究科の博士課程に所属する学生である川畑摩紀枝です。この調査研究は博士論文の一部となるものです。

### 調査の目的

本調査の目的は日雇労働者とホームレスの人々の健康および well-being の改善のための示唆を得るために釜ヶ崎地区における日雇労働者やホームレスの方の生活や健康、またこれらの方々へのサービスや支援とそれらに関連する要因を調べることです。この調査を通して保健医療福祉の研究者及び専門家のホームレスの方の生活や健康に対する理解を向上させるとともに、ホームレスに対する制度や社会規範などの社会的文化的要因がどのように現在の釜ヶ崎地区のホームレスの理解の形成に影響しているのかを知ることが目的です。

### 調査対象者

本調査の対象となる方は保健医療機関、福祉機関、ホームレス擁護活動団体で釜ヶ崎地区およびその周辺に住む日雇労働者およびホームレスの方へのサービスおよび支援の提供に1年以上携わっている方です。人数は保健医療機関、福祉機関、ホームレス擁護活動団体それぞれに10–15名程度を予定しております。

### 調査の内容

本調査において皆様がたに1時間ほどのインタビューをお願いいたします。内容は皆様がたが提供されている日雇労働者あるいはホームレスの方へのサービスや支援に関すること、関連する政策、また皆様がたの日雇労働者あるいはホームレスの方の健康に対するご意見です。インタビューの場所はもし可能でしたら皆様方の事務所の個室かあるいはその他皆様がたが希望される場所といたします。インタビューの内容は皆様の許可が得られましたら録音をさせていただき、その後これをもとに逐語録を作成します。また、内容を正しく把握したかどうかを確認するために再度面接を御願いするかもしれません。この調査に対する謝礼として1時間あたり800円程度の文具を贈呈させていただきます。

### リスクと不利益

この参加観察の調査において特別に危険なことはありません。ただし、皆様方が観察されることを不愉快に思われることもあると存じます。もし、同意書にご署名をされた後でもこの調査へ

の協力を断ることはいつでも可能です。また、調査を断ったことで皆様方の仕事の上でなんら支障をきたすことはありません。

この調査は私ども研究をするものだけでなく、この調査へ参加をすることにより皆様方にとりましても釜ヶ崎地区のホームレスの問題に関する新たな気づきあるいはサービスや支援への何らかのお役にたてるものであると願っております。

#### プライバシーの保護

録音の際には皆様方の本来のお名前を隠し別のお名前を使用してもらいます。インタビューの逐語録は英語に翻訳した後に私のトロント大学の博士課程の指導者および私の博士論文の委員会の委員である他2名の教員、また本研究における日本人の助言者である神戸大学の教員1名に見せることになります。しかし、これ以外に人々にこの逐語録を見せることはありません。もし、皆様が希望されれば逐語録を複写してお渡しいたします。また、この逐語録をもとに分析した結果を学会あるいは専門雑誌などに発表する予定ですが、その際に皆様方のお名前が特定されることは決してありません。お名前は匿名を用いますし、また皆様の個人を特定される情報はすべて変更して記載いたします。また、テープおよび逐語録は随時鍵のかかる場所へ保管するとともに、調査終了後はトロント大学の鍵のかかる場所へ7年間保存の後、テープは破壊し記録用紙は裁断機へかけて廃棄いたします。

#### 本調査に関するご質問

この調査に関するご質問は調査の責任者である川畑摩紀枝の下記の連絡先宛にご連絡ください。また、不十分であると思われる場合にはこの研究の指導者であるトロント大学看護学部助教授のデニス・ガスタルドまで連絡が可能です。ただし、英語でのみの連絡になりますので必要な場合は通訳をおつけいたします。

この同意書に署名をするにあたり、あなたは「調査への協力の依頼と同意書（保健医療福祉およびホームレス擁護活動機関のスタッフの面接用）」を読み、また調査者から十分に説明を受けました。また、あなたは疑問な点について満足の行くように説明を受け、かつこの先に質問がある場合にはいつでも尋ねることができると言われていています。あなたはご自身用にこの同意書の写しを受け取ることになっています。

私はこの調査に参加することに同意をするとともにいつでもこの調査を断ることができるを知っています。

署名 \_\_\_\_\_.

名前 \_\_\_\_\_.

日付 \_\_\_\_\_.

調査責任者 川畑摩紀枝 トロント大学大学院看護学研究科博士課程 080-5331-9585

研究指導者 デニス・ガスタルド (Denise Gastaldo) トロント大学看護学部 +1-416-978-49353