Policy-Related Correlates of COVID-19 Close Contact among Foreign Residents in Japan

Hiroshi KOJIMA (Waseda University)

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Introduction

The Japanese Government had a peculiar set of policy measures against the COVID-19 pandemic, including those for foreign residents. However, the implementation of health measures to deal with the CORVID-19 pandemic has been delegated to prefectural governments. Some researchers and journalists suggest that major metropolitan prefectures failed to deal with the pandemic because of the governors with theatrical politics (e.g., Hamaoka, 2021).

The local health and inclusion measures for foreign residents should have affected their healthrelated behaviors and outcomes. But due to the lack of microdata on foreign residents during the pandemic, it was difficult to analyze the policy-related correlates of health behaviors and outcomes at the individual level. I took the opportunity to analyze the SRC (Survey Research Center) 2023 survey data set of foreign residents by joining the FY2023 Secondary Analysis Research Group (SSJDA, University of Tokyo). I found a strong positive effect of residence in Kansai Area (including Osaka) on odds of close contact (with the infected) among foreign residents, but it does not have any significant effect on odds of infection. Therefore, the purpose of this study is to clarify the correlates of close contact among foreign residents during the pandemic period for the possible assessment of local health and inclusion measures.

Methods

I conducted cross-tabulation and binary logit analyses of correlates of close contact among foreign residents, drawing on the SRC 2023 survey data set (n=1042). No particular hypotheses will be tested due to the lack of existing empirical analyses in Japan. It is also because the information on some standard demographics is missing. Therefore, this study will be data-driven and fact-finding, **Results**

The results of cross-tabulation indicate that the percentages of close contacts are 21.3% (both sexes), 19.9% (males) and 23.1% (females) in Japan, while they are respectively 36.0%, 45.5% and 19.4% in Kansai Area. The percentages of the infected are 29.4% (both sexes), 25.4% (males) and 34.3% (females) in the whole Japan, while they are respectively 23.3%, 27.3% and 16.2% in Kansai Area. While South Kanto (Tokyo Metropolitan) Area indicates the similar percentages as the whole Japan, Tokai (Nagoya-centered) Area shows low percentages of close contacts but high percentages for the infected. This may suggest that local governments in Kansai Area made greater efforts in finding close contacts among males, but that they did not make enough efforts in finding the infected

among non-close contacts. This also suggest that smaller efforts were made for finding close contacts.

The results of binomial logit analyses with the basic model (including basic demographic and socioeconomic variables) indicate that males are highly likely to be close contacts in Kansai and more likely in South Kanto, while females are less likely to be close contacts in Tokai. The results for Areas are almost consistent even after adding four sets of inclusion variables.

Binomial logit analyses with stepwise selection (for both sexes) have been conducted for odds of close contact in Kansai and South Kanto (the number of cases is too small for Tokai). The results with the model including COVID-19 variables indicate that vaccine uptake have dominantly positive correlation with (effects on) close contact in the two areas, but the infection has positive correlation. The results for infection with the similar model indicate that close contact has positive correlation with infection only in Kanto. In Kansai close contact and infection seem to have no direct link.

After the exclusion of vaccination and infection variables, more policy-related variables appear to be significant. In Kansai ages 40+, unknown health insurance coverage, difficulties to know how to prevent COVID-19 and Japanese language study through correspondence are positively correlated with odds of close contact. In Kansai close contact seems to be largely related to working condition except the lack of information for prevention. In South Kanto eighteen variables are significant and eight of them are related to health. Those with positive correlation with close include <u>not touching</u> face with unclean hands as prevention, company health insurance, difficulties to get information on pandemic, difficulty to catch up with information on changes in pandemic, difficulties to get information on PCR tests and <u>no difficulties with pandemic</u>, while those with negative correlation include <u>difficulties in understanding the medical bills</u>, and <u>use of pharmacies when ill</u>.

Conclusion

There are enough policy-related correlates with significant correlation with close contact among foreign residents, but the direction of effects is difficult to assess with the analysis of cross-section data. The number of significant policy-related variables also depends on the sample size for each subpopulation. While it is difficult to directly relate the individual behaviors with governments' policy measures, national and local policies regarding health and work seem to have effects.

References

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