ORIGINAL ARTICLE

"I Couldn't Help but Compare with Other Countries": Migrant Mothers' Lived Experiences of Japan's COVID-19 State of Emergency

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Abstract This article presents the lived experiences of English-speaking migrant mothers in Japan during the early COVID-19 pandemic when school and childcare facilities closed, there was a national State of Emergency (SoE) and foreign residents were banned from re-entering the country. I examine the influence of the intersecting identities and social locations of being a woman, a mother of a dependent child, and a migrant in Japan.

For mothers in this research, the COVID-19 pandemic played out against a backdrop of global gender inequality, which intensifies when women become mothers and is notoriously extreme in Japan. Although non-Japanese people face institutional and social discrimination, these mothers occupy a relatively privileged position amongst migrants, in a country which values English language ability. Still, their daily lives were affected by social structures and inequalities, and by a government response that did not sufficiently mitigate the uneven impacts of the crisis. Mothers experienced stress from the surge in demand for unpaid care of family members in a context of ambiguity, exacerbated by an unmet need for information and, for many, a language barrier. Mothers turned to online communities to provide each other with social support and information; as well as accessing information in English from sources in other countries.

Findings support the case for intersectionality-based policymaking and crisis response which utilise knowledge from lived experiences of people with intersecting characteristics, as these factors influence people's experiences of and access to services, and the ways in which they are impacted by crises such as public health emergencies.

Key Words: COVID-19, motherhood, gender, migrants, intersectionality

Introduction

Japan is often seen as a homogeneous country with one language, culture and ethnicity. Although this "perceived homogeneity is a constructed worldview", in practice, policymaking still often reflects this view (Morita, 2017, p.5). Unless specifically about migrants, research on women in Japan is usually about Japanese women (often implied through lack of data on the nationality or surveys being conducted only in Japanese). The uneven impact of the COVID-19 pandemic demonstrates that a one-size-fits-all approach to policymaking and crisis response in Japan is ineffective and reinforces inequalities. Although gender inequality is of particular concern in Japan (World Economic Forum [WEF], 2021), people experience services and are affected by crises differently because of intersecting social locations such as gender, nationality and parental status (UN Women, 2020).

This article presents the lived experiences of English-speaking migrant mothers in Japan during the early COVID-19 pandemic when school and childcare facilities closed, the first national State of Emergency (SoE)[1] was in place and foreign residents were banned from re-entering the country.[2] The mothers in this research can be described as "middling migrants", in Japan "for work, lifestyle or love", not as refugees nor elite professionals (Williams Veazey, 2019, p.9). I use a feminist intersectional lens to examine how the combined identities and social locations of being a woman, a mother of a dependent child and a migrant, influenced lived experiences. My findings show how macro-level structures and policymaking affected the daily lives of these women. This paper is from a wider research project examining how gender norms in Britain and Japan influenced lived experiences of the COVID-19 pandemic (Connolly, 2023).

First, I outline the background of women, mothers and migrants in Japan and the value of an intersectional lens to understand their lived experiences. Next, I describe the methodology, followed by the findings and a discussion. In conclusion, I recommend intersectionality-based policymaking which utilises knowledge from the lived experiences of people with intersecting characteristics.

Background

In this section, I describe the situation of women, parents and migrants in Japan and how each group was impacted by the COVID-19 pandemic, noting that research on women

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[1] Schools closed 2 March, with most not reopening until June 2020. Following regional emergency measures, 16 April to 14 May 2020 saw the first national SoE which continued in some prefectures until 25 May 2020 and included requests to reduce in-person contact, and to close non-essential businesses and services (Shimizu & Negita, 2020).

[2] Border control measures were strict and extensive (Shimizu & Negita, 2020). Foreign residents could not re-enter Japan from 3 April to 31 August 2020 (Burgess, 2021). Re-entry was even denied to people who met criteria for extenuating circumstances (Dooley, 2020).

and mothers in Japan is largely explicitly or implicitly about Japanese women. Nevertheless, the status of Japanese women is still relevant to the status of migrant women in Japan. Then I present how gender, parental status, and being 'non-Japanese' represent both personal identities and social locations embedded in social structures and, therefore, the value of an intersectional feminist lens for research and policymaking (UN Women, 2020).

Women in Japan / Japanese women

Japan consistently ranks very low on the Global Gender Gap Index, because of the poor representation of women in politics and senior business roles (WEF, 2021). Female employment is high at 72%, but women are overrepresented in precarious part time, temporary and contract work with their average income 44% lower than men (WEF, 2021, p.37). Women face institutional discrimination in the employment system (Nagamatsu, 2021), often lacking job security, pay increases or career progression (Yamaguchi, 2019). Moreover, the tax and social security system incentivises the 'secondary earner' in a household to keep earnings below a threshold, disproportionately affecting married women (OECD, 2017).

Economic inequality and overrepresentation of women in the service and retail sector meant that women, as a group in Japan, suffered more job losses and negative socio-economic impacts of the pandemic than men (Gender Equality Bureau [GEB], 2021; Kobayashi et al., 2021; Nomura et al., 2021; Rich, 2020; Shibusawa et al., 2021). The number of women in Japan taking their own lives, compared to men, increased alarmingly in 2020 linked to gender-based violence, job losses and unpaid care work (GEB, 2021; Nomura, 2021; Watanabe and Tanaka, 2022).

Parents (mothers)

Women in Japan are more likely to be the 'secondary earner' in the household and to deprioritise their careers or leave paid employment entirely when they become mothers (GEB, 2020; OECD, 2017; Yamaguchi, 2019). Work culture in Japan is incompatible with caregiving and housework is rarely outsourced, with women doing the majority of unpaid care work (GEB, 2020). Demands from daycare, preschool, school and extra-curricular activities in Japan are high, with mothers becoming the 'default parent' in charge (Rich, 2020). At times of crisis, there is an expectation that women, especially mothers, will take care of people. Former Prime Minister Abe had stated that "women possess the wisdom and knowledge needed to protect their families from disasters […] capable of providing attentive physical and psychological care for the victims" (UNDRR, 2015, para.6).

The school closure announcement in February 2020[3] caused "substantial confusion to families" (Takaku & Yokohama, 2021, p.2) but affected mothers more than fathers (Shibusawa

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[3] On Thursday 27 February 2020, the Japanese government requested schools close from Monday 2 March (Bozkurt et al., 2020). Daycare and preschools closed in April. Some prefectures extended closures to the end of May and a period of 'self-restraint' kept some children from daycare and after school clubs until July 2020.

et al., 2021); for example, mothers supervised education often without sufficient resources from schools (Bozkurt et al., 2020). Men, more than women, continued to travel to workplaces during the SoE (Rich, 2020; Yamamura & Tsustsui, 2021); whilst time spent by women on unpaid care remained double that of men (GEB, 2021, p.13). Furthermore, the gender gap in hours spent on childcare for parents with children aged under 12 widened (Yamamura & Tsustsui, 2021, p.41).

During the pandemic, women in Japan were more anxious than men about the health of themselves and their families, with fear of illness and stigma affecting mental health (Kobayashi et al., 2021; Shibusawa et al., 2021; Yoshioka et al., 2021). Separation of family members caused more stress for women, as did the sudden use of the home for work, study, child and elder care (Shibusawa et al., 2021).

Migrants

The term 'migrant' applies to foreign nationals living in Japan for more than three months (Miller et al., 2019). I use the term 'migrant' for consistency, but it is rarely used by research participants who describe themselves by their nationality, as 'ex-pats' or 'foreign residents'.

Migrants in Japan lack minority rights legislation and legal protection against discrimination (Morita, 2017). Insufficient multicultural and integration policies further contribute to the outsider status of even long-term residents (Burgess, 2021). Japan does not allow dual citizenship, nor does it allow non-citizens the right to vote or run for office (Morita, 2017). However, being largely from high-income countries and English speakers, the 'middling migrants' in my research have a relatively privileged position in Japanese society (Margolis, 2020; Shipper, 2002).

The pandemic saw migrants affected in ways that Japanese nationals were not (see Burgess, 2021 for an overview, Córdova & Dias, 2021 on the Brazilian community, Hu & Umeda, 2021 on Chinese migrants, and Bhandari et al., 2021, Kharel, 2022; and Tanaka, 2020 on Nepalese migrants). Notably, for five months, 2.8 million foreign residents could not re-enter Japan if they left (Shibusawa et al., 2021, p.60), and around 100,000 people were stranded outside of Japan (Dooley, 2020). Countless more dared not travel for family emergencies or funerals, even after the re-entry ban was lifted (Burgess, 2021).

Intersectionality and migrant mothers

Gender is a social structure and a significant dimension of social stratification, where women as a group, have subordinate status to men (Risman, 2004). Gender difference extends to parenting "with different expectations attached to being a mother and father" (Risman, 2004, p.436). Experiences of mothering can be positive and empowering, whilst motherhood as an institution reinforces women's secondary status to men (Rich, 1986). Globally, women –

especially as mothers – have a disproportionate responsibility for the home and family health (Harman, 2016). For migrants, the "intersection of gender and parenting is made more complex" (Yang et al., 2022, p.568). Migrants typically have some degree of outsider status, certainly so in Japan. Mothers need "support, advice, information, empathy and companionship", but migration and motherhood represent "a dual disruption of women's social infrastructure" which can lead to isolation even for 'middling migrants' (Williams Veazey, 2019, p.90).

Intersectionality is useful because it shifts how researchers and policy actors think about social categories and their complex relationships (Hankivsky et al., 2014). A gender lens alone is not enough to analyse how the mothers in my research were affected by the first SoE in Japan; an intersectional feminist lens (UN Women, 2020) however reveals how overlapping identities and social locations shaped their lived experiences of the COVID-19 pandemic.

Methodology

This multi-method qualitative research comprises participatory observation and content analysis of Facebook groups for English-speaking migrant mothers in Japan, an online survey shared through Facebook groups, and semi-structured interviews conducted via instant messaging apps. I addressed the research question: How did the combined identities and social locations of being a woman, a mother of a dependent child and a migrant influence lived experiences of the pandemic?

I have used the COREQ check list for reporting qualitative research (Tong et al., 2007) to guide this section, which describes the researcher position, the characteristics of the participants and methods of data collection and analysis.

Participants and researcher position

I am a cis-gender woman, a mother and, during the research, a migrant in Japan as a postgraduate student. I was a member of numerous private Facebook groups for English-speaking mothers in Japan, and selected two of these groups for this research whose combined membership of more than 1,000 mothers includes many nationalities. I had no direct relationship with research participants. I posted the online survey on Facebook groups and asked people to share it. I recruited interviewees from survey respondents.

The majority of the Facebook group members are between 30 and 50 years of age with dependent children. All communicate in English, although it is a second language for some. A notable proportion are married to Japanese men and are permanently settled in Japan, but many still struggle with the language, in particular written Japanese. All interviewees had been living in Japan for at least five years, three of them married to Japanese nationals.

Data collection

I conducted participatory observation of two Facebook groups for 18 months, combining ethnographic content analysis (Altheide, 1987) with a template organising method (Crabtree & Miller, 1999). I also looked systematically at 91 posts and 1,302 associated comments under the search terms 'covid' and 'school' from February to May 2020.

Survey questions were multiple-choice and open-ended with comment boxes. In June 2020, I received 43 responses from mothers co-habiting with or married to men, with between one and three children aged from four months to 15 years old living at home. Nine respondents volunteered for interview; four replied when contacted. In August 2020, I conducted four semi-structured interviews via the instant messaging apps LINE and WhatsApp and downloaded the chat transcripts. Interviewees could edit or delete answers, but nobody did. Interviews took between one hour and several days to complete (with breaks), there were no repeat interviews and I would have done more, if possible, to reach data saturation.

I collected all data online. I received informed consent (which included the researcher position and study purpose) from Facebook group administrators, from individual members if quoted, and from survey and interview participants. Ethical approval was granted.

Data analysis

I use a feminist intersectional lens (UN Women, 2020) because, although gender was a major influence on the lived experiences of the pandemic for research participants, the inclusion of other categories in the analysis provides a richer understanding. Theories which informed the research design and the data analysis are: pervasive ambiguity (Ball-Rokeach, 1973); mothering as experience and motherhood as institution (Rich, 1983); and the gendered association of women with the domestic and their secondary status to men (Risman, 2004).

As sole researcher, I created a code manual in the template organising style (Crabtree and Miller, 1999), informed by a literature review and my time spent in the Facebook groups. I added codes which emerged during the data analysis using Quirkos software after focused reading. A hybrid deductive and inductive thematic analysis allowed for deep engagement with the data and literature (Fereday & Muir-Cochrane, 2006). I shared findings with the Facebook groups for comment.

Limitations included use of a small non-representative sample which did not measure for characteristics such as ethnicity, income or education level, as the enhanced ethics screening required would have delayed data collection.

Findings

I present the findings here under the themes of 'ambiguity', 'mothering and motherhood', and 'social support', noting that research participants did have positive experiences during the SoE. Quotations are anonymous and presented here verbatim, as they were written by the authors (quickly on their phones). The data source and ages of their children, if known, are given in brackets.

Ambiguity: "How long will this last?"

Ambiguity and stress

Almost three quarters of words given to describe the SoE had negative sentiments, with 'ambiguity' and related words ('unknown', 'uncertain', 'confused') used in connection to stress: "the unknowns of the situation have been the most challenging aspect - how long will this last?" (survey, 9 & 12). The SoE in Japan consisted of requests, in contrast to strict rules in other countries: "It was ambiguous because Japan can legally not require people to stay home. It was confused because many people did not understand that exercise etc. was permitted and many were angry with children playing outside" (survey, 15). Interpretation of SoE guidelines was difficult, one mother noted not knowing "how to properly self isolate and behave in society" (survey, 13). Others posted on Facebook frustration at the behaviour of others: "people we knew were still going to work and using public transportation. Seeing so many people out and about also contradicted what was shown on tv and in news media" (survey, 7 & 11).

Mothers expressed fear of COVID-19. One found the SoE "stressful because I felt a 'gap' between what I considered safe, ex. [e.g.] isolating at home, and what my husband/neighbours/in-laws were doing … It caused several arguments" (survey, 2 & 8). A mother from a country with a high COVID-19 death rate felt she had "a clear perception of the danger maybe earlier than people from other countries" (interview). There was little confidence in the Japanese government's response: "all voluntary lockdown with no punishment … I couldn't help but compare with other countries" (survey, 2).

Information-seeking behaviour

Of the Facebook posts I reviewed systematically, 66% consisted of information sharing or requests. Most information posts fell under the categories of food (food shopping, cooking), education (homeschooling, schools, early years activities), and health and hygiene (COVID-19 prevention and testing). Requests included help with translation. Members who were fluent in Japanese also posted updates of television press conferences as they were broadcast.

A link to an official source of information often led to a discussion of whether it was correct, what it meant in practice, how it compared with other countries and if it matched personal experiences. One mother described decision-making as a couple: "we approach our

reasoning from very different cultural backgrounds and with different info input sources - mine in English and his in Japanese" (survey).

Tension-relieving behaviour

Tension-relieving behaviour on Facebook consisted of venting and humour. Vent posts, often described as such by the authors, covered frustrations including grocery shopping, family, travel restrictions and interpretation of SoE guidelines. Some survey and interview responses also resembled vents. Comments on vent posts included supportive comments and emojis, other vents and humorous comments and memes. One thread dedicated to humorous memes had more than 1,600 comments.

Mothering and motherhood: "I was free to parent in my own way"

Caregiving challenges

Ambiguity made decisions and tasks more difficult: "Everything is in chaos and it's impossible to plan" (survey, 4). Taking children grocery shopping might be dangerous or socially unacceptable, yet online shopping in Japanese was complicated even for long-term residents of Japan: "I tried, failed, and screamed" (interview, 15). Supporting education was more time-consuming and for some, exacerbated by the language barrier: "Who else is ready to throw their kid's homework packet out the window?" (Facebook). Others worried about the lack of online education. When and how to visit a healthcare provider became more complicated and testing for COVID-19 was restricted.

Family abroad

The re-entry ban caused anxiety about being unable to visit home countries and family members abroad: "We worry about needing to travel overseas in an emergency and being unable to return due to Japan's exclusionist policy" (survey). Indeed, some Facebook group members were stranded outside of Japan. Suspension of international mail to some countries by Japan Post affected connections with family abroad, ranging from being unable to send birthday cards; to one mother unable to send essentials to her son who had recently moved abroad.

Connection with origin country

Survey respondents cited increased use of English as an unexpected benefit: children "became more bilingual" (survey, 2 & 7); with another commenting, "it was good hearing my kids' English improve so much. My oldest sounds closer to a native speaker of the same age"

(survey, 2 & 8). More frequent video calls with relatives abroad, especially between grandchildren and grandparents, were valued and helped with English language.

One mother described school closures as "liberating in that it felt like I was free to parent [i]n my own way, rather than being dictated to by school with it's [sic] different cultural norms" (survey, 6 & 12). Another said the SoE "took away a lot of extra school activities, therefore taking away stress. It has given us more distance from the school which I like" (survey). Another compared the experience favourably with her upbringing: "Kids were at home. It was more like my childhood. Usually feels like they are slowly stolen away as they rise through the school years" (survey, newborn, 7 & 9).

Social support: "No adult interaction at all"

Isolation

Words to describe the SoE included: 'lonely', 'isolation' and 'confined'. One mother described "no parks, no friends, no adult interaction at all" (survey, 3), another said "it made me feel a bit cut off from the community" (survey, 2). Lack of free time also contributed to isolation.

Online communities

Mothers felt supported by knowing that others like them were having similar experiences and feelings. Venting or advice request posts received empathetic comments expressing relief that they were not alone. Support extended beyond the Facebook groups, as members organised drinks on Zoom, sent each other masks and soap, offered to lend toys and English books and offered to babysit.

Discussion

In this section I discuss how the lived experiences of the migrant mothers in this research relate to a Japanese government pandemic response which did not take account of how people with intersecting social locations were impacted by the crisis. First, I explore the need for and inadequate provision of information, followed by the risk and consequences of isolation. In the absence of adequate government provision, migrant mothers were proactive in sharing information and providing each other with social support.

Information

The social locations of woman, mother and migrant in Japan, combined with a government response that was not sufficiently tailored to people with intersecting characteristics, contributed to a particular experience of stress for research participants.

Parents already have a high need for information, validation and confirmation (Sjöberg & Lindgren, 2017). Women worldwide are responsible for family health (Harman, 2016) and a public health emergency strengthens societal expectations on mothers around caregiving. Information-seeking on the Facebook groups in this research related to mothers' gendered caregiver role (education, food, and health and hygiene) in what the mothers described as a context of ambiguity.

'Pervasive ambiguity' is "an information problem" (Ball-Rokeach, 1973, p.379) which causes "stress or tension" (p.397) and can occur in "confusing or chaotic environments" such as after disasters (p.380). The Facebook groups in my research were dominated by the "information-seeking" and "tension-relieving behaviour" exhibited by people experiencing pervasive ambiguity (p.379). Mothers with "perceived similarity" (Ball-Rokeach, 1973, p.385) on Facebook groups based on shared identities, worked together to reduce ambiguity. Research participants, including those fluent in Japanese, sought trusted information and advice based on the lived experiences of others like them (Plantin & Daneback, 2009; Williams-Veazy, 2019).

However, information often did not resolve the stress caused by this situation of pervasive ambiguity. Japanese women during the pandemic were more likely than men to "engage in collecting information to mitigate their anxiety", only to suffer more from information overload and confusion (Kobayashi et al., 2021, p.13). Migrants also suffered anxiety from information overload (Bhandari et al., 2021). As mentioned by some research participants, those whose home countries were severely affected by COVID-19 worried about friends and family and feared the SoE was ineffective. Hu & Umeda, (2021) had similar findings amongst Chinese migrants.

As demonstrated by the many requests on the Facebook groups for translation support, the complexity of written Japanese meant even competent speakers faced problems when services went online (see also Córdova Quero and Dias, 2021). Research on Nepalese and Chinese migrants also found that the language barrier and difficulty accessing information caused mental distress (Bhandari et al., 2021; Hu and Umeda, 2021). Mothers in my research found that vaccinations and the COVID-19 support payment were difficult to access because of language difficulties and the complexity of the processes, even though information in English was more readily available than other languages (see Burgess, 2021; Miller et al., 2022 for similar findings).

Public health emergencies require "accurate information provided early, often, and in languages and channels that people understand, trust and use" (WHO, 2017, p.ix). Japan already needed to improve in this area, especially in the use of social media (OECD, 2019). Despite availability of multilingual information, it was not disseminated through the most

appropriate channels or necessarily trusted. For example, the Governor of Tokyo spoke in English on information videos, but they were never shared on the Facebook groups and most had less than 1,000 views (Tokyo Metropolitan Government Official Video Channel, n.d.). Yet, mothers translated live press briefings and shared links to another Facebook group where a member translated televised news reports and infographics daily (Yates, n.d.). Similarly, Vietnamese, Nepalese and Burmese migrants did not access public multilingual websites for COVID-19 information, relying instead on Facebook groups (Kiyohara et al., 2022). Vaccine reservations and forms were generally only in Japanese (Burgess, 2021), but foreign resident and mother LaShawn Toyoda developed a multilingual database that hundreds of thousands used to book appointments (Find a Doc, n.d.).

In addition to information not reaching the intended audiences, government health communication alongside sensational media reports contributed to increased fear and stigma around COVID-19, affecting people with certain social locations more severely (Shimizu & Negita, 2020). For women, fear of COVID-19 and of stigma were risk factors for serious psychological distress (Yoshioka et al., 2021). Migrants feared contracting COVID-19 with no one to care for them (Bhandari et al., 2021). The re-entry ban, alongside a government-funded domestic travel campaign, reinforced the idea of the virus as something foreign and contributed to stigmatisation of foreigners (Burgess, 2021; Cordova Quedo & Dias, 2021; Kharel, 2022; Honorato et al., 2021). The social consequences for migrant mothers, not being seen to comply with the SoE, made ambiguity more stressful and the need for information higher.

A topic of discussion on the Facebook groups was how to access COVID-19 support payments, which as women and migrants, could be harder to receive. Economic support for migrants during the pandemic was found to be "structurally inequitable" (Miller et al., 2022). Furthermore, the 100,000 yen COVID-19 support for each person (including children) was paid together to the head of the household, who is almost always a man (Honda & Ogawa, 2021). Compensation payments after disasters have similarly been paid to the head of the household (Saito, 2014). Sharing household wealth between couples is difficult, with joint bank accounts not allowed and married women largely dependent on their husbands (Niimi, 2022). This payment method represents at best a gender bias, at worst a danger for women in abusive relationships at a time when domestic violence was a particular cause for concern (Nomura et al., 2021; Yoshioka et al., 2021).

Multilingual domestic violence hotlines were available during the SoE; however, migrant women who experience the "intersectionality of discrimination based upon both gender and ethnicity" need much more than language support (Honda & Ogawa, 2021, p.47). Fears about visa status (Tanaka, 2020, p.1) and the risk of losing their children also prevented migrant mothers from seeking help (Kakuchi, n.d.).

Isolation and social support

Policymaking and crisis response which ignores feminised caregiving roles and gender inequality serves to reinforce it (Harman, 2016). After disasters in Japan, men have been

compelled to return to work quickly, with women expected to do the unpaid care work (Saito, 2014). Government did not stipulate women should absorb the extra unpaid care needed during the pandemic, but overwhelmingly women did (Kobayashi, 2021; Yamamitsu & Sieg, 2020). For example, schools closed before the SoE began and even then teleworking was only requested, so the higher-earning father was more likely travel to work (Yamamura & Tsustsui, 2021).

Isolation and the risk to mental health affects people differently, depending on social locations. For migrants in Japan 'being female', 'lack of social support' and 'language difficulties' are known barriers to mental wellbeing (Miller et al., 2019). Facing unique parenting challenges, migrant mothers can experience isolation (Yang et al., 2022), which during the pandemic was linked to the status of migrants and mothers (Lim et al., 2022). Research participants lost jobs, reduced hours, took unpaid leave and worked from home alongside their children. Of the survey respondents who had paid employment, 45% had lost income. They experienced stress from increased demands on their time, but in following SoE requests to reduce social contact, increased their isolation whilst some husbands still had interactions with colleagues.

During school closures, more mothers experienced worsening mental health than fathers (Yamamura & Tsustsui, 2021) and during 2020, the categories of 'female' and 'caregiver' were risk factors for serious psychological distress (Yoshioka et al., 2021). Foreign residents appeared "more vulnerable to increases in stress, anxiety, and depression in relation to COVID-19" than Japanese citizens (Hu and Umeda, 2021, p.7). The pandemic has hindered some migrants' integration with host communities (Burgess, 2021). Knowing that people with different intersecting characteristics will experience crises differently, government measures to support mental health, loneliness and isolation needed to be gender-sensitive (Nomura et al., 2021; Yoshioka et al., 2021) and explicitly include foreign residents (Burgess, 2021; Hu & Umeda, 2021).

However, for some research participants, separation from daily Japanese life had unexpected benefits of connecting with their home country's culture and language. Parenting practices and experiences "differ across cultural contexts" (Yang et al., 2022, p.568), and the education system in Japan demands a lot from parents (Rich, 2020). School closures gave some mothers more freedom to parent in the way they might have in their home countries and for children to become more fluent in English. These positive lived experiences are a demonstration of how 'cultural identity' is a facilitator for the mental well-being of migrants in Japan (Miller et al., 2019).

A facilitator of mental well-being for migrants in Japan are 'social networks' too (Miller et al., 2019). My findings showed migrant mothers experienced isolation, but also agency to build and use support networks. Online groups are an invaluable source of information and social support for parents (Sjöberg & Lindgren, 2017). Migrant mothers create and use online communities for information, support and friendship. The Facebook group administrators undertook "unpaid emotional, social and technical labour" by creating guidelines and moderating posts to maintain a safe and supportive online space (Williams Veazey, 2019, p.92).

Conclusion

The daily lives of research participants were affected by structures of inequality associated with their social locations as women, mothers and migrants; exacerbated by the uneven socio-economic impact of the pandemic and by the response of the Japanese authorities. These social locations represent positions both of vulnerability and empowerment (Williams Veazey, 2019). Research participants provided social support to each other through online communities of migrant mothers; still, the early pandemic was a time of stress, fear and anxiety. The agency of overlooked and under-served groups should be recognised, but that is not a substitute for effective government action.

Findings support the case for intersectionality-based policymaking, disaster response and public health communication, to better serve more people in Japan. Hankivsky et al. (2014) developed a framework for this analysis from a health perspective, also applicable in other contexts. Others including the Scottish Government (2022) have also explored how to apply intersectionality in policymaking. To facilitate an intersectional approach in Japan, sex-disaggregated data is essential and future research should be clear about who is included and excluded in the data, especially concerning non-Japanese participants. Particularly in the absence of adequate representation in decision-making bodies, policymakers should be informed by the lived experiences of people with intersecting identities, including women, mothers and migrants.

Acknowledgments

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