

The Investigation of International Students' Lifestyle Habits in Japan — Focusing on Health Perception and Health Behaviors

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Abstract: After the late half of 1980's, the number of foreigners living in Japan has rapidly increased. In addition, 20's and 30's hold more than 50% of all. However, there are few studies about health behaviors and health perceptions of international students living in Japan.

Therefore, focusing on international students, this study aims to investigate how they have a basic awareness of their health status, how they take health behaviors and other related elements, as to make basic materials to refer to when we consider intervention studies about foreign residents' health.

296 questionnaires were collected from international students registered in Universities in Japan. They were mostly "not marriage, age 20 to 25 year old, from 42 different countries. As for 63.5% of them answered "Healthy" and "So-so healthy", "Ordinary" was 30.4%. However, 40.3% of their BMI wasn't normal, 29.2% of those eat cake and snacks between meals every day, and 30.6% of those who doesn't move at all.

Our study made it clear that a predominantly high number of international students regardless whether they take health behaviors or not, considers themselves healthy. Moreover, we found that there were variable levels of recognition of national health insurance and knowledge of individual medical expenses depending of their ages. In particular, international students below the age of 20 had less knowledge about national health insurance and individual medical expenses.

The result of our study suggests that there is a need to provide international students with appropriate information of exemplary health behaviors, national health insurance, and individual medical expenses.

Key words: health perception, health behavior, international student, public health nursing, school nursing

1. Introduction

1.1 The Number of Foreign-Residents and Foreign Visitors in Japan

From the latter half of 80's onward, the number of foreign residents in Japan increased dramatically and the number of foreign tourists in this country has also grown rapidly since 2011. In a report issued by the Japan National Tourism Organization, the number of foreign tourists in 2015 was about 19,700,000, which broke the growth record for 3 consecutive years. And also, at the end of 2011, the number of foreign residents reached 2,070,000 occupying 1.63% of the total population. Especially, the group of 20's and 30's accounts for about 54% of the total foreign residents (Immigration Bureau of the Ministry of Justice in Japan, 2011).

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In recent time, foreign residents or foreigner planning to immigrate into Japan have become crucial elements for the country and experts say that it is impossible for us to keep Japanese society in good shape without maintaining their good health (Sawada, 2002). And it is already revealed that health, medical care and welfare related issues for foreign residents are focused in "Languages/Communication", "Insurance/Economic Aspects", "Differences of Medical Insurance System between Japan and their countries", and "Cross-Cultural Understanding" (Nakamura, 2003; Chen et al., 2003).

On the other hand, although adolescents are considered being in best shape with lowest disease prevalence, they often have problems in their lifestyle habits, which can affect their health status during their late middle age. In recent years, the number of studies about preventive behaviors to avoid lifestyle-related diseases and health perception has been increasing. But there are very few researches about them for foreign residents, especially for international students. Therefore, focusing on international students, in this study we have investigated how they have a basic awareness of their health status, how they take health behaviors and other related elements, through which we aim to make basic materials to refer to when we consider intervention studies about foreign residents health.

2. Aims

Focusing on international students, this study aims to investigate how they have a basic awareness of their health status, how they take health behaviors and other related elements, as to make basic materials to refer to when we consider intervention studies about foreign residents.

3. Research Method

It was conducted by self-administered questionnaire.

3.1 Research Respondents

296 respondents were those who agreed to answer the questionnaire, out of 1330 international students belonging to 4-year universities in Japan.

3.2 Research Materials and Items

The survey was conducted with our own questionnaire using both Japanese and English languages, which was composed of 6 categories and following 23 items (1 item: Health Perception; 4 items: Demographic Data; 5 items: Life Environment; 4 items: School Life; 7 items: Lifestyle habits; 2 items: Recognition of National Health Insurance and Knowledge of Individual Medical Expenses) based on reference documents and previous studies.

3.3 Method of Data Collection

Visiting those universities' departments to take care of international students beforehand, we gave them verbal and written explanations about the study's objectives and method. After that, responsible persons in those universities, who agreed to the research, distributed the questionnaire. At the same time, we explained to respondents about the survey objectives very well with a document and that we would not use their answers on the questionnaire for any other purposes, or disclose their private information and they could refuse to answer it.

Regarding the collection of the questionnaires, we installed collection boxes on certain facilities and asked the students to post their answers in them whenever they wanted within 2 weeks and then the researchers visited each institute to collect them. And questionnaires were collected from 296 respondents.

3.4 Data Analysis

With a soft-ware, SPSS12.0J for Windows, we evaluated the frequency and ratio and analyzed significance of differences between each variable by the Chi-squared test, setting the level of statistical significance value to 0.05.

3.5 Ethical Attention

We made detailed explanations to the subject participants in this study. In addition to this, we made simple questions for the questionnaire to reduce their psychological burden as much as possible. Moreover, we got the approval from the ethical committee of the university to which researchers belong, in order to reflect their ethical opinions, before we began to conduct the survey.

4 Results

4.1 Demographic Data (Tables 1 and 2)

The respondents consisted of 150 males (50.8%), 145 females (49.2%). In terms of their ages, 77 respondents (26.1%) were below the age of 20, 174 respondents (59.0%) were between the ages of 20 and 25, and 44 respondents (14.9%) were over the age of 26 years.

Regarding their marital status, the number of unmarried students was overwhelming. They were 277 respondents (93.9%).

Their nationalities were composed of 42 countries. The largest group is Chinese with 119 respondents (37.8%), the second is Korean with 54 respondents (17.1%) and the third is Taiwanese with 18 respondents (5.7%). Categorizing their countries by 6 regions of WHO, the group from the Western Pacific region with 204 respondents (64.8%) was majority among the students' nationalities.

	Tuble 1 Demogra	Jine Data	
Items		N = 296	(%)
	Male	150	(50.8)
Gender	Female	145	(49.2)
	Unknown	1	
	Below the age of 20 years	77	(26.1)
	Between the age of 20 and 25	174	(59.0)
Ages	The age of 26 year and older	44	(14.9)
	Unknown	1	
	Single	277	(93.9)
Marital Status	Married	18	(6.1)
	Unknown	1	
	The Western Pacific	204	(64.8)
	South-East Asia	44	(14.0)
Nationalities	The Americas	23	(7.3)
	Africa	10	(3.1)
	Europe	15	(4.8)
	Not on the list \gg)	19	(6.0)
	Unknown	1	

Table 1 Demographic Data

*)19 Respondents from Taiwan and Tibet were excluded from the survey because they do not belong to WHO or World Bank List.

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	Table 2 Regions of Prative Countries grouped by WHO and World Dank List												
					World Bank List of Economies								
	N = 296		Low Income Lower M		Middle	Upper Middle		High Income		合計			
yc	Western Pacific	Ν	(%)	17	(8.3)	122	(59.8)	3	(1.5)	62	(30.4)	204	(100.0)
bed l	South-East Asia	Ν	(%)	23	(52.3)	21	(47.7)	0	(0.0)	0	(0.0)	44	(100.0)
Iou	Americas	Ν	(%)	0	(0.0)	2	(8.7)	7	(30.4)	14	(60.9)	23	(100.0)
ns g WF	Europe	Ν	(%)	3	(20.0)	4	(26.7)	2	(13.3)	6	(40.0)	15	(100.0)
gio	Africa	Ν	(%)	10	(100.0)	0	(0.0)	0	(0.0)	0	(0.0)	10	(100.0)
Rƙ	Total	Ν	(%)	53	(17.9)	149	(50.3)	12	(4.1)	82	(27.7)	296	(100.0)

 Table 2
 Regions of Native Countries grouped by WHO and World Bank List

Based on the World Bank List of Economies (The World Bank Group, 2014) reported by The World Bank, 53 respondents (17.9%) came from "Low Income" countries, 149 respondents (50.3%) from "Lower Middle Income" countries, 12 respondents (4.1%) from "Upper Middle Income" countries and 82 respondents (27.7%) from "High Income" countries.

Comparing their nationalities with the data from the World Bank List, the Western Pacific region has more respondents from "Lower Middle Income" and "High Income" countries and South-East Asian region has more respondents from "Low Income" and "Lower Middle Income" countries and the African region has more respondents from "Low Income" countries.

However, in this study, we excluded respondents from Taiwan and Tibet because we needed to categorize respondents by their countries, but these two countries are not members of the World Bank and WHO.

4.2 Life Environment (Table 3)

As for their duration of stay in Japan, there were 91 respondents (30.7%) with less than 1- year stay, 82 respondents (27.7%) with 1 or 2-year stay, 29 respondents (9.8%) with 2 or 3-year stay, and 94 respondents (31.8%) with more than 3-year stay, 242 (82.3%) of which were living alone. On the other hand, 201 respondents (67.9%) were living in dormitories and 89 respondents (30.1%) in apartments. In terms of their monthly living costs, 107 respondents (36.3%) were living on less than 50,000 yen, 172 respondents (58.3%) on between 50,000 yen and 100,000 yen, and 142 respondents of them were living on allowance provided by their parents.

items				N = 296	(%)				
	Less than1 year	1 to 2 years	2 to 3 years	More than	Unknown				
Duration of Stay	91 (30.7)	82 (27.7)	29 (9.8)	94 (31.8)	0				
Residential Environment With whom	Alone	Friends,	Others		Unknown				
	242 (82.3)	46 (15.7)	6 (2.0)		2				
Residential Environment Housing	Apartment	Dormitory	Others		Unknown				
	89 (30.1)	201 (67.9)	6 (2.0)		0				
Living Expenses per Month	Less than 50,000	50,000	More than		Unknown				
	107 (36.3)	172 (58.3)	16 (5.4)		1				
	Scholarship	Part-Time Jobs	Remittances		Unknown				
Source of Income	72 (25.7)	67 (23.8)	142 (50.5)		15				

 Table 3
 Life Environment

4.3 School Life (Table 4)

In regard to their level of understanding of the Japanese language, 165 respondents (56.2%) replied that they

understood Japanese "Perfectly Well" or "Almost Perfectly". 129 respondents (43.8%) replied that they understood Japanese "A Little" or could "Not Understand at All". On the other hand, 183 respondents (63.3%) understood English "Perfectly Well" or "Almost Perfectly". Moreover, 127 respondents (44.4%) joined group activities and 204 respondents (69.4%) had contacts actively with people from other countries.

items				N = 296	(%)
	Not at all	Understanding a little	Understanding almost completely	Understanding completely	Unknown
Comprehension level of lectures given in Japanese	29 (9.8)	100 (34.0)	146 (49.7)	19 (6.5)	2
Comprehension level of lectures given in English	30 (10.4)	76 (26.3)	81 (28.0)	102 (35.3)	7
Participating in	Yes		No		Unknown
club activities	127 (44.4)		159 (55.6)		10
Exchange with people	Having Actively	Not Having Actively	Only with people of their native countries		Unknown
from other countries	204 (69.4)	76 (25.8)	14 (4.8)		2

Table 4	School Li	fe
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4.4 Health Perception

In terms of their health status, 188 respondents (63.5%) responded that they were "Healthy" or "So So Healthy", which was the majority group. On the other hand, 90 respondents (30.4%) responded that they were "Normal", and the other 18 respondents (6.1%) responded that they were "Not So healthy" or were "Not Healthy at All".

4.4.1 Health Behaviors (Table 5)

Referring to Dr. Lester Breslow's seven lifestyle habits, we asked the respondents about their "breakfasts", "snacks between meals", "Smoking", "Exercises", "Sleeping", "Drinking Alcohol" and "BMI". We found that 236 respondents (79.3%) slept on average between 6 and 8 hours a night, 234 respondents (80.5%) were non-smokers or those who had quit smoking, which we considered as nice health behaviors. However, 59 respondents (19.9%) had no breakfast at all, 86 respondents (29.2%) took snacks between meals every day, 87 respondents (30.6%) did not do any exercise, and 96 respondents (40.3%) had a high BMI, which we considered as bad health behaviors.

Therefore, we categorized 188 respondents who had selected "Healthy", "So So Healthy" on the questionnaire regarding their health status as "Healthy Group", 90 respondents who had selected "Normal" as "Normal Group" and 18 respondents who had selected "Not So Healthy" and "Not Healthy at ALL" as "Unhealthy Group". Subsequently we examined a relationship between Dr. Lester Breslow's seven lifestyle habits and students' subject health status by Chi-squared test. However, we did not find the significant results. Moreover, any of "Demographic Data", "Living Condition", and "School Life" items were not relevant factors.

4.4.2 Recognition in National Health Insurance (Tables 6 and 7)

Regarding to the questionnaire item "Which health insurance plan did you take out?", 208 respondents (70.0%) selected "Japanese National Health Insurance", 34 respondents (11.8%) selected "Home Country's Insurance" or "Traveler's Insurance", and the other 47 respondents (16.2%) selected "No Insurance" or "No Idea". Based on this result, we examined a relationship between the respondents' age group and "Recognition of National Health Insurance" by Chi-squared test and found out that the respondents below the age of 20 did not recognize "National Health Insurance" (P = 0.000). Furthermore, we also examined the relationship between

World Bank List of Economies and the subject's recognition of "National Health Insurance" by Chi-squared test and then found out that among those who recognized that they had "Japanese National Health Insurance", there were fewer respondents from "High Income" countries and the majority of them selected "Home Country's Insurance" or "No Idea" (P = 0.000). Moreover, any of "Demographic Data", "Living Condition", and "School Life" items were not relevant factors.

			Healthy Group	Regular Condition Group	Unhealthy Group	Total
	Everyday	N (%)	77 (41.0)	32 (36.0)	6 (33.3)	115 (39.0)
	Sometimes	N (%)	75 (39.9)	37 (41.5)	9 (50.0)	121 (41.1)
Having Breakfasts	Not at all	N (%)	36 (19.1)	20 (22.5)	3 (16.7)	59 (19.9)
	Total	N (%)	188 (100.0)	89 (100.0)	18 (100.0)	295 (100.0)
P = 0.844	Unknown	N				1
	Everyday	N (%)	62 (33.0)	23 (25.8)	1 (5.6)	86 (29.2)
Having Snacks between	Sometimes	N (%)	94 (50.0)	56 (62.9)	13 (72.2)	163 (55.2)
Meals	Not at all	N (%)	32 (17.0)	10 (11.3)	4 (22.2)	46 (15.6)
	Total	N (%)	188 (100.0)	89 (100.0)	18 (100.0)	295 (100.0)
P = 0.052	Unknown	N				1
	Smoker	N (%)	35 (19.0)	19 (21.3)	3 (16.6)	57 (19.5)
Smoking	Quit smoking	N (%)	10 (5.5)	4 (4.5)	1 (5.6)	15 (5.2)
Shloking	Non-smoker	N (%)	139 (75.5)	66 (74.2)	14 (77.8)	219 (75.3)
	Total	N (%)	184 (100.0)	89 (100.0)	18 (100.0)	291(100.0)
P = 0.983	Unknown	N				5
	Yes	N (%)	79 (42.9)	32 (36.4)	12 (66.7)	123 (42.4)
Drinking Alcohol	No	N (%)	105 (57.1)	56 (63.6)	6 (33.3)	167 (57.6)
	Total	N (%)	184 (100.0)	88 (100.0)	18(100.0)	290 (100.0)
P = 0.059	Unknown	Ν				6
	Everyday	N (%)	27 (14.8)	7 (8.0)	3 (16.7)	37 (12.7)
Doing Exercises	Often	N (%)	108 (59.4)	47 (54.0)	8 (44.4)	163 (56.7)
Continuously	Not at all	N (%)	47 (25.8)	33 (38.0)	7 (38.9)	87 (30.6)
	Total	N (%)	182 (100.0)	87 (100.0)	18(100.0)	287 (100.0)
P = 0.169	Unknown	N				9
	Less than 6 hours	N (%)	27 (14.4)	13 (14.6)	4 (22.2)	44 (15.4)
	6 to 8 hours	N (%)	152 (80.8)	71 (79.8)	13 (72.2)	236 (79.3)
Sleeping Hours	More than 9 hours	N (%)	9 (4.8)	5 (5.6)	1 (5.6)	15 (5.3)
	Total	N (%)	188 (100.0)	89 (100.0)	18 (100.0)	295 (100.0)
P = 0.920	Unknown	N				1
	Normal Level	N (%)	84 (59.2)	52 (64.2)	5 (35.7)	141 (59.7)
BMI	Abnormal Level	N (%)	58 (40.8)	29 (35.8)	9 (64.3)	96 (40.3)
	Total	N (%)	142 (100.0)	81 (100.0)	14 (100.0)	237 (100.0)
P = 0.133	Unknown	N				59

 Table 5
 Health Behaviors (Dr. Lester Breslow's Lifestyle Habits) and Health Perception

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			iii office Duffi		lines		
				Wo	orld Bank list of	Economies	
			Low Income	Lower Middle Income	Upper Middle Income	High Income	Total
	Japanese Health Insurance	N (%)	37 (72.5)	118 (81.4)	11 (91.7)	42 (51.9)	208 (72.0)
Recognition of National Health Insurance	Travel Insurance	N (%)	4 (7.8)	2 (1.4)	0 (0.0)	5 (6.2)	11 (3.8)
	Native Country's Insurance	N (%)	2 (3.9)	6 (4.1)	0 (0.0)	15 (18.5)	23 (8.0)
	Uninsured	N (%)	5 (9.9)	6 (4.1)	0 (0.0)	4 (4.9)	15 (5.2)
	No Idea	N (%)	3 (5.9)	13 (9.0)	1 (8.3)	15 (18.5)	32 (11.0)
	Total	N (%)	51 (100.0)	145 (100.0)	12 (100.0)	81 (100.0)	289 (100.0)
P = 0.000	Unknown	N (%)					7
Knowledge of	Know	N (%)	19 (38.0)	99 (69.2)	6 (50.0)	36 (44.4)	160 (55.9)
Individual Medical Expenses	No Idea	N (%)	31 (62.0)	44 (30.8)	6 (50.0)	45 (55.6)	126 (44.1)
	Total	N (%)	50 (100.0)	143 (100.0)	12 (100.0)	81 (100.0)	286 (100.0)
P = 0.000	Unknown	Ν					10

Table 6 Recognition of National Health Insurance and Knowledge of Out-of-pocket Medical Costs World Bank List of Economies

Table 7 Recognition of National Health Insurance and Knowledge of Individual Medical Expenses

			Ages of Respondent students						
			Below the age of 20 years	The age of 20 to 25 years	The age of 26 years and older	Total			
	Japanese Health Insurance	N (%)	37 (48.8)	131 (77.5)	39 (90.7)	207 (72.0)			
	Travel Insurance	N (%)	9 (11.8)	2 (1.2)	0 (0.0)	11 (3.8)			
Recognition of National Health Insurance	Native Country's Insurance	N (%)	9 (11.8)	13 (7.7)	1 (2.3)	23 (8.0)			
	Uninsured	N (%)	6 (7.9)	7 (4.1)	2 (4.7)	15 (5.2)			
	No Idea	N (%)	15 (19.7)	16 (9.5)	1 (2.3)	32 (11.0)			
	Total	N (%)	76 (100.0)	169 (100.0)	43 (100.0)	288 (100.0)			
P = 0.000	Unknow	И				8			
Knowledge of Individual Medical Expenses	Know	N (%)	26 (35.6)	103 (60.4)	31 (72.1)	160 (55.9)			
	No Idea	N (%)	47 (64.4)	67 (39.6)	12 (27.9)	126 (44.1)			
	Total	N (%)	73 (100.0)	170 (100.0)	43 (100.0)	286 (100.0)			
P = 0.000	Unknown	Ν				10			

4.4.3 Knowledge of Individual Medical Expenses (Tables 6 and 7)

Regarding to the knowledge of out-of-pocket medical cost, 126 respondents (44.1%) selected "No Idea". Therefore, we examined the relationship between their knowledge of individual medical expenses and their age group by χ^2 test, we found out that in particular the respondents below the age of 20 had less knowledge of individual medical expenses (P = 0.000). On the other hand, we also examined the relationship between World Bank List of Economies and individual medical expenses by χ^2 test, we found out that there was variability in the

results but the majority of those who selected "No Idea" was the respondents from "Low Income" and "High Income" countries (P = 0.000). However, "Demographic Data" besides "Ages", "Living Condition", and "School Life" items were not relevant factors.

5. Discussion

5.1 Health Perception and Health Behaviors

In this study, we found out that an overwhelming number of international students among the respondents recognized they were healthy and their "Health Perception" had no relationship with the categories, which are Demographic Data, Living Condition, School Life, and Health Behavior.

However, we recognized the existence of students with unhealthy behaviors as shown by the questionnaire result that 59 respondents (19.9%) had no breakfast at all, 86 respondents (29.2%) took snacks between meals every day, 87 respondents (30.6%) did not do any exercise, and 96 respondents (40.3%) had a high BMI. Therefore this fact made it clear that many of the respondents considered they were healthy putting aside whether their behaviors were healthy or unhealthy.

The research conducted by Kadota in 2002 for Japanese students in terms of their knowledge of lifestyle-related diseases, preventive behaviors, and health obtained reportedly the same result shown in our study. A predominantly high number of people in their adolescent years, regardless whether they are Japanese or not, consider themselves healthy even having negative lifestyle habits to be improved. This is thought to be because the adolescents have the lowest mortality and morbidity comparing with any other periods in their lifecycle. However, the adolescent period is considered crucial for them to learn healthier behaviors because the adolescent period is a start leading to negative lifestyle habits after they enter mature stage. Therefore, it is considered the strong need for them to raise their motivation to learn and take preventive behaviors against lifestyle-related diseases (Harada, 1995; Kimura & Adachi, 1999).

5.2 Recognition in National Health Insurance and Knowledge of Individual Medical Expenses

Japan is a country with the universal health insurance coverage. The respondents are all obliged to join it due to their more than 1-year residency in Japan (Fujita, 2003). However, in this study, we found out that 72% of the respondents recognized they were covered by the Japan's health insurance, and 55.9% respondents understood their individual medical expenses, because of which we consider that they do not understand the insurance and individual medical cost system very well. Moreover the issue of the medical insurance and expense of foreign residents was brought up also in previous studies and measures taken by municipalities (Momose & Esaki, 1995). Therefore our study made it clear that the case of international students was not the exception.

On the other hand, there was a disparity between their native countries and age groups in terms of their recognition of national health insurance and knowledge of out-of-pocket medical cost. We found out that in particular between the respondents from "High Income" countries and the respondents below the age of 20, they did not recognized national health insurance, among the respondents from "High Income" countries, from "Low Income" countries and below the age of 20 had less knowledge of individual medical expenses. We think that this result attributes to established state of their countries' and private insurance systems, and the rate of insured population.

It is thought that international students living in Japan with different language and cultures have a limitation of information they can collect themselves. From now on, it is considered necessary to provide them with information of exemplary health behaviors, national health insurance, and individual medical expenses, appropriate suggestions about methods to obtain information, and further improvement of services at universities' consultation desks by which they can stop when they have questions. Particularly there is a need to take further personalized approaches to international students from "High Income", "Low Income" countries, and "below the age of 20".

According to the previous study (M. Maeno et al., 2010), It is thought that clinical nurses have higher chances to have contacts with international students in these days. There were many experiences of Foreign-Residents unable to communicate in Japanese had visited their hospitals. But they all brought someone (family, friends or colleagues) spoke both their language and Japanese to the hospital. On the other hand, these hospitals and medical professions answered there were difficult experiences of "handling at reception desk, informed-consent of patient sickness and treating plan, educational guidance of patient's daily life to avoid worsen condition of diagnosis, and medical interviews at consultation".

Since those international students whose Marital Status is 93.9% single, are have less recognition of national health insurance, and knowledge of individual medical expenses. Clinical nurses should be aware that international students need to make efforts to clear up smoothly their financial doubts, strengthening the cooperation with social workers and other professions.

6. Conclusion

Our study made it clear that a predominantly high number of international students regardless whether they take health behaviors or not, considers themselves healthy. Moreover, we found out that there were variable levels of recognition of national health insurance and knowledge of individual medical expenses depending of their ages and countries' economy situations and the international students in particular from "High Income" and "Low Income" countries and below the age of 20, had less knowledge about them.

The result of our study suggests that from now on, there is a need to provide international students with appropriate advices and information of exemplary health behaviors, national health insurance, and individual medical expenses.

References

Breslow J. and Belloc N. B. (1972). "Relationship of physical health status and practices", Internal Prev. Med., pp. 409-421.

- Chen S., Fujiwara S., Suzuki R. and Tsunoda M. (2003). "Health management of foreign workers in Japan and how to support their health Comparison among the three countries", *Journal of Occupational Health*, pp. 45, 432.
- Fujita N. (2003). "Medical support problems of foreigners as seen from experiences", *The Japanese Journal of Community Health Care*, pp. 42–51.
- Harada M., Tada S. and Michishige F. et al. (1995). "Medical technology college students' smoking behavior and lifestyle and health awareness", *Bulletin of School of Medical Sciences, the University of Tokushima*, pp. 41–49.
- Hasegawa T., Takeda C., Tsukida K. and Shirakawa K. (2002). "A study of nursing care for foreigners in Japan", Journal of Fukui Medical University, pp. 49–55.

Immigration Bureau of the Ministry of Justice, available online at: http://www.immi-moj.go.jp.

Monden S. (2002). "Consciousness, knowledge and behavior on life-style related diseases of students", *Japanese Society of Public Health*, pp. 554–563.

Kimura M. and Adachi T. (1999). "Characteristics of fitness and exercise habit in the elderly — Results of surveys in a Japanese elderly population", in: *Bulletin of College of Medical Technology Kyoto Prefectural University of Medicine*, pp. 1–11.

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Momose Y. and Esaki H. (1995). "Characteristics of the problems in medical care for foreigners living in Fukuoka city", *The Japanese Society of Health and Human Ecology*, pp. 336–347.

Nakamura Y. (2003). "Health and health care issues of Foreigners", *The Japanese Journal of Community Health Care*, pp. 5–15. Sawada T. (2002). "Foreign residents and community health activities — SHARE efforts", *Journal of Public Health*, pp. 834–836. The World Bank Group, Data & Statistics, available online at: http://www.worldbank.org/data/countryclass/countryclass.html. Maeno M., Enomito N. and Maeno R. et al. (2010). "The problem of foreign language translation and supporting for foreigners in

clinics accepting foreigners", Annual Report (Web Edition) of University of Shizuoka, Junior College, pp. 13–26.