Research Note

Circumstances and Issues Relating to School Health Management in Brazilian Schools in Japan

Yumi Sato*, Junko Yamada*, Ikue Kiryu*, Narumi Ide*, Tomoko Saitoh and Megumi Yuki*****

* Graduate School of Health Sciences, Gunma University
3-39-22, Showa-machi, Maebashi, Gunma, 371-8514, Japan
satoy@gunma-u.ac.jp
** Faculty of Medicine, Niigata University
2-746, Asahimachi-dori, Chuo-ku, Niigata, 951-8518, Japan
*** Higher Education Center, Gunma University
2-4, Aramaki-machi, Maebashi, Gunma, 371-8510, Japan
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Aims : This study aimed to clarify the circumstances and issues surrounding school health management in Brazilian schools in Japan.
Methods : The participants were the principals of five Brazilian schools in Japan. A semi-structured interview was conducted about the approaches to school health management, and the results were analyzed using qualitative inductive methods.
Results: The content of implementation items of school health management were classified into five categories : 1) Daily health observation, 2) Coping when children feel sick, 3) Health guidance, 4) Medical management and 5) Health checkups. Issues of school health management recognized by principals were classified into two categories: 1) Parents' responses to their child's poor physical condition and 2) Cannot share of a child's health informations with parents. Issues of health and lifestyle habits of the children attending Brazilian schools in Japan recognized by principals were classified into three categories: 1) Physical and mental, 2) Dietary habits and 3) Health-related lifestyle.
Conclusions: The circumstances and issues surrounding school health management conducted in Brazilian schools in Japan were clarified as follows: 1) There are differences in the approach to school health management among Brazilian schools in Japan; 2) Approaches to dental health instruction and follow-up health checkups are performed in all schools; 3) There are issues in daily life for Brazilians living in Japan concerning the background of health issues; and 4) There is a difference in the awareness of the child healthcare between "schools" and "parents" of Brazilian in Japan.

Keywords: Brazilian schools in Japan, school health management, child healthcare

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1. Introduction

According to the Ministry of Justice(2009), approximately 2,217,426 foreigners were registered residents of Japan as of the end of 2008, accounting for 1.74% of the total population. Since the revisions to the "Immigration and Refugee Recognition Act" in 1990, the influx of South American citizens of Japanese descent, called newcomers for the purpose of employment, has drastically increased. These newcomers tend to live collectively in certain cities where they are more likely to find employment. Therefore, there are many municipalities in Japan where many newcomers reside.

Many of these foreign nationals come to Japan with their families, and many of their children do not attend Japanese compulsory education schools, but are enrolled in schools for foreigners living in Japan. However, most of the schools for foreigners are not technically regarded as schools by the Japanese government. Therefore, the system of periodic health checkups, which is required to ensure the health of pupils/students in Japanese schools, is not applied. As a result, it was revealed that some children attending schools for foreigners did not have health checkups for several years. Therefore, since 2002, B University has conducted health checkups for children attending Brazilian schools in an area where many newcomers live in Japan. In addition, it holds health counseling after health checkups in order to explain the results. These health checkups have been conducted because it is thought the children attending Brazilian schools

in Japan should be guaranteed the same access to health and medical services as Japanese children. The number of foreign children who have participated health checkups offered exceeded 3,000.

Various issues have been identified as results of health checkups, including obesity, low vision and many other physical issues caused by lifestyle habits among the children attending Brazilian schools in Japan(Yamada et al., 2010). While discussing the future support for children with health issues, the authors concluded that it was necessary to clarify what the school health management system in the Brazilian schools is like and how they make use of the results of health checkups. There has been no prior research describing the practice of school health management in Brazilian schools in Japan.

The purpose of this research is to clarify the circumstances and issues related to school health management as implemented in Brazilian schools in Japan. We discuss how regional support might be provided for the children attending Brazilian schools in Japan.

Education in Brazil is divided into three levels, with several grades in each level. Fundamental education, the first education level, is free for everyone, and mandatory for children between the ages of 6 and 14. Middle education, the second education level, is also free, but it is not mandatory. Secondary education provides an additional 3 years of schooling. Higher education, including graduate degrees, is free at public universities. Pre-school education is entirely optional, and exists to aid in the development of children under age 6. There are day nurseries for children under 2, kindergartens for 2-3 year olds and preschools for children 4 or older.

The Brazilian schools in Japan conduct education based on the education system in Brazil. These Brazilian schools in Japan provide education in their native language at the equivalent level to that in Brazil, so that the education can be continued after the children return to Brazil. The schools authorized by the Brazilian Government are required to provide the education of Japanese language and Japanese culture to some extent, but the content of the education and school hours, are left to the discretion of the administrators at each school. The number of children enrolled at the Brazilian schools frequently changes because families return to Brazil or they may relocate within Japan. As of September 2006, there were 96 Brazilian schools in Japan among 99 South American Schools in Japan. Among these schools, 41 were ultimately authorized by the Brazilian Government.

2. Methods

2.1. Participants

The principals of five Brazilian schools in Japan participated in this research. These are the same five schools that had participated in the health checkups for children attending Brazilian schools provided by B University during the 2008 school year (hereafter referred to as “health checkups”).

2.2. Procedure

The data were collected using qualitative semi-structured interviews. We interviewed three principals in Japanese. The two other principals had their school staffs interpret for them. The typical length of an interview was 1-1.5 hours. The transcriptions of the interviews were recorded in the notes with the participant consent. The investigation period was in February 2009.

The principals were asked about several issues. First, what are the issues of children’s health among those attending their school and what lifestyle factors may be related to the children’s health? Second, what is the approach to the school health management system in your school? Third, what are your opinions about your school’s approach to health checkups? Fourth, what are your opinions about the issues regarding structuring the school health management system for the children attending Brazilian schools in Japan in the future?

For the second question regarding the approach to the school health management system in their school, they were asked about whether the health manager has been decided, content of implementation items of school health management and issues of school health management. For the third question, we sought opinions about issues regarding their approach to health checkups. They were also asked about teachers’ recognition of the necessity of health checkups, parents’ and children’s recognition of and response to health checkups, their school’s response to the implementation of health checkups and follow-up procedures, as well as future plans for health checkups. In the fourth question, we obtained their opinions on issues surrounding the structuring of

the school health management system for children attending Brazilian schools in Japan in the future. The authors proposed the approach of cooperation amongst administration, universities, and Brazilian schools in the area, and listened to their opinions.

2.3. Methods of Analysis

The qualitative inductive methods were used. Appropriate contents were extracted from the interview record, categorized based upon the similarity of semantic contents and given the names representing their characteristics. The data extraction and analysis were conducted by five researchers at a nursing universities continuously engaged in health checkups for several Brazilian schools in the area. Those researchers specialize in public health nursing and are expert in qualitative research methods. One researcher specializes in educational sociology and is an expert in the multicultural society. All researchers discussed each of the items until they reached a consensus.

2.4. Ethical Considerations

The purpose and method of the research, data management methods, assurance of anonymity and right to discontinue participation were explained both orally and in writing. This research was conducted with the approval of the ethics review board for epidemiological research at Gunma University School of Medicine (Approval Number 20-13).

3. Results

3.1. Attributes of Participants (Table 1)

The participants consisted of five principals. Four of the five schools where the respondents worked, were authorized by the Brazilian Government.

Two schools were assigned health managers and in both cases the principals of the schools were appointed as the health managers. One of these principals was qualified as a nurse in Brazil. These health managers were providing advice to the teachers in charge of the class and considering a whole-school approach to health management. In other schools, the teachers in charge of the class understood the health conditions of the children.

3.2. Circumstances and Issues of School Health Management of Brazilian Schools in Japan

3.2.1. Content of Implementation Items of School Health Management (Table 2)

Thirty-one descriptive data were extracted as main contents for school health management of Brazilian schools by the principals or teachers in charge of the class. Subsequently, these were classified into 14 subcategories and five categories. Hereafter,

Table 1 Attributes of participants

	A	B	C	D	E
Authorized by the Brazilian Government	○	○	○	×	○
Education level	Pre-school Fundamental Middle	Pre-school Fundamental Middle	Pre-school Fundamental Middle	Pre-school Fundamental —	Pre-school Fundamental Middle
Number of students	More than 100	More than 100	More than 50	Less than 50	More than 100
Health managers	×	×	×	Principal (qualified as a nurse in Brazil)	Principal

Table 2 Content of implementation items of school health management

(Total number of descriptive data: 31)

Category (Number of Responses)	Subcategory (Number of Responses)
1 Daily health observation(6)	1) Health observation(5)
	2) Temperature check and health check of pre-school children(1)
2 Coping when children feel sick(9)	1) Communicate to parents(5)
	2) Make children have medical checkups(3)
	3) Put sick child to rest on a bed in a small room(1)
3 Health guidance(14)	1) Require teeth brushing after lunch(4)
	2) Oral cavity check after tooth brushing(1)
	3) Tooth brushing guidance(2)
	4) Health guidance regarding diet and sanitation(1)
	5) Communicate with parents when necessary(3)
	6) Communicate with parents using contact form(2)
	7) Communicate with parents at parent-teacher meetings(1)
4 Medical management(1)	1) Management of drugs that children take(1)
5 Health checkups(1)	1) Annual health checkups by a primary care physician of the school(1)

categories are presented in [ ], subcategories in <>, and quotations from data in bold and italics.

[Daily health observation] was conducted in all schools, and the main content was <Health observation>. <Temperature check and health check of pre-school children> was conducted in one school.

As a way of [Coping when children feel sick], all schools were taking measures to <Communicate to parents>. However, because "*not so many parents come to pick up their children with poor physical condition,*" three of these schools were taking measures to <Make children have medical checkups>. Furthermore, one school responded that although it had no healthcare room, it sometimes <Put sick child to rest on a bed in a small room>.

In the area of [Health guidance], four schools < Require teeth brushing after lunch >. One of those schools conducted an <Oral cavity check after tooth brushing>. Furthermore, in two schools a teacher gives <Tooth brushing guidance >.

For [Medical management], one school conducted <Management of drugs that children take>. For [Health checkups], one school conducted <Annual health checkups by a primary care physician of the school>.

3.2.2. Issues of School Health Management Recognized by Principals (Table 3)

Three principals of Brazilian schools answered that they had issues of school health management of the school, and 10 descriptive data were extracted. Subsequently, these were classified into four subcategories and two categories.

[Parents' responses to their children's poor physical condition] were that they <Make their children attend school even if they are in poor physical condition>, and they <Do not come to pick-up their children in spite of information that their children are in poor physical condition>. It appears that they <Do not seek medical attention or examinations for their children in poor physical condition>. As a result, "*a highly contagious disease caused a group infection*" in one school. Furthermore, for [Sharing of children's health information with parents], the principal responded that he/she <Cannot know their children's health information including health history>.

3.3. Issues of Health and Lifestyle Habits of Children Attending Brazilian Schools in Japan Recognized by Principals (Table 4)

Regarding the issues of health and lifestyle habits of the children attending Brazilian Schools, 32

Table 3 Issues of school health management recognized by principals

(Total number of descriptive data: 10)

Category (Number of Responses)	Subcategory (Number of Responses)
1 Parents' responses to their children's poor physical condition(9)	1) Make their children attend school even if they are in poor physical condition (3)
	2) Do not come to pick-up their children in spite of information that their children are in poor physical condition (3)
	3) Do not seek medical attention or examinations for their children in poor physical condition (3)
2 Sharing of children's health information with parents(1)	1) Cannot know their children's health information including health history (1)

descriptive data were obtained, and classified into nine subcategories and three categories.

[Physical and mental health] issues were composed of two subcategories. One is <Increase of children with mental health problems> and the other was <Increase of children with retardation and disease>. For the two subcategories it was reported that "*mental issues are increasing*" and that "*some children are repeatedly hospitalized for asthma*".

[Dietary habits] was composed of three subcategories, which were first, that <Many children do not eat breakfast at home>, second, that <Many children consume too much juice and snack foods> and third, that <Some children cannot take meals at home>. Specifically, it was stated that "*many children take brunch and supper in school.*"

Furthermore, as background factors for these health issues, a category of [Health-related lifestyle] issues was formed, which was composed of the following four subcategories: 1) <Leaving early to go to school>, due to the parents having to leave home to go to work early in the morning or the fact that they live far away from school, 2) <Lifestyle of parents who put their priority on their jobs>, 3) <Increase of families having financial difficulty> and 4) <Communication barrier>. Specifically, it was reported that "*it is difficult to visit a clinic because both parents cannot speak Japanese.*"

3.4. Recognition and Implementation of Health Checkups at School (Table 5)

3.4.1. Implementation of Health Checkups at School

In order to inform students and parents that health checkups were to be provided and to encourage participation, two schools "*directly encouraged parents to receive health checkups*" and another two schools "*distributed a guide prepared by their own school.*" Two schools "*explained to children about health checkups in detail*" including its meaning and how to receive it.

For the follow-up after the health checkups, all schools, "*in cases of requiring medical treatment, directly communicate with parents and encourage them to make their child have medical examinations,*" by way of "*using a contact form for teachers to exchange information with parents*", "*directly inform parents of the care being offered when they're taking their child to and from school*" or "*communication with parents by telephone.*" A school is "*following up on the physical checkup results.*"

3.4.2. Parents' and Children's Recognition and Response to Health Checkups

Parents and children also positively recognized and accepted health checkups as evidenced by quotations from the data like "*they take it for granted that they should have an annual physical check*" and "*a disease was found thanks to health checkups.*" Furthermore, it was pointed out that some parents have become sensitive to the results of health checkups. Meanwhile, parents' recognition that "*health checkups should*

Table 4 Issues of health and lifestyle habits of the children attending Brazilian schools in Japan recognized by principals

(Total number of descriptive data: 32)

Category (Number of Responses)	Subcategory (Number of Responses)
1 Physical and mental health(8)	1) Increase of children with mental health problems (5)
	2) Increase of children with retardation and disease (3)
2 Dietary habits(8)	1) Many children do not eat breakfast at home (4)
	2) Many children consume too much juice and snack foods (3)
	3) Some children cannot take meals at home (1)
3 Health-related lifestyle(16)	1) Leaving early to go to school (7)
	2) Lifestyle of parents who put their priority on their jobs (5)
	3) Increase of families having financial difficulty (3)
	4) Communication barrier (1)

Table 5 Recognition and implementation of health checkups at school

Questions	Contents (Number of Responses)
Implementation of health checkups at school (encouraging participation)	1) Directly encouraged parents to receive health checkups(2)
	2) Distributed a guide prepared by their own school(2)
	3) Explained to children about health checkups in detail(2)
Implementation of health checkups at school (follow-up after health checkups)	1) In cases of requiring medical treatment, directly communicate with parents and encourage them to make their child have medical examinations(5)
	2) Follow-up the health checkup results(1)
Parents' and children's recognition and response to health checkups	1) Parents and children take health checkups for granted that they should have an annual physical check(2)
	2) A disease was found thanks to health checkups(2)
	3) Health checkups should be naturally free of charge(2)
	4) Feel ashamed to have health checkups(2)
	5) Parents were pleased to have the opportunity for the health checkup(2)
	6) Parents and children recognized the importance of the health checkups(1)
Principals' recognition of necessity of health checkups	Necessary(5)
Principals' recognition of future intention of health checkups	1) Health checkups are necessary(5)
	2) Continuation of the program provided by the university(5)

be naturally free of charge" and the fact that some children in upper grades, in particular, "*feel ashamed to have health checkups.*" were also pointed out.

3.4.3. Recognition of the Necessity and Future Intention of Health Checkups

All principals recognized the necessity of health checkups. As for the future intention of health checkups, all principals considered that "*health checkups are necessary*" and desired "*continuation of the program provided by the university.*" However, regarding the implementation of health checkups conducted independently by schools and parents, negative opinions were expressed, such as "*parents tend to take it for granted to have others implement physical checkups,*" "*the number of children receiving health checkups may decrease if it is conducted at the parents' expense*" and "*it is difficult to implement*

health checkups mainly by schools."

3.5. Opinions and Issues for Structuring Health Management System for Children in the Future

The authors propose an approach that relies on the cooperation amongst administration, universities, and Brazilian schools in the area that will structure health management system for children in the future. The result is explained as follows, with the data being quoted and expressed in bold and italics.

Four principals of Brazilian schools responded that they "*want to have the opportunity to exchange information in order to use it for their own approach.*" However, they answered that "*it is difficult for all schools to uniformly deal with the school health management in schools*" and that "*cooperation among schools is difficult.*" As the reasons for the above, it was revealed that "*there has been no communication among Brazilian schools in Japan*" and "*different schools have different policies and contents of education in the mother country of Brazil*".

As other opinions, requirements for "*information from the administration about the method of school health management*", "*ensuring the opportunity for health checkups for out-of-school children*" and "*support for mental problems*" were presented.

4. Discussion

4.1. Circumstances of School Health Management in Brazilian Schools in Japan

As results of this research, the following are considered as the circumstances of school health management in Brazilian schools in Japan.

4.1.1. Although There are some Differences among Schools, Dental Health Instruction is Conducted in all Schools.

As results of research, there are differences in circumstances among the school health management systems in Brazilian schools in Japan. However, dental health instruction is carried out in all five schools examined.

As the principals described, "*different schools have different policies and contents of education in Brazil.*" This is considered to be the biggest reason why there are differences in approaches among schools.

In the background of dental health instruction being conducted, the following is considered as the reason: Approximately 30% of children were judged as requiring medical treatment by health checkups during the 2008 school year, which, when broken down, shows that bad eyesight was the highest (51%), followed by dental cavities (27%). For the past six years, the ranking has remained the same (Yamada et al.,2010). Therefore, at health consultations held after health checkups, a dental hygienist provides dental health instruction. As results of this approach, dental health instruction is provided as a part of school health management in Brazilian schools in Japan. Furthermore, according to an interview survey with the specialized staff continuously engaged in health checkups (Sato et al.,2009), "Brazilians have a culture that pays attention to aesthetics." This is considered to contribute to their concern with dental health.

4.1.2. Issues in Daily Life as Brazilians Living in Japan Affect the Health Issues of Children.

[Physical and mental health] issues and [Dietary habits] were pointed out as the issues of children's lifestyle habits and health in this research. And in the background of them, [Health-related lifestyle] such as <Leaving early to go to school>, <Lifestyle of parents who put their priority on their jobs> and <Increase of families having financial difficulty> were pointed out.

The issues due to the <Increase of children with mental health problems> and the fact that <Many children do not eat breakfast at home> were identified as [Physical and mental health] and [Dietary habits] issues that are not exclusive to children in Brazilian schools in Japan. Children attending Japanese schools have the same issues(Toichi, 2002). However, [Health-related lifestyle] issues are unique to "Brazilians in Japan" who have migrated to Japan for the main purpose of earning wages. When we consider the health issues of children in Brazilian schools in Japan, [Health-related lifestyle] unique to Brazilians in Japan should be taken into consideration.

4.1.3. There is a Difference in the Awareness of the Child Healthcare between "Schools" and "Parents" of Brazilians in Japan.

As mentioned above, the issue of health is a common one between Japanese schools and Brazilian schools in Japan. However, Brazilian schools in Japan have neither a healthcare room nor institutionalized school health management system, so that they have no personnel, place or system to deal with the issue

of health. The authors, before starting this research, investigated actual conditions of organizations of health, medical care and education for children in order to understand the social institutions and living in Brazil, the mother country of participants (Sato et al.,2007). As a result, ordinary public schools for children who may migrate to Japan have neither a healthcare room nor institutionalized school health management system except the schools for the children of a few rich families. It was confirmed that there is a conception that "each family is responsible for its children's healthcare. The reason why Brazilian schools in Japan have neither a healthcare room nor institutionalized school health management system is considered to be due to the culture and school system of Brazil.

On the other hand, in this research, the principals pointed out the category of [Parents' responses to their children's poor physical condition] with the subcategories of <Make their children attend school even if they are in poor physical condition> as an issue of health management. In other words, the parents of the children of Brazilian schools in Japan are considered to be leaving the healthcare of their children to the schools. Okegawa (2009) who clarified the actual conditions of Brazilian schools in Shiga Prefecture, Japan, in view of this present situation of parents, pointed out that the awareness of the parents that "schools assume a role in education and families assume a role in the rearing of children" in Brazil has been lost in Japan, and that the issues of Brazilian parents considerably overlap with those of present Japanese schools. Regarding this similarity, she said that it is probably because while living in Japan, parents tend to work full time, putting emphasis on their jobs, and Japanese consciousness that "schools assume both roles of education and rearing of children" penetrates into Brazilians in Japan. Based on these differences in the awareness of the child healthcare between "schools" and "parents," it is assumed that the health issues of the children of Brazilian schools in Japan are not being dealt with in both schools and at home.

4.2. Recognition and Intention Concerning the Approach to Health Checkups

Regarding the approach to health checkups in this research, the authors listened to the opinions expressed at each school. As results, schools, children and parents recognize the necessity for health checkups, and it has become a common practice. In other words, the approach to health checkups has taken hold in Brazilian schools in Japan. After health checkups, in cases of requiring medical treatment, the result is communicated to parents, and it is clarified that the results of health checkups are utilized for individual physical management.

Regarding the health checkups in the future, personnel at the school desire "Continuance of health checkups provided by the university." The authors proposed the structuring of the school health management system with the cooperation among administration, universities, and Brazilian schools in the area, through this research. However, the response of the schools was that the implementation of health checkups unique to each school and the establishment of cooperation among Brazilian schools in Japan are difficult.

There are presumably two factors that contribute to this way of thinking. One factor is that, as described above, because Brazilian schools in Japan follow the culture and school system of their mother country Brazil, it is difficult to determine whether school health management is performed in schools. Another factor is economics. In this research, the subcategory of < Increase of families having financial difficulty > of the category of [Health-related lifestyle] was pointed out. The 2008 school year, when this research was implemented, marked the beginning of a dramatic global economic slowdown. Foreign residents in Japan who had unstable employment conditions were presumably directly affected by it. They were placed in a complex situation that made it difficult for children to even attend school. Consequently, the management of Brazilian schools in Japan must also have faced a very unstable situation. If a school implements health checkups of its own accord, it will face the problem of individual payment. Therefore, they presumably think it is difficult to implement such a policy.

4.3. Desirable Community Support to School Health Management in Brazilian Schools in Japan

From the results of this research, the following were considered to be desirable community support to school health management in Brazilian schools in Japan.

4.3.1. Support to School Health Management by Understanding the Culture Unique to Brazilians and Brazilian Schools in Japan.

As results of this research, it was clarified that there are issues in the daily life unique to Brazilians, who live in Japan for the labor purposes, as the background of health issues among the children attending Brazilian schools in Japan. It was also clarified that there is a difference in awareness of the child healthcare between “schools” and “parents” of Brazilians in Japan. The “schools” take over the culture and school system of their mother country Brazil, so that it is difficult to understand that the health management of children should be performed in schools. On the other hand, parents have a Japanese conception that schools should play a role in health management. As reported before, the above shows that the lifestyle habits and cultures of foreigners in Japan are not always the same as those in their mother country (Kawada et al., 2002). In other words, although Brazilian schools in Japan follow the culture and school system of their mother country, they are also affected by the culture of Japan where they exist. As a result, they are considered to have issues and a culture unique to them.

It is necessary to make further assessment of the culture of Brazilians and Brazilian schools in Japan, and provide support that suits the actual circumstance in the future.

4.3.2. Provide Support in Accordance with the Individuality of Each School, so that Schools can Conduct School Health Management on their own, with the Support of Communities and Research Institutes.

There were differences in the approach to school health management among Brazilian schools in the area. However, following-up after dental health instruction and health checkups were performed in all schools, thanks largely to support that B University had provided, including health checkups. As previously described, it was also recognized that there are issues and a culture unique to Brazilian schools in Japan.

In light of these circumstances, it was considered to be necessary for communities and research institutes to continue the support as a research project in accordance with the individuality of each school. Furthermore, it was also considered important to provide support while cultivating human resources who can be core individuals for school health management in these processes, so that they would be able to perform their own school health management. This will lead to structuring a system that can respond to the issues of the health of children who, presumably, need care.

5. Conclusion

There are differences in circumstances of school health management among Brazilian schools in Japan. It was revealed that, in the background of the issues of the health of the children, there are issues of daily life unique to Brazilians in Japan. Although there is not institutionalized school health management system in Brazilian schools in Japan, follow-up after dental health instruction and health checkups was performed in all schools. From the above, it was suggested that it is necessary to provide support to Brazilian schools in Japan by understanding the culture of Brazilians and Brazilian schools in Japan, and furthermore, to help the schools develop their own school health management systems individually with the support of communities and research institutes.

6. Significance of and Limits of Research

This research was conducted with the aim of clarifying the actual circumstances and issues of school health management in Brazilian schools in Japan. The present results are considered to be generalized with the other Brazilian schools in the area; however, in order to generalize the results of this research as the circumstances for Brazilian schools in Japan, it will be necessary to conduct additional research with a larger number of participants.

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Name:
Yumi Sato

Affiliation:
Graduate School of Health Sciences, Gunma University

Address:
3-39-22, Showa-machi, Maebashi, Gunma, 371-8514 Japan

Brief Biographical History:
1999- Lecturer, Gunma University
2002- Assistant Professor, Gunma University
2006- Professor, Gunma University

Main Works:
- Kiryu I, Yamada J, Saito T, Ide N and Sato Y. Dietary Habits and issues of junior high school students in a town in Gunma Prefecture. The Kitakanto Medical Journal 63: 375-379, 2013
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Membership in Learned Societies:
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- Japan Academy of Nursing Science
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