

Research Report

Differences in views on personal health between Japanese and Danes

Yumi HIRUTA *Professor, Department of Nursing, Faculty of Nursing and Rehabilitation, Aino University*

Abstract

The author carried out a survey in order to analyze differences in views on personal health and daily health care in Japan and Denmark. The subjects of the survey were 180 Japanese and 128 Danes, and they were asked 17 questions in order to determine their perception of personal health and daily health care activity.

The results were as follows: for the Self-perception of personal health, about 80% of both Japanese and Danish answered that they were "feeling well." The Danes recognized the value of their health and lifestyle. There were significant differences when compared to the Japanese. The Danish view of health showed a positive lifestyle expressed through self-reliance and the pursuit of comfort and happiness. This suggests that a healthy lifestyle could be described as "positive health." In Japanese, many descriptions of health suggested the eager study and deep knowledge of health, but the practice rate of health care in daily life was low. The Japanese view of health could be described as a "negative type." Japanese have much knowledge of health, ways of maintaining health, and the financial means of obtaining health care. The results indicate that health promotion should emphasize higher levels of simple physical activity in daily life.

Key words: perception of health, health care, health promotion, comparison between Japanese and Danes

Introduction

There are many factors that have influence on human health. The natural and socio-economical environments that surround us have a great influence on the individual health condition. The characteristics of the physical-developmental level and psychological-mental condition of an individual's inner environment also give rise to large difference in human health. It appears that those factors are very complex and have an influence on individual lifestyles, which determines the individual health condition.

How do the natural and socio-economical environments influence personal health? Also, how do the characteristics of the psychological and mental state affect personal health? It is of great importance that we clarify differences in the socio-economical and environmental influences on physical and mental health of individuals and the views and attitudes of different societies. This international comparative survey attempts to clarify such differences.

Thus, the author carried out a comparative survey on the activity of daily health care and perception of personal health in Japan and Denmark in order to clarify differences in health care and the view of health. Both Japan and Denmark are advanced industrial nations. There are similarities such as economic well-being and high levels of nutrition and sanitation. Neither country is engaged in war, crime rates are low, and incidences of discrimination relating to religion are few. However, there are many differences between Northern Europe and East Asia such as the geographical environment, racial tendencies, and differences in the welfare system as a policy of government. These differences may be important factors for the individual concerning the activity of health care and view of health.

I Methods

1. The subjects and period of the present survey

1) Japan

The Japanese subjects comprised different

groups: namely, 235 students and 60 teachers of A university and 70 participants of a lecture that A university organized, and 55 students and teachers of a graduate school of B university. The total subject number was 420. Responses were obtained from 180, with an overall response rate of 42.9%.

The survey period in Japan was from the middle of January to end of May, 2005.

2) Denmark

The Danish subjects were composed of 80 high school students and 95 annuitants. The total subject number was 175. The number of respondents was 128 giving an overall response rate of 73.3%.

The survey period in Denmark was from the middle of January to the end of February, 2005.

2. Questionnaire

The questionnaire consisted of 17 items regarding the perception of personal health and activity of health care: namely (1) perception of the general health condition, (2) perception of the physical health condition, (3) perception of the mental health condition, (4) awareness of daily habits that influence personal health, (5) awareness of social conditions that influence personal health, (6) awareness of environmental circumstances that influence personal health, (7) adherence to healthy habits, (8) careful consideration to the health, (9) knowledge of health care, (10) the activity of health care in daily life, (11) the opportunity of daily health care, (12) intention regarding new health care, (13) condition of undergoing new health care, (14) desired government action regarding health policy, (15) perceived difficulties in society for those in poor health, (16) satisfaction with life, and (17) view of health.

3. Ethical considerations

The present survey was carried out to ensure anonymity and data were all processed statistically. Questionnaires were answered by those who freely agreed to cooperate with this survey, and special care was made to ensure the protection of privacy.

4. Data analysis

The data were compared between the two groups of Japanese and Danes. A chi-square test was used to test for significant differences. Significance was determined at a probability of 5% or less.

II Results

1. The characteristics of subjects

Table 1 summarizes the characteristics of subjects in the present survey in two groups, Japanese and Danish. Age: The subjects of both groups in their teens and twenties made up half the number, and subjects in their fifties and sixties comprised about 40% of Danes and 30% of Japanese. Religion: 80% of Danes were Christians and 40% of Japanese were Buddhists. Half of the Japanese answered that they had no religious affiliation. Half of both groups were students of high school or university. There was the distinctive feature that the occupations of Danes were varied and the occupations of Japanese were mainly teachers, health-medical workers, or welfare workers.

Table 1 The characteristics of subjects

Items	Numbers (%)		
	Danish n=128	Japanese n=180	
1. Age	18-29	65 (50.8)	91 (50.6)
	30-49	13 (10.2)	18 (10.0)
	50-69	19 (14.8)	36 (20.0)
	Over 70	28 (21.9)	14 (7.8)
	n. a.	3 (2.3)	21 (11.7)
2. Sex	Male	45 (35.1)	52 (28.9)
	Female	79 (61.7)	110 (61.1)
	n. a.	4 (3.1)	18 (10.0)
3. Religion	Buddhist	1 (0.8)	64 (35.6)
	Christian	107 (83.6)	9 (5.0)
	Muslim	3 (2.3)	0 (0.0)
	Other	5 (3.9)	3 (1.7)
	Non religious	12 (9.4)	84 (46.7)
n. a.	5 (3.9)	20 (11.1)	
4. Co-inhabitants	Living alone	30 (23.4)	54 (30.0)
	Living with family	94 (73.4)	108 (60.0)
	n. a.	4 (3.1)	18 (10.0)
5. Living place	Town	23 (18.0)	23 (12.8)
	Suburbs	53 (41.4)	120 (66.7)
	Country-side	32 (25.0)	5 (2.8)
	Coastal areas	6 (4.7)	1 (0.6)
	Mountainous areas	1 (0.8)	3 (1.7)
	Other	9 (7.0)	4 (2.2)
	n. a.	4 (3.1)	24 (13.3)

2. The perception of personal health and daily health care

Fig. 1 shows the degree of self-perception of personal general health. About 80% of subjects, both Danish and Japanese, answered that they were "feeling well".

Fig. 2 shows the degree of health care in daily life. The Danish answered at a higher rate

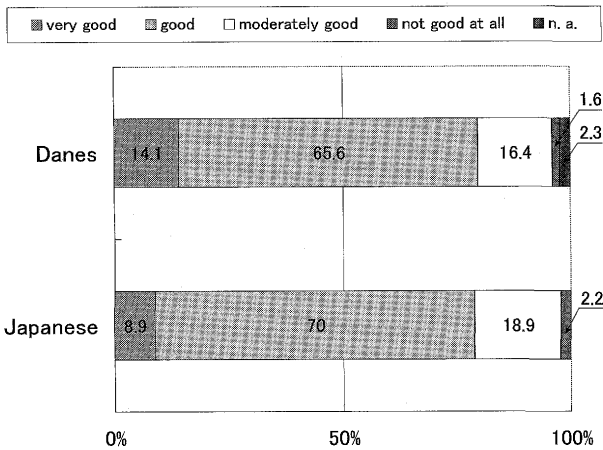


Fig. 1 The perception of general personal health

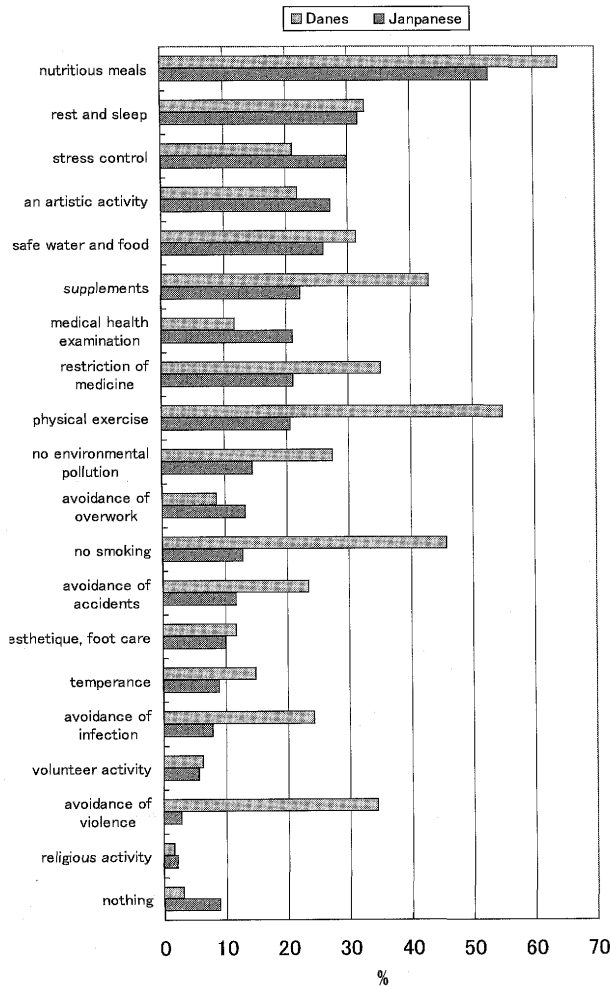


Fig. 2 Health care in daily life

than the Japanese for most items. The items noted by Danish at a high response rate were nutritious well-balanced meals and physical exercise or sports, decreasing or nonsmoking, nutritional supplementation, and others. The items noted by Japanese at a high response rate were nutritious well-balanced meals, taking rest and having good sleep, control of a stress, taking an interest in artistic activities.

3. The evaluation of health and life

Fig. 3 shows the response rate for the question "Do you think that living in society is hard when in poor health." Seventy-eight percent of Japanese and 52% of Danes answered "Yes, I think so", showing a significant difference between the two groups (chi-square = 11.12, df = 1, $P < .001$). In other words, 50% of Danes answered positively whereas only 20% of Japanese gave a positive response.

Fig. 4 shows the degree of satisfaction with life. The Danish response rate of "very well"

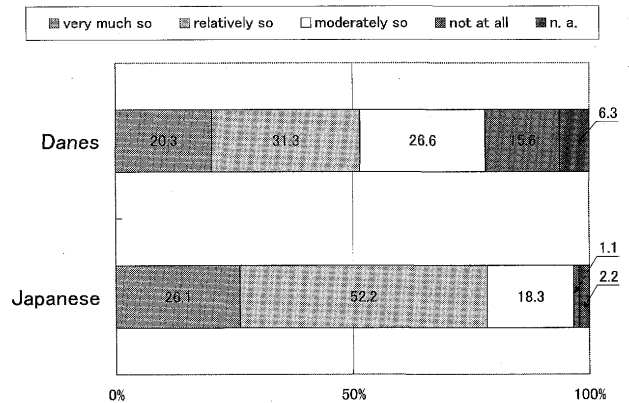


Fig. 3 Perceived difficulties in society for those in poor healthy

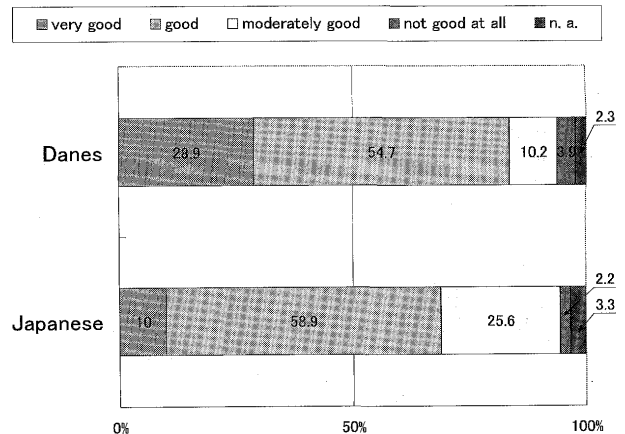


Fig. 4 Satisfaction with life

and "relatively well" was 84%, but that of Japanese was 69%, showing a significant difference (chi-square = 13.09, df = 1, $p < .001$).

4. Desired government action regarding health policy

This item was answered by free description, with 90 (70%) Danes and 104 (58%) Japanese giving opinions. The contents of description were classified into groups of similarity, as shown in Table 2.

The responses of Danes centered around the medical service system, life support system, and financial support. The concrete contents regarding the medical service system were "short waiting time for consulting a doctor or entering a hospital" and "rapid response," "medical care free of charge," and so on. The concrete contents of the life support system were mostly descriptions such as "proper support when necessary."

The answers given by Japanese were many and varied. For example, "health education" and "free admittance and access to public institutions," "anti-smoking campaigns," "safety of the environment and foods," "life support system," and so on. Many descriptions such as "low expectations" was also characteristics of Japanese answers.

Table 2 The demand of a health policy for government

Classifications	Numbers (%)	
	Danish n=128	Japanese n=180
1 Financial support	12 (9.4)	11 (6.1)
2 Free admittance and use of the public institution	0 (0.0)	12 (6.7)
3 Safe environment and food	0 (0.0)	8 (4.4)
4 Mental health care	0 (0.0)	5 (2.8)
5 Support of working	0 (0.0)	7 (3.9)
6 Health care education	7 (5.5)	19 (10.5)
7 Medical service system	27 (21.1)	1 (0.6)
8 Life support system	27 (21.1)	12 (6.7)
9 School education system	0 (0.0)	3 (1.7)
10 Preservation of the status quo	6 (4.7)	2 (1.1)
11 No expectation	10 (7.8)	27 (15.0)
12 Other	3 (2.3)	2 (1.1)
n. a.	38 (29.7)	76 (42.2)

5. The view of health

This item was answered by free description of the view of health, with 80 (63%) Danes and 109 (61%) Japanese responding. The contents of description were classified into groups of similarity, as shown in Table 3.

The descriptive words regarding health used by Danes were mainly positive expres-

Table 3 The view of health

Classifications	Numbers (%)	
	Danish n=128	Japanese n=180
1 Physical health care (nutrition, physical-exercise, taking a rest)	37 (28.9)	24 (13.3)
2 Mental health care	3 (2.3)	10 (5.6)
3 Physical-mental health care	9 (7.0)	15 (8.3)
4 Satisfactory life (self-reliance, happiness)	18 (14.1)	8 (4.4)
5 Idea of perfect health	2 (1.6)	19 (10.6)
6 Idea of affordable health	4 (3.1)	16 (8.8)
7 Other	8 (6.3)	7 (3.9)
8 No particular	1 (0.8)	8 (4.4)
n. a.	48 (31.3)	71 (39.4)

sions such as "self-reliance, self-support," "comfortable life," "happiness," and "satisfaction with life."

The descriptive words used by Japanese were mainly "physical and mental health," "happy life," and "balanced meals, good sleep, and physical exercise." However, they showed a tendency to express negatively such as "not cause inconvenience for others," "no expectation of help," and "not depend on others."

III Discussion

In this survey, the number of sample groups of both Japanese and Danes was small, and the ages and occupations of the subjects were unbalanced. The author recognizes that there are limitations in the accuracy of the results, but will attempt a hypothetical discussion based on the data obtained through this questionnaire.

1. Danish view of health and health care

There are many Danes who are conscious of good health and eagerly participate in health care. It seems that, generally, they lead a healthy life. It was suggested from their daily activity of health care responses that they seek health care as soon as they feel apprehensions about their health.

Their descriptions comprised affirmative answers for their own health care, and there were some descriptions regarding the essence of life, for example, "health care is love for a person," and "a healthy life is a happy life." It seems that such answers are related to their high level of satisfaction with life. Concerning their desire for changes in the Danish government's health policy, the answers indicated their idea that they have a right to receive

proper support when they need help. In the Danish medical service system, when people have a health problem, they don't directly consult a doctor in a general hospital or a specialist. First, people consult a home doctor. If the home doctor deems it necessary, the patient is introduced in to a general hospital or referred to a specialist, rehabilitation facility, and so on. Consequently, people must wait to consult a doctor or enter a hospital. It appears that, in some cases, people whose condition has deteriorated experience both physical pain and mental anguish while awaiting treatment.

For the evaluation of health and life, about half of Danes think their society provides adequate care for those in poor health, and over 80% of Danes are satisfied with their lives. It seems that they recognize the value of their own government's welfare system, and that the welfare state is seen as a cornerstone that forms the basis of their life.

2. Japanese view of health and health care

Japanese consciousness of health is generally good, but practice rate of health care in daily life is low. It seems that health care and health promotion don't keep pace with the rising interest in the health. The result of "A Survey on Medical Services and Health" that was carried out by The Nikkei in May 2005, indicated similar tendencies.

The result show that Japanese are keenly aware of problems in health policy and the social situation, and this is reflected in the occupational characteristics of the subjects. Those are listed in detail. It seems that some Japanese national characteristics are industriousness and seriousness. On the other hand, it appears that the negative descriptions such as "low expectations" show the Japanese state of mind of abandonment due to a deep-rooted distrust in government.

Moreover, the descriptions such as "short waiting time for consulting a doctor or entering a hospital" appeared frequently in the case of the Danes, but were not mentioned by the Japanese. The Japanese medical service system receives unfavorable criticism such as "three minutes medical examination after three hours waiting." However, when a person consults a doctor without an appointment, the person commonly receives same-day treatment that relieves the present pain. Waiting time is not a major concern even when undergoing a thorough examination. In 2000, The

World Health Organization (WHO) evaluated the Japanese medical service system as the best in the world, but only a few Japanese know this fact. Japanese should highly evaluate the Japanese medical service system and appreciate Japan's high level of medical care.

Concerning evaluations of health and life, many Japanese view their society unfavorably if they are in poor health, and few Japanese are satisfied with life. It seems that Japanese have a tendency to judge their society negatively. This negative tendency can be noted in their descriptions such as "life without causing inconvenience for others" and "life without depending on others." In other words, this can be understood as meaning "self-reliance" or "self-support." It appears that the Japanese view of health is negative.

In conclusion, the characteristic Danish view of health shows positivity expressed as self-reliance, comfort, happiness, and satisfaction. Their view of health is of the satisfactory-positive type. This suggests that a healthy lifestyle could be described as "positive health." In the Japanese case, it was determined that the activity of health promotion on a personal level with the slogan "Healthy Japan 21" was permeating steadily among the people. Many descriptions suggested eager study on the health and deep culture of people. Japanese have much knowledge of health, the way of maintaining health, and financial means of obtaining health care. The results indicate that, health promotion should emphasize higher level of simple physical activity in daily life.

Acknowledgement

The author wishes to thank President Tadao Chiba of the Danish-Japanese Cultural College for his cooperation with the present survey, and Professor Daisuke Shiraishi of Mukogawa Woman's University for his invaluable advice.

References

- Hanamura, H: "The Father of Normalization" N. E. Bank-Mikkelsen His life and thought. Kyoto. MINERVA Publishing, 2004.
- Health and Welfare Statistics Association: Table 22 (2-2), Journal of Health and Welfare Statistics 53 (9): 411, 2006
- Nikkei: A Survey Report on Medical Service and Health. The Nikkei 3 July: 10-11, 2005
- Okamoto Y: Study on Danish abundant old age. Tokyo. Asahi Shimbun, 1993.
- UNDP: Human development report 1999. New York. Oxford University Press, 1999.