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# Perceived Discrimination in Everyday Life, Perceived Life Chance, and Health in Two Japanese Immigrant Groups

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## Background:

Historically, 153 Japanese people, the first mass international immigration of Japanese, emigrated to Hawaii in 1868 as laborers for agricultural plantations (e.g., sugar cane and pineapple plantations).

To date, the number of Japanese Americans who are descendants of Japanese immigrants living in the USA have increased to more than 800,000. This figure indicates that they are the second largest group of Nikkeijin (i.e. Japanese descendants) abroad.

## Migration to Brazil

It was in 1908 that Japanese people started to emigrate to Brazil; that is, 40 years after the immigration to Hawaii. Similarly, Japanese Brazilians were mostly employed as laborers in coffee plantations in Brazil in the initial stage of their immigration. Nowadays, the size of Japanese Brazilian population is estimated as more than 1.2 million, the largest group of Nikkeijin abroad.

## “Return migration” to their ancestors’ “homeland”

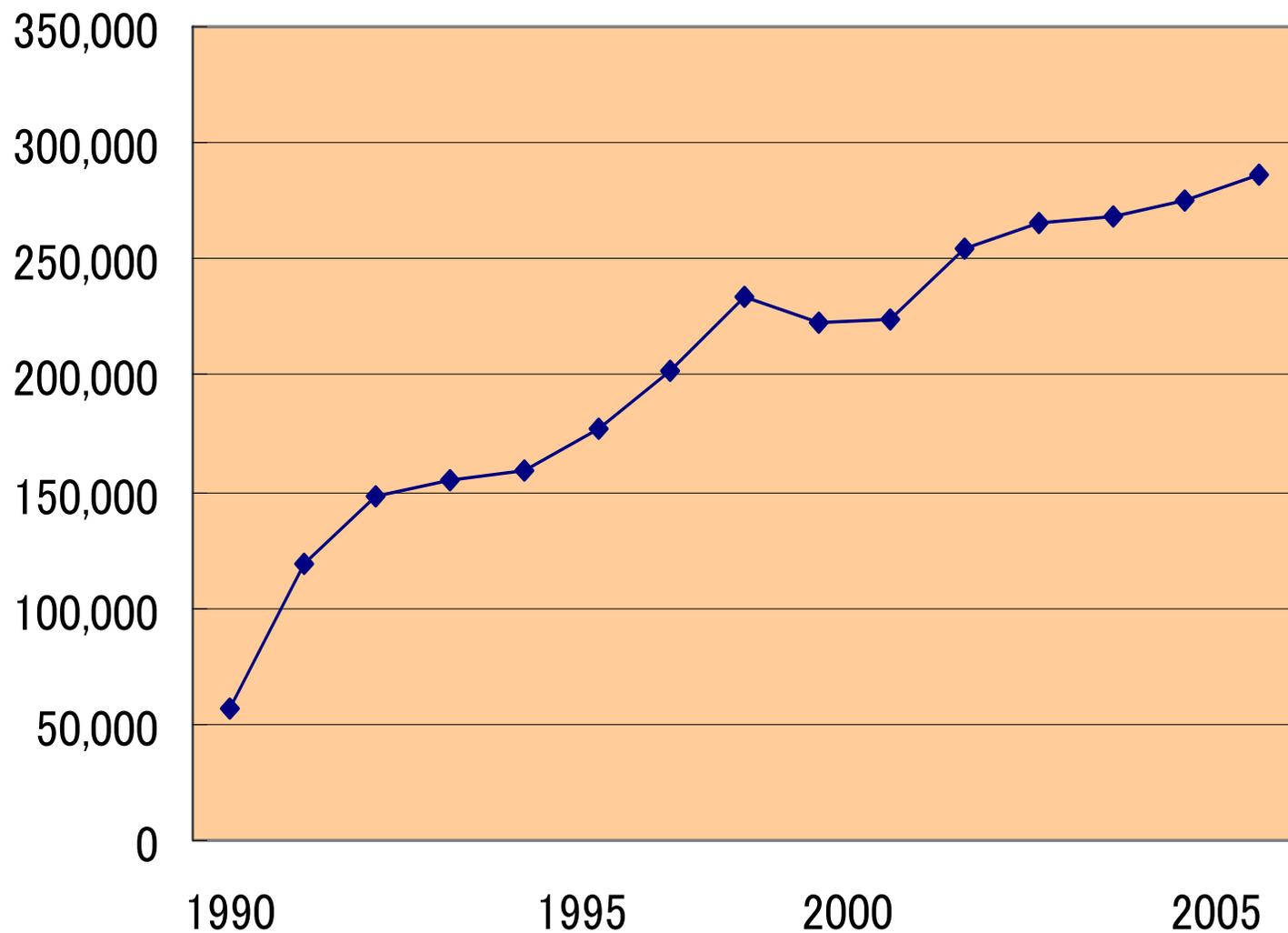
However, because of serious deterioration of the Brazilian economy and social situations since the late 1980s, the number of Japanese Brazilians returning to Japan has increased. They amounted to more than 280,000 in 2003. Their Brazilian spouses are also permitted to work in Japan.

Most were employed as unskilled workers or manual laborers in firms.

In addition, this “return migration” has engendered positive and negative influences on Japanese Brazilian communities in Brazil.

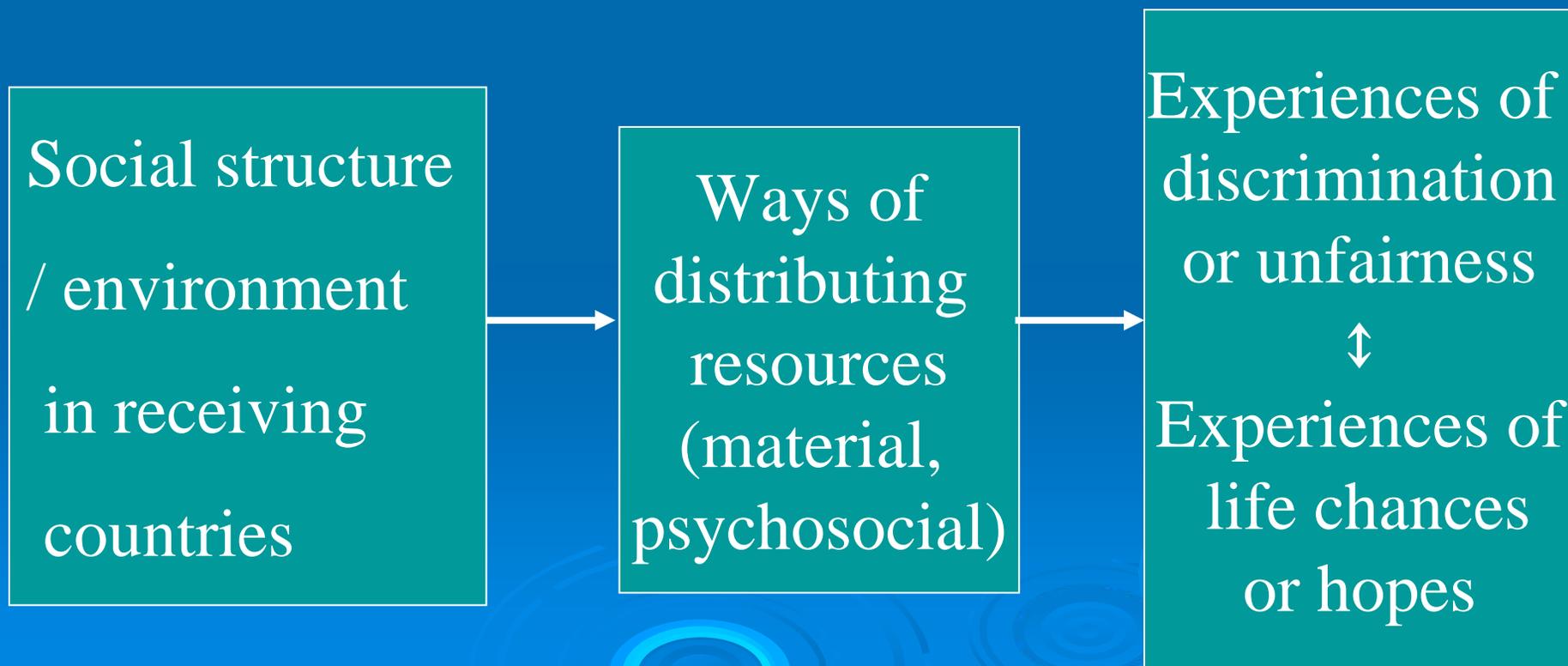
Population

Fig. Trend of Japanese Brazilians and Brazilians in Japan



Ministry of Justice, the Immigration Bureau: Statistics of Alien Registration

Receiving countries are the lands of hope or opportunity, or otherwise the lands of exploitation or discrimination for immigrants/migrants?



# Discrimination and Health

- Health problems attributable to discrimination based on race and ethnicity revealed by recent prior studies include high blood pressure, coronary artery risk, chronic health problems, disability, psychological distress, lower psychological well-being, depression, self-reported ill health, and the number of sick days.
- However, this evidence has been accumulated primarily in studies of racial minority groups in the United States, particularly those of African-Americans.
- We have no sufficient or firm knowledge about these relationships in ethnic minorities in most countries, including Japan, or for other ethnic minorities in the United States.

# Life chances

- Life chances are summary probabilities of realizing life choices that people have in their selection of lifestyles. Actualization of choices is influenced by life chances or opportunities that respective societies allow their people.
- The overall thesis is that chance is socially determined and social structure is an arrangement of chances (Cockerham, 1997). In other words, certain life chances result from **(but are not completely embedded in)** social circumstances such as race, gender (i.e. original life chances), educational level, and experiences of occupations (i.e. acquired life chances).

- Here, our question is: are socioeconomic positions “life chances” *per se*, or merely indicators of it?

As an applied social stress model, such as

**Environmental stressors---→ Psychosocial stress,**

We can formulate such a relationship as follows:

**Socioeconomic status, circumstances---→ Life chances**

- Therefore, it is possible that “life chances” are defined as individuals’ perceptions of opportunities or probabilities that they can achieve their goals and desires in certain social circumstances. It reflects not only their own and others’ experiences of achievements but also a sense of control over their own life.

Although such subjectivity might be counter to the Weberian view, this operational definition is consistent with recent cognitive theories of psychosocial stress models to identify social stressors and stress responses.

## Life chances and health

- Recently, issues on life chances and health have drawn more attention.
- Although Cockerham (2005) indicated relationships of life chances to health habits or healthy lifestyles, to date, scant evidence has been advanced in support of such relationships.
- Therefore, we examined the association between perception of life chances and socioeconomic factors and health status among ethnic minorities.

# Purpose of this study

- In the present study, associations between exposure to discrimination in daily life and perceived life chances and health among Japanese Brazilians (JB) staying in Japan and Japanese Americans (JA) in the USA were investigated.
- First, we examined whether discrimination in everyday life (everyday ethnic discrimination) and perceived life chances were associated with socioeconomic variables.
- Next, we examined whether everyday discrimination and perceived life chances were associated with health behavior or health practices.
- Third, we investigated whether experiences of everyday discrimination and perceived life chances were directly or indirectly related to health status, i.e., overall health, mental health, and somatic health.

## Method and participants

- Data of 389 JB in Japan and 437 JA in the USA were used in this study. Both sample groups comprised respondents of the same age range: 18--64 years old.
- To examine the research questions, hierarchical multiple regression analyses were applied to each sample. Variables considered as the same class were entered as a block at each step of the regression analysis.
- A self-administered questionnaire was written in Portuguese for JB and in English for JA.

# Variables and measurements

## ➤ Demographic factors and socioeconomic status variables

Age

Gender

Japanese ethnic lineage (or percentage of mix blood/mestiço)

Marital status

Education level

Generation / Birthplace for JA

Length of residence in Japan for JB

State of residence in US for JA

Fluency of Japanese language for JB

Household Income

Financial difficulty (difficulty in meeting monthly household expenses)

➤ **Everyday discrimination (Kessler, Mickelson, & Williams, 1999)**

Performing confirmatory factor analysis on 10 items gauging experiences of everyday discrimination, one-factor CFA model was supported for both samples according to good fitness indexes.

Two latent factors, “looked down on” and “insult/harassment” correlated strongly with each other, thus producing one factor.

➤ Cronbach's  $\alpha$  coefficient was 0.85 for JB and 0.87 for JA, suggesting satisfactorily high internal consistency.

Examples of items:

Treated with less courtesy than others.

Treated with less respect than others.

Received poor service in stores or restaurants.

You are threatened or harassed.

You are called names or insulted, and so on.

## ➤ Perceived life chances

CFA on eight items gauging perceived life chances also supported one-factor model for both samples by fairly good fitness indexes and sufficiently high reliability for further analyses:  $\alpha=0.82$  for JB and 0.92 for JA.

“How do you evaluate the opportunity to achieve the following items in the US as a Japanese American?”

- 1) receive quality education
- 2) opportunity for financial success
- 3) getting better job
- 4) healthy living
- 5) live safely
- 6) enjoy family life
- 7) enjoy leisure time
- 8) find fulfillment

# Health measures

## ➤ Overall health

Self-rated health (SRH)

## ➤ Psychological distress or impairment

The 12 version of the General Health Questionnaire (GHQ-12)

## ➤ Somatic symptoms or physical health

A self-administered checklist of 20 somatic symptoms/problems was constructed by modifying Symptoms and Problems Complexes for the Quality of Well-being Scale (McDowell & Newell, 1996, pp. 483-491).

Examples of symptoms:

General fatigue/weakness; Pain or stiffness in lower back;

Fatigue or discomfort in one or both eyes;

Pain or stiffness in shoulders, arms, or neck; Sick or upset stomach; Dizziness or ringing in ears; Headache; etc.



Measurements	JB	JA
Everyday discrimination score (0--40)	16.7	16.7
Perceived life chances score (8--32)	23.4	27.6
<b>Health practices</b>		
Vigorous exercise (one or more days/week)	15%	42%
Body Mass Index (CDC: 18.5 ≤ BMI <25.0)	63%	32%
Smoking (never /quit)	67%	89%
Drinking (less than two days /week)	96%	91%
Hours of sleep (7--8 hours)	56%	62%
Health Practice Index (HPI) (0--5)	3.0	3.2
Self-rated health (SRH)	4.0	4.1
General Health Questionnaire-12 (GHQ-12)	10.2	13.6
Somatic symptoms	2.4	3.3

# Results.

Research question 1:

Were everyday discrimination and perceived life chances associated with demographic factors and socioeconomic status variables?

Table 1. Standardized results of everyday discrimination and perceived life chances regressed on demographic and socioeconomic status variables among Japanese Brazilians.

Variables	Discrimination	Life chances
Age	-0.17**	
Length of residence in Japan	0.16**	
Japanese Fluency		0.14*
Financial difficulty	0.25***	
$R^2$ (adjusted)	0.08***	0.03†
$N$	313	284

The correlation coefficient between discrimination and life chances is -0.25. Other independent variables not shown in this table were controlled in each model. †  $p < 0.10$ ; \*  $p < 0.05$ ; \*\*  $p < 0.01$ ; \*\*\*  $p < 0.001$ .

Table 2. Standardized results of everyday discrimination and perceived life chances regressed on demographic and socioeconomic status variables among Japanese Americans.

Variables	Discrimination	Life chances
Mixed blood	0.15**	-0.12*
Marital status (married=1, other=0)		0.12*
Education level	0.11*	
West coast (Ref. other part of USA)		-0.10†
Income	-0.20***	
Financial difficulty	0.18***	-0.13*
$R^2$ (adjusted)	0.09***	0.05**
$N$	381	374

The correlation coefficient between discrimination and life chances is -0.31. The other independent variables not shown in this table were controlled in each model.  
 †  $p < 0.10$ ; \*  $p < 0.05$ ; \*\*  $p < 0.01$ ; \*\*\*  $p < 0.001$ .

## Research question 2: Were everyday discrimination and perceived life chances associated with health behavior or health practices?

- Results showed that health practices were unrelated to exposure to everyday discrimination and life chance perceptions, which concurs with a study by Palosuo (2000), but is inconsistent with conclusions of Pavalko et al. (2003).
- Socioeconomic status was associated with HPI, which was linked with age and financial difficulty in the JB sample. Age, gender, educational level, and financial difficulty were linked with HPI in the JA sample, suggesting that socioeconomic position influences health behavior irrespective of subjective conditions, particularly for Japanese descendants with a longer immigrant history.

Research question 3:

Were everyday discrimination and perceived life chances related to health status directly or indirectly?



Table 3. Self-rated health regressed on everyday discrimination, perceived life chances, Health Practice Index, and demographic and socioeconomic variables in the Japanese Brazilian sample.

Variables	Model 1	Model 2	Model 3
Age			0.12†
Length of residence in Japan	-0.12†	-0.15*	-0.15*
Income	0.10†		
Everyday discrimination	-0.18**	-0.12†	
Perceived life chances		0.21**	0.21**
Health practice index			0.15*
$R^2$ (adjusted)	0.04*	0.08***	0.09***
$N$	305	273	271

Other independent variables not shown in this table were controlled in each model.

Table 4. Self-rated health regressed on everyday discrimination, perceived life chances, Health Practice Index, and demographic and socioeconomic variables in the Japanese American sample.

Variables	Model 1	Model 2	Model 3
Education level	0.16**	0.15**	0.12*
Job (1=yes, 0=no)			0.10†
Income	0.10†		
Everyday discrimination			
Perceived life chances		0.19***	0.16**
Health practice index			0.28***
$R^2$ (adjusted)	0.05**	0.07***	0.14***
$N$	380	373	366

Other independent variables not shown in this table were controlled in each model.

Table 5. The GHQ-12 regressed on everyday discrimination, perceived life chances, Health Practice Index, and demographic and socioeconomic variables in the Japanese Brazilian sample.

Variables	Model 1	Model 2	Model 3
Financial difficulty	0.14*	0.17**	0.14*
Job (1=yes, 0=no)		-0.09†	-0.10†
Everyday discrimination	0.28***	0.14**	0.12*
Perceived life chances		-0.43***	-0.44***
Health practice index			-0.10†
$R^2$ (adjusted)	0.13***	0.29***	0.29***
$N$	313	281	279

Other independent variables not shown in this table were controlled in each model.

Table 6. The GHQ-12 regressed on everyday discrimination, perceived life chances, Health Practice Index, and demographic and socioeconomic variables in the Japanese American sample.

Variables	Model 1	Model 2	Model 3
Age	-0.14*	-0.15*	-0.19**
Gender (1=female, 0=male)	0.11†		0.11†
Hawaii (ref. Other part of USA)	-0.11†	-0.11†	
Financial difficulty	0.13*	0.12†	
Everyday discrimination	0.16*		0.11†
Perceived life chances		-0.18**	-0.16**
Health practice index			-0.18**
$R^2$ (adjusted)	0.09***	0.12***	0.15***
$N$	276	273	270

Other independent variables not shown in this table were controlled in each model.

Table 7. Somatic symptoms regressed on everyday discrimination, perceived life chances, Health Practice Index, and demographic and socioeconomic variables in the Japanese Brazilian sample.

Variables	Model 1	Model 2	Model 3
Age			0.14*
Gender (1=female, 0=male)	0.14*	0.13*	0.16*
Everyday discrimination	0.23***	0.18**	0.17**
Perceived life chances		-0.20**	-0.19**
Health practice index			-0.17**
$R^2$ (adjusted)	0.07**	0.10***	0.11***
$N$	299	271	269

Other independent variables not shown in this table were controlled in each model.

Table 8. Somatic symptoms regressed on everyday discrimination, perceived life chances, Health Practice Index, and demographic and socioeconomic variables in the Japanese American sample.

Variables	Model 1	Model 2	Model 3
Gender (1=female, 0=male)	0.14*	0.13*	0.16*
Financial difficulty	0.17**	0.16**	0.15**
Everyday discrimination	0.24***	0.18**	0.18**
Perceived life chances		-0.16**	-0.15**
Health practice index			-0.12**
$R^2$ (adjusted)	0.13***	0.15***	0.16***
$N$	364	359	354

Other independent variables not shown in this table were controlled in each model.

# Conclusion

- Although immigration history and socioeconomic situations in host countries are different for JB and JA, substantial similarities exist between the two Japanese immigrant groups in effects of everyday discrimination and perceptions of life chances on health status. That is, perception of life chances and experiences of discrimination contribute to health disparity of these intra-groups.
- Consequently, effects of discrimination and life chances on health are an important common issue for both Japanese immigrant groups.
- Additionally, patterns of relationships of demography and SES on health are different between the groups.

# Implications

- To promote mental and physical health among ethnic minority groups, taking effective measures to prevent discrimination in everyday life and promote life chances are imperative regardless of their historical and socioeconomic background.
- In addition, to promote health practices is also necessary for better health among an ethnic minority or migrant workers. In particular, to provide opportunities of health education and health check-ups to JB should be challenges.

# Limitations

## ➤ Sample issue

Questions might be raised about whether our samples adequately represent JB and JA because random sampling was not used and the sample size might not have been sufficiently large.

## ➤ Conceptual issue

Ideally, health effects of demography and SES should be mediated by perceived life chances, but such effects remain in this study. Therefore, there is room to elaborate on a concept of life chances and improve its measurement.