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Health behaviors and protective factors of international students in the university of northern philippines

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Abstract: This study determined the health behaviors and protective factors of international students at the University of Northern Philippines during the Academic Year 2016 - 2017. Specifically, their health behaviors along with alcohol use, dietary behavior, drug use, hygiene, mental health, physical activity, protective factors, sexual behaviours, tobacco use, violence, and unintentional injury. Utilizing a descriptive, cross-sectional method of research, the respondents of this study were the 147 international students enrolled during the Second Semester of Academic Year 2016 – 2017 at the University who were selected purposively. The study used the Global School-Based Student Health Survey (GSHS) developed by the World Health Organization (WHO) in partnership with United Nations' UNICEF, UNESCO, and UNAIDS; and with technical assistance from Center for Disease Control. The 10 core questionnaire modules of the questionnaire covered the leading causes of morbidity and mortality among children and adults worldwide.Based on the findings, the study concluded that the health behaviors of the international students in the University are admirable such that most of the surveyed respondents did not eat in the fast food chains and has never been engaged to alcohol-use, drug-use, and tobacco-use recently. They have not engaged in any sexual activity. They have not incurred any violence, and unintentional injury and have not attempted suicide even though they have suicide ideation. They perform hygienic practices such as frequent hand washing and are physically active through walking from their home to school regularly. Their satisfying school attendance and solid support system speak of their good health status.

1. Introduction

The presence of International students in the Philippines has grown over the years. Since they are relatively new individuals in a foreign country, their needs and circumstances are varied and unique. Most of the time, they face various challenges in adjusting to different academic surrounding that can influence their academic and psychological well-being. These challenges are also the issues that educational institutions need to address to retain these foreign students on their campuses.

The Bureau of Immigration Statistics claimed that foreigners who come to the Philippines to study have increased in number from 26,000 in 2011 to more than 61,000 in 2012. This dramatic shoot up is due to the increasing number of higher education institutions accredited to take in foreign students. From 104 in 2011, the count of educational institutions rose to 2,145 in 2012. The highest number of international students was 21.44% from Iran, 19.62% originated from South Korea followed by 18.39% and 10.97% from China and ASEAN countries respectively based on the sampled data for 2012 (e=+1). The remaining 23.58% came from nations across the globe ("Number of Foreign Students…," 2013). With these numbers, it is imperative that the demographics of HEIs in the country has become culturally-diverse.

When international students travel to other countries, they have to start facing a lot of problems to adjust. In a study conducted in the United States, their challenges and hurdles include, but not limited to, language and communication barrier, problems adjusting to the new academic environment, misunderstanding with faculty and peers. They may also experience anxiety, stress, social isolation, financial constraints, loneliness, absence of appropriate accommodation, culture shock and any adaption in their daily life (Wu et al., 2015). These circumstances may be a potential threat to the

growing number of International Students coming to the Philippines that would resort to unhealthy lifestyle and behaviors.

Varied experiences and events in universities may have an impact on the psychosocial development and health behaviors of every adult students and can influence their life course outcomes -- both short- and long-term health and quality of life (Lerner & Kauffman; Montgomery & Côté as cited in Kenzig, 2013). Research starts to confirm the thought that the health of college students has a considerable effect on their success. They suppose that the healthier the students are the more likely they progress throughout the end of the degree (Edens; Grace; Heiligenstein, Guenther, Hsu & Herman; Meunnig; Needham, Crosnoe, & Muller; Sarid, Anson, Yaari & Margalith; Stevens, Stevenson & Lochbaum; Theall et al. as cited by Kenzig 2013). It implies that healthier students tend to perform better in college that will support their advancement in higher education and can be notably related to an improved health status after graduation (Kenzig, 2013).

International students are vulnerable individuals due to the influences of different factors. In the study conducted by Espiritu (2018), international (medical) students presented comparatively poor health physically, has a high prevalence of hospitalization, the occurrence of chronic, permanent or recurrent illness such as impairment of vision and myopia as reported the most, and experiences depression and stress of various levels. Furthermore, Bhandari (2012) concluded that as there has been an increasing tendency of students traveling to other countries for educational purposes, experiencing a considerable amount of perceive and acculturative stress that may affect their functioning physically and mentally is possible. Kramer, Prufer-Kramer, Stock, and Tshiananga (2004) supported the idea stating that short-term international students or those who are new in the country are associated with a substantially higher level of perceived stress. Bhandari (2012) pointed out that such pressure in the life of international/university students leads to reduced health-related quality of life (HRQOL) as manifested by low performance in school, shattered relationships to the society, as well as the event of depression. As HRQOL of international students is an essential determinant of their health, it is, therefore, vital to understanding such factors to reduce healthcare inequality among their growing population, and adequately address their needs to improve their performance as a student and attain general satisfaction. Kenzig (2013) likewise suggests uncovering what health behaviors the students engaged to, the influences of those behaviors, and its effect on their health status. She believes that health behavior and health status profoundly linked in achieving the primary goal of higher education.
It is in this context where this study was conducted to determine the health behaviors and protective factors of International Students to the University of Northern Philippines. Studying their health behaviors will help the university develop effective student services and programs and further enhance its international programs. Results of this study could serve as a baseline assessment of the health behavior of these foreign students. Furthermore, it can serve as the basis on the creation of culturally-sensitive programs, events, and strategies that would cater to the unique needs of this diverse student population.

2. Related Literature And Studies

Elhassan et al. (2013) found out that only 46.3% of students tried to eat a healthy diet, 39.7% eat healthy food at times while 14% of students had not tried to consume a healthy diet. These findings correlate with the result of a study in Australia where health-related behavioral changes are associated to the readiness of the individual to change. On nutrition practices, a good number of students take responsibility in their food preparation where cooking their meals needed thought, effort, and nutritional knowledge. In Sudan, televisions and radios have programs on nutrition and health, yet information delivered is merely theoretically enhancing the nutritional awareness but not the skills.

Unexpectedly, the meals frequently skipped by students (32.9%) was lunch. This finding did not corroborate with other studies claiming that breakfast is the frequently skipped meal by most students such as Japanese and Korean university students. In another study, it revealed that the most frequently skipped meals by most Croatian university students was breakfast (Okeyo as cited in Elhassan, Gamal, & Mohammed, 2013).

Fountaine, Liguori, Mozumdar, and Schuna's (2005) study showed that weekday leisure time for full time university and college students totaled 3.67 hours. On their leisure time, viewing television

covered the bulk percentage at 1.84 hours per day, or approximately half of their time allotted for leisure. Overall, an increase of sedentary behavior has increased in the previous decade caused by the increased use of computer and internet. Estimated time of internet use was from 2.8 hours per week to 11.6 per week. Nevertheless, a substantial amount of leisure time spent on sedentary behaviors by both college students and non-college adult population.

On the contrary, the right amount of sleep is needed by humans for normal functioning. Optimal mental and physical health is dependent on adequate time of sleep. For most students, the college environment is physical and mentally-demanding resulting in the neglect of satisfactory sleep. Several researchers established a positive correlation between academic performance and lack of sleep and decreased physical health and mental. Higher psychosocial stress and substance-use was connected to insufficient amount of sleep. In late adolescence, several college students felt they have matured and are in complete control of their lives while some think their bodies are invincible. These students are at-risk of participating in risky behaviors and have a hard time to realize the aftermaths of their actions (Austin, 2007).

In the Philippine Context, University foreign and transient students differ on their adjustment experience based on the local climate. These students, whether originated from East, South or Southeast Asia, are having a hard time coping up with the Filipino health habits, e.g., taking a bath or even shower during cold temperature. Thus, it is a predicament when they come into the country to study. Since they are not accustomed to the weather, it becomes obvious to their smell the spicy food they eat. Although they are not aware of this instance, they feel bad when Filipino students cover their noses whenever they pass by them (Sicat, 2011).

3. Objectives of the Study

This study determined the health behaviors and protective factors of international students of the University of Northern Philippines during the Academic Year 2016-2017.

It specifically aimed to:

3.1. Describe the personal-related profile of the respondents in terms of:
- 3.1.a. sex, and
- 3.1.b. nationality

3.2. Determine the health practices of the respondents along with the following:
- 3.2.a. alcohol use,
- 3.2.b. dietary behavior,
- 3.2.c. drug use,
- 3.2.d. hygiene,
- 3.2.e. mental health,
- 3.2.f. physical activity,
- 3.2.g. protective factors,
- 3.2.h. sexual behaviours,
- 3.2.i. tobacco use, and
- 3.2.j. violence and unintentional injury

4. Methodology

Research Design. This study made use of descriptive, cross-sectional design. The descriptive method determined the profile of the respondents and their health behaviors. Moreover, the cross-sectional design was used since the data were gathered at once with no regards to history or trend of the phenomenon under study.

Population and Sample. The study involved the International Students enrolled in the University of Northern Philippines during the Second Semester of Academic Year 2016-2017. The sample size was determined using the Slovin's Formula, and respondents were chosen through purposive sampling.

Data Gathering Instrument. The study used the Global School-Based Student Health Survey (GSHS) developed by the World Health Organization (WHO) in partnership with United Nations' UNICEF, UNESCO, and UNAIDS; and with technical assistance from the Center for Disease Control. The 10 core questionnaire modules of the questionnaire covered the leading causes of morbidity and mortality among children and adults worldwide.

Data Gathering Procedure. Before gathering information from the international students of the University of Northern Philippines, a letter of permission to gather data was forwarded to and approved by the University President and after that to the head of the International Students Services. After approval, the researcher distributed the questionnaire to the respondents enclosed with a cover letter explaining, in brief, the purpose of the study. Responses were tallied and subjected to statistical computation for analysis and interpretation.

Statistical Treatment of Data. To answer the formulated problems, the researchers utilized Frequency and percentage to determine the distribution of the respondents.

5. Ethical Considerations

Right to self-determination. The researcher explained to the respondents the objective of this study and obtained their consent. The respondents were informed of their rights to withdraw from the study at any time they deem their participation brings discomfort or undesired feelings.

Right to confidentiality and anonymity. The researchers ensured and guided against unauthorized access to the data, and that the research data were only made available to the researchers.

Right to privacy. Raw data were protected from unauthorized persons and were not shared. No names were linked in to the data. The data were kept safe in a locked cupboard.

6. Result and Discussion

6.1 On Personal-Related Factors. It can be seen on table 1 that majority of the respondents (75 0r 51%) are female while 72 (49%) are males. On the other hand, almost all of the respondents (145 or 98.6%) are Indian nationals while one (0.7%) each is Afghanistan and Pakistan nationals.

Table 1. It shows the distribution of the respondents in terms of their personal-related profile.

Parameters	*f*	%
Sex		
Female	75	51
Male	72	49
Total	**147**	**100%**
Nationality		
Afghanistan	1	0.7
Indian	145	98.6
Pakistan	1	0.7
Total	**147**	**100%**

6.2. On Health Behaviors of International Students. The health behaviors of International students along the various parameters are presented in the succeeding tables.

6.2.a. On Alcohol Use. Shown in Table 2 is the distribution of the respondents on alcohol use.

Table 2. Distribution of the Respondents on Alcohol Use

Parameters	*f*	%
Age at first drink of Alcohol		
18 years old or older	63	42.9
16 or 17 years old	1	0.7
14 or 15 years old	4	2.7
12 or 13 years old	2	1.4
10 or 11 years old	1	0.7
8 or 9 years old	1	0.7
7 years old or younger	6	4.1
Never had a drink other than few sips	69	46.9
Total	**147**	**100%**
Number of days drinking alcohol in the past 30 days		
20 to 29 days	5	3.4
10 to 19 days	2	1.4
6 to 9 days	7	4.8
3 to 5 days	1	0.7
1 to 2 days	9	6.1
0 days	105	71.4
No answer	18	12.2
Total	**147**	**100%**
Number of drinks on the day drinking alcohol in the past 30 days		
5 or more drinks	5	3.4
4 drinks	1	0.7
3 drinks	6	4.1
2 drinks	6	4.1
1 drink	6	4.1
Less than 1 drink	46	31.3
Did not drink in the past 30 days	77	52.4
Total	**147**	**100%**
Manner of getting the alcohol drink in the past 30 days		
Did not drink in the past 30 days	77	52.4
Bought in store, shop, or from a street vendor	11	7.5
Gave someone else money to buy it for me	4	2.7
Got it from friends	6	4.1
Got it from family	1	0.7
Stole it and got it without permission	-	-
Got it in some other way	1	0.7
No answer	47	32.0
Total	**147**	**100%**
Number of times that got really drunk in a lifetime		
10 or more times	3	2.0
3 to 9 times	5	3.4
1 or 2 times	21	14.3
0 time	96	65.3
No answer	22	15.0
Total	**147**	**100%**
Number of times got in trouble with family or friends, missed school, or got into fights as a result of drinking alcohol		
10 or more times	2	1.4
3 to 9 times	2	1.4
1 or 2 times	8	5.4
0 time	113	76.9
No answer	22	15.0
Total	**147**	**100%**

Majority of the respondents (105 or 71.4%) had no days drinking alcohol in the past 30 days; did not drink alcohol in the past 30 days (77 or 52.4%); had no time that got really drunk in a lifetime (96 or 65.3%); and no time to get in trouble with family or friends, missed school, or got into fights as a result of drinking alcohol (113 or 76.9%). A substantial percentage of the respondents (69 or 46.9%) never had a drink other than few sips of alcohol.

On the other hand, one each of the respondents (0.7%) drink alcohol at the age of 16 or 17 years old, 10 or 11 years old and 8 or 9 years old, had 3 to 5 days drinking alcohol in the past 30 days, had 4 drinks on the day drinking alcohol in the past 30 days, got the alcohol drink from the family and got it in some other way, while three (2.0%) of them got really drunk in a lifetime 10 or more times, and two each (1.4%) got in trouble with family or friends, missed school, or got into fights as a result of drinking alcohol 10 or more times and 3 to 9 times.

This result implies that the respondents' alcohol consumption started before moving into their host country, yet it is fundamental to note that most of them did not consume any alcoholic beverages just recently. Moving from one country to another to earn a degree can be very exciting to most international students, but for some, it can be very stressful. To cope up with stress in this new environment, some may resort to experimenting with alcohol use. According to the National Institute on Drug Abuse, as cited in Hammond (2018), students enrolled in full-time college program are more likely to abuse drugs and alcohol twice as much as those who are not in college. For many international students, being away from home for the first time, cultural variations, language barriers, and being distant from family and friends can be intimidating. Consequently, as they deal with these issues can lead to the use of alcohol and drugs. Moreover, Aresi (2017) claimed that during the study abroad experience, many students put themselves at risk from excessive alcohol consumption and suffer adverse consequences as a result.

6.2.b. On Dietary Behavior. Table 3 presents the dietary behavior of the respondents

Table 3. Distribution of the Respondents in Terms of their Dietary Behavior

Parameters	*f*	%
Frequency of getting hungry because there was not enough food at home in the past 30 days		
Always	3	2.0
Most of the time	10	6.8
Sometimes	18	12.2
Rarely	36	24.5
Never	77	52.4
No answer	3	2.0
Total	**147**	**100%**
Number of times in a day that usually ate fruit in the past 30 days		
5 or more times per day	7	4.8
4 times per day	-	-
3 times per day	6	4.1
2 times per day	19	12.9
1 time per day	41	27.9
Less than 1 time per day	49	33.3
Did not eat fruit during the past 30 days	24	16.3
No answer	1	0.7
Total	**147**	**100%**
Number of times in a day that usually ate vegetables in the past 30 days		
5 or more times per day	4	2.7
4 times per day	-	-
3 times per day	12	8.2
2 times per day	53	36.1
1 time per day	40	27.2
Less than 1 time per day	21	14.3
Did not eat vegetables during the past 30 days	12	8.2
No answer	5	3.4
Total	**147**	**100%**
Number of times in a day that usually drink carbonated drinks in the past 30 days		
5 or more times per day	-	-
4 times per day	1	.7
3 times per day	4	2.7
2 times per day	16	10.9
1 time per day	37	25.2
Less than 1 time per day	52	35.4
Did not drink carbonated drinks during the past 30 days	33	22.4
No answer	4	2.7
Total	**147**	**100%**
Number of days eating in fast food restaurants in the past 7 days		
7 days	7	4.8
6 days	-	-
5 days	2	1.4
4 days	4	2.7

3 days	16	10.9
2 days	40	27.2
1 day	34	23.1
0 days	40	27.2
No answer	4	2.7
Total	**147**	**100%**

Majority of the respondents (77 or 52.4%) never got hungry even if there was not enough food at home in the past 30 days. A great percentage ate fruit in the past 30 days for less than 1 time per day (49 or 33.3%); ate vegetables in the past 30 days 2 times per day (53 or 36.1%); drink carbonated drinks in the past 30 days for less than 1 time per day (52 or 35.4%); and 40 (27.2%) each of the respondents eat and did not eat in fast food restaurants in the past seven days for two days.

On the contrary, a great number of the respondents (3 or 2.0%) always get hungry because there was not enough food at home in the past 30 days. One (0.7%) did not answer in terms of the number of times in a day that usually eats fruit in the past 30 days. Four (2.7%) ate vegetables in the past 30 days 5 or more times per day. One (0.7%) drink carbonated drinks in the past 30 days 4 times per day. Two (1.4%) eat in fast food restaurants in the past seven days for five days.

The result implies that the respondents' dietary habits have changed. An individual's characteristics and cultural orientation affect his/her dietary habits. It is important to note that culture is learned rather than it being embedded in one's genes. Moving to a new culture and adopting to the customs of the host culture have been connected to various effects on a person's behaviors, eating habits, food choices, and health outcomes especially during the earlier stages of the transition, resulting to a decrease in diet quality, excessive weight gain, and an increased risk for chronic diseases. The process of adopting beliefs and values of the host culture or acculturation is more often than not most visible among people who have relocated, such as international students (Alakaam, 2016).

6.2.c. On Drug Use. Presented in Table 4 is the distribution of the respondents in terms of drug use.

Table 4. Distribution of the Respondents in Terms of Drug Use

Parameters	*f*	%
Age of first use of drugs		
18 years old or older	17	11.6
16 or 17 years old	0	0
14 or 15 years old	4	2.7
12 or 13 years old	3	2.0
10 or 11 years old	3	2.0
8 or 9 years old	5	3.4
7 years old or younger	10	6.8
Never used drugs	105	71.4
Total	**147**	**100%**
Number of times of marijuana-use in life		
20 or more times	2	1.4
10 to 19 times	4	2.7
3 to 9 times	3	2.0
1 or 2 times	3	2.0
0 times	116	78.9
No answer	19	12.9
Total	**147**	**100%**
Number of times of marijuana-use in the past 30 days		
20 or more times	0	0
10 to 19 times	4	2.7
3 to 9 times	1	0.7
1 or 2 times	4	2.7
0 times	119	81.0

No answer	19	12.9
Total	**147**	**100%**
Number of times of amphetamines or methamphetamines or shabu-use in life		
20 or more times	2	1.4
10 to 19 times	2	1.4
3 to 9 times	3	2.0
1 or 2 times	4	2.7
0 times	117	79.6
No answer	19	12.9
Total	**147**	**100%**

A great majority of the respondents (116 or 78.9%) had no time of marijuana-use in life; 119 (81.0%) had no time of marijuana-use in the past 30 days; and 117 (79.6%) had no time of amphetamines or methamphetamines or shabu-use in life. Majority of them (105 or 71.4%) never used drugs.

Differently, a substantial number of the respondents (3 or 2.0%) had their first use of drugs at the age of 12 or 13 and 10 or 11 years old respectively. Two (1.4%) had 20 or more times of marijuana-use in life. One (0.7%) had 3 to 9 times of marijuana-use in the past 30 days. Two (1.4%) each of the respondents had 20 or more times and 10 to 19 times of amphetamines or methamphetamines or shabu-use in life.

This result implies that the respondents did not engage in using of drugs. This instance can be due to the fact that they might find it hard to juggle the high demands of the academic environment and other personal and social issues such as finances, immigration status among others. As an international student, they must pass all the academic courses and be enrolled in full course load to maintain active visa status. These instances can predispose them to abusing stimulant-based drugs to help stay awake and study (Hammond, 2018).

6.2.d. On Hygiene. Table 5 displays the distribution of the respondents on hygiene.

Table 5. Distribution of the Respondents in Terms of Hygiene

Parameters	*f*	%
Number of times per day that usually clean or brush the teeth in the past 30 days		
4 or more times per day	2	1.4
3 times per day	7	4.8
2 times per day	74	50.3
1 time per day	49	33.3
Less than 1 time per day	3	2.0
Did not brush teeth in the past 30 days	11	7.5
No answer	1	.7
Total	**147**	**100%**
Frequency of washing hands before eating in the past 30 days		
Always	78	53.1
Most of the time	32	21.8
Sometimes	20	13.6
Rarely	2	1.4
Never	13	8.8
No answer	2	1.4
Total	**147**	**100%**
Frequency of washing hands after using the toilet or latrine in the past 30 days		
Always	111	75.5
Most of the time	13	8.8
Sometimes	3	2.0
Rarely	4	2.7
Never	12	8.2
No answer	4	2.7
Total	**147**	**100%**
Frequency of using soap when washing hands in the past 30 days		
Always	86	58.5
Most of the time	25	17.0
Sometimes	15	10.2

Rarely		4	2.7
Never		13	8.8
No answer		4	2.7
	Total	**147**	**100%**

A great majority of the respondents (111 or 75.5%) always wash hands after using the toilet or latrine in the past 30 days, and majority of them (74 or 50.3%) clean or brush their teeth in the past 30 days for 2 times per day, 78 (53.1%) always wash hands before eating in the past 30 days and 86 (58.5%) always use soap when washing hands in the past 30 days.

On the other hand, a great number of the respondents (2 or 1.4 %) clean or brush their teeth in the past 30 days 4 or more times per day while one (0.7%) did not answer, two (1.4%) rarely wash hands before eating in the past 30 days and the same percentage did not answer, four (2.7%) each of the respondents rarely wash hands after using the toilet or latrine in the past 30 days, rarely use soap when washing hands in the past 30 days and had no answer.

This result implies that the respondents have good hygienic practices. Personal hygiene is one of the most effective methods of public disease prevention. In the literature, there is a direct correlation between the lack of personal hygiene and illness, the latter of which proper hand washing has been shown to reduce the risk of disease transmission. Personal hygiene is particularly important among students because they spend most of their time in public places, such as schools, colleges, or universities in proximity to others. The transmission of infections to students may contribute to their absence from school, which in turn may affect their academic productivity in college (Qasem, Al-Rifaai, & Haddad, 2018).

6.2.e. On Mental Health. Table 6 shows the distribution of the respondents in terms of mental health.

Table 6. Distribution of the Respondents in Terms of Mental Health

Parameters	***f***	**%**
Frequency that felt lonely in the past 12 months		
Always	8	5.4
Most of the time	10	6.8
Sometimes	44	29.9
Rarely	31	21.1
Never	53	36.1
No answer	1	0.7
Total	**147**	**100%**
Frequency that felt worried about something that causes sleepless nights		
Always	2	1.4
Most of the time	13	8.8
Sometimes	45	30.6
Rarely	48	32.7
Never	38	25.9
No answer	1	07
Total	**147**	**100%**
Seriously considered attempting suicide in the past 12 months		
Yes	14	9.5
No	132	89.8
No answer	1	0.7
Total	**147**	**100%**
Making a plan about how to attempt suicide in the past 12 months		
Yes	14	9.5
No	131	89.1
No answer	2	1.4
Total	**147**	**100%**
Frequency of actually attempting suicide in the past 12 months		
6 or more times	3	2.0
4 or 5 times	4	2.7
2 or 3 times	5	3.4
1 time	2	1.4

0 times	132	89.8
No answer	1	0.7
Total	**147**	**100%**
Number of close friends		
3 or more	85	57.8
2	36	24.5
1	11	7.5
0	14	9.5
No answer	1	0.7
Total	**147**	**100%**

Most of the respondents (132 or 89.8%) seriously considered attempting suicide in the past 12 months and had no time of actually attempting suicide in the past 12 months, respectively. Likewise, most of them (131 or 89.1%) did not make a plan about how to attempt suicide in the past 12 months. Majority of the respondents (85 or 57.8%) have 3 or more close friends while a mark percentage of them (53 or 36.1%) never felt lonely in the past 12 months and 48 (32.7%) rarely felt worried about something that cause sleepless nights.

On the opposite, a marked percentage of the respondents (8 or 5.4%) always felt lonely in the past 12 months. Two (1.4%) always felt worried about something that causes sleepless nights. Fourteen (9.5%) seriously considered attempting suicide in the past 12 months and make a plan about how to attempt suicide in the past 12 months, respectively. Two (1.4%) had 1 time of actually attempting suicide in the past 12 months and 11 (7.5%) had 1 close friend. In addition, one (0.7%) respondent each in almost all of the parameters did not give answers.

This result implies that the respondents were facing with mental health issues related to their moving in to a new environment. Rosenthal et al. (as cited in Forbes-Mewett & Sawyer, 2016) found that international students' anxiety and depression had relatively high score especially those students who perceived their academic work as "below expectation." Nonetheless, even if they are experiencing high levels of anxiety and depression, Hunt and Eisenberg (as cited in Forbes-Mewett & Sawyer, 2016) stated that international students' help-seeking was infrequent leading to a delay in interventions. More often than not, delay of intervention is tantamount to increasing the severity of mental health problems, requiring students with more intensive intervention. Some mental health problems would often result in suicidality if not treated, which require "more work" (Forbes-Mewett & Sawyer, 2016).

6.2.f. On Physical Activity. Presented in Table 7 is the physical activity of the respondents.

Table 7. Distribution of the Respondents in Terms of Physical Activity

Parameters	*f*	%
Number of days of being physically active for at least 60 minutes/day in the past 7 days		
7 days	28	19.0
6 days	8	5.4
5 days	12	8.2
4 days	10	6.8
3 days	19	12.9
2 days	16	10.9
1 day	23	15.6
0 days	30	20.4
No answer	1	0.7
Total	**147**	**100%**
Number of days walking or riding a bicycle to or from school in the past 7 days		
7 days	61	41.5
6 days	7	4.8
5 days	8	5.4
4 days	8	5.4
3 days	8	5.4
2 days	13	8.8
1 day	7	4.8

0 days	34	23.1
No answer	1	0.7
Total	**147**	**100%**
Number of days going to PE class each week		
7 days	1	.7
6 days	-	-
5 days	3	2.0
4 days	3	2.0
3 days	3	2.0
2 days	11	7.5
1 day	32	21.8
0 days	85	57.8
No answer	2	1.4
Total	**147**	**100%**
Number of times spent during a typical or usual day sitting or watching TV, playing computer games, talking with friends, or doing other sitting activities		
More than 8 hours per day	10	6.8
7 to 8 hours per day	9	6.1
5 to 6 hours per day	13	8.8
3 to 4 hours per day	40	27.2
1 to 2 hours per day	40	27.2
Less than 1 hour per day	33	22.4
No answer	2	1.4
Total	**147**	**100%**

Majority of the respondents (85 or 57.8%) had no days going to physical education class each week. A substantial percentage (30 or 20.4%) had no days of being physically active for at least 60 minutes/day in the past 7 days; 61 (41.5%) had 7 days walking or riding a bicycle to or from school in the past 7 days; and 40 (27.2%) respondents who spent 3 to 4 and 1 to 2 hours per day respectively, sitting or watching TV, playing computer games, talking with friends, or doing other sitting activities during a typical or usual day.

On the contrary, a marked percentage of the respondents (8 or 5.4%) had 6 days of being physically active for at least 60 minutes/day in the past 7 days. Seven (4.8%) each respondents with 6 days and 1 day walking or riding a bicycle to or from school in the past 7 days. One (0.7%) respondent with 7 days going to physical education class each week and nine (6.1%) respondents who spent 7 to 8 hours per day sitting or watching TV, playing computer games, talking with friends, or doing other sitting activities during a typical or usual day.

This result implies that the respondents have varied physical activities. Physical activity, known to have physical and mental benefits, is considered to be a coping strategy to stress relating to acculturation (Berger, Pargman & Weinberg, 2002). It can serve as a medium of socialization as it enhances the capacity of the individual to network with other social groups (Milroy, 2010). Sports have been said to be a strategy to ease the transition while maintaining cultural identity (Allen, Drane, Byon & Mohn, 2010). Thus, engaging in physical activity can be beneficial to international students' acculturative stress. Physical activity impacts positively international students' acculturation by building social opportunities, preserving cultural identity, and easing communication between and among culture (Li & Zizzi, 2017).

6.2.g. On Protective Factors. Displayed in Table 8 is the distribution of the respondents in terms of protective factors.

Table 8. Distribution of the Respondents in Terms of Protective Factors

Parameters	*f*	%
Number of days missed classes or school without permission in the past 30 days		
10 or more days	2	1.4
6 to 9 days	3	2.0
3 to 5 days	10	6.8
1 or 2 days	16	10.9

0 days	115	78.2
No answer	1	0.7
Total	**147**	**100%**
Number of times students in school are kind and helpful in the past 30 days		
Always	34	23.1
Most of the time	45	30.6
Sometimes	37	25.2
Rarely	11	7.5
Never	19	12.9
No answer	1	0.7
Total	**147**	**100%**
Number of times guardian check to see if homework was done in the past 30 days		
Always	14	9.5
Most of the time	18	12.2
Sometimes	17	11.6
Rarely	15	10.2
Never	80	54.4
No answer	3	2.0
Total	**147**	**100%**
Number of times guardians understand the problems or worries in the past 30 days		
Always	78	53.1
Most of the time	29	19.7
Sometimes	15	10.2
Rarely	5	3.4
Never	17	11.6
No answer	3	2.0
Total	**147**	**100%**
Number of times guardians know about the activities in free time in the past 30 days		
Always	42	28.6
Most of the time	39	26.5
Sometimes	31	21.1
Rarely	9	6.1
Never	23	15.6
No answer	3	2.0
Total	**147**	**100%**
Number of times guardians go through personal things without approval in the past 30 days		
Always	14	9.5
Most of the time	5	3.4
Sometimes	26	17.7
Rarely	25	17.0
Never	72	49.0
No answer	5	3.4
Total	**147**	**100%**

A great majority of the respondents (115 or 78.2%) had no days missing classes or school without permission in the past 30 days. Majority of them (80 or 54.4%) never had times being checked by parents or guardians to see if homework was done in the past 30 days; 78 (53.1%) always had times parents or guardians understand the problems or worries in the past 30 days. A marked percentage of the respondents (45 or 30.6%) claimed that most of the time students in school are kind and helpful in the past 30 days, 42 (28. 6%) felt that parents/guardians always know about the activities in free time in the past 30 days and 72 (49%) claimed that parents/guardians never go through personal things without approval in the past 30 days.

Unlikely, a substantial percentage of the respondents (2 or 1.4%) have 10 or more days missing classes or school without permission in the past 30 days. Eleven (7.5%) rarely felt students in school are kind and helpful in the past 30 days; 14 (9.5%) claimed that parents or guardians check to see if homework was done in the past 30 days; five (3.4%) claimed that parents or guardians rarely understand the problems or worries in the past 30 days. Nine (6.1%) felt that parents/guardians rarely know about the activities in free time in the past 30 days, and five (3.4%) pointed out that most of the time parents/guardians go through personal things without approval in the past 30 days.

This result implies that the respondents have several protective factors. These factors play a vital role in the ability of international students to adapt well to the new environment when they face such pressure. Social support is an important protective factor examined in multiple empirical papers. In

Lee, Koeske, & Sales's (2004) study, they recruited 74 Korean international students in the Pittsburgh area. They found that social support buffered the effect of stress because of symptoms related to respiratory disorders, headaches, low-energy level, sleep difficulties, and fatigue. Compared to counterparts, students with solid support tend to report less symptoms of acculturative stress. For international students who experience difficulties adjusting to a new cultural setting, close connections and networks of social support are critical coping methods for stress and mental health concerns, especially when students live far away from their families. Many international students may find this to be personally true, because when far away from home, the help and the comfort they receive from friends may serve as a second home. In addition to the buffer of adjusting to the new environment, social support is also a good predictor of a decreased level of acculturative stress: social connectedness and social support network satisfaction were both significant negative predictors of acculturative stress among international students (Zeng, 2017).

6.2.h. On Sexual Behavior. Table 9 manifests the sexual behavior of the respondents.

Table 9. Distribution of the Respondents in Terms of Sexual Behavior

Parameters	*f*	%
Had Sexual Intercourse		
Yes	23	15.65
No	112	76.19
No answer	12	8.16
Total	**147**	**100%**
Age of first sexual intercourse		
18 years or older	16	10.88
16 or 17 years old	1	0.68
15 years old	3	2.04
14 years old	1	0.68
13 years old	3	2.04
12 years old	3	2.04
11 years old or younger	2	1.36
Never had sexual intercourse	112	76.19
No answer	6	4.09
Total	**147**	**100%**
Number of people got into sexual intercourse		
6 or more people	6	4.1
5 people	2	1.4
4 people	5	3.4
3 people	4	2.7
2 people	5	3.4
1 person	6	4.1
Never had sexual intercourse	112	76.2
No answer	7	2.4
Total	**147**	**100%**
Use of condom during the last sexual intercourse		
Yes	19	12.9
No	6	4.1
Never had sexual intercourse	112	76.2
No answer	10	6.8
Total	**147**	**100%**
Use of any other method of birth control during the last sexual intercourse		
Yes	10	6.80
No	18	12.25
Do not know	3	2.04
Never had sexual intercourse	112	76.19
No answer	4	2.72
Total	**147**	**100%**

A great majority of the respondents professed that they had no and never had sexual intercourse (112 or 76.19%). However, a marked percentage affirmed that they had sexual intercourse (23 or 15.7%); one (0.7%) had the first sexual intercourse at the age 16 or 17 years old; two (1.4%) got into

sexual intercourse with 5 people; six (4.1%) did not use condom during the last sexual intercourse; and three (2%) do not know the use of any other method of birth control during the last sexual intercourse.

This result implies that the respondents intentionally reject the idea of any sexual contact, which might be secondary to their cultural values. There is no questioning that sexual values are dependent on various factors, such as disparate cultural, political, historical, and socioeconomic. In Western cultures, sexual behaviors are often regarded as an activity that is recreational, while Asian cultures take it as an activity of procreation. Moreover, Asians are relatively more conservation with their sexual attitude than other groups, e.g., Euro-Americans. These values specific to one's culture is rooted to history and parental influence. Since foreign students stay in their host country on a long-term basis, their sexual attitudes and behaviors may change. Sexual behaviors of these students may also affect the sexual health of the domestic ones (Bae & Kim, 2015).

6.2.i. On Tobacco Use. Shown in Table 10 is the distribution of the respondents in terms of tobacco use.

Table 10. Distribution of the Respondents in Terms of Tobacco Use

Parameters	*f*	%
Age of the first try of cigarette		
18 years old or older	21	14.3
16 or 17 years old	1	0.7
14 or 15 years old	3	2.0
12 or 13 years old	4	2.7
10 or 11 years old	2	1.4
8 or 9 years old	3	2.0
7 years old or younger	6	4.1
Never smoked cigarette	101	68.7
No answer	6	4.1
Total	**147**	**100%**
Number of days of smoking cigarette in the past 30 days		
All 30 days	6	4.1
20 to 29 days	4	2.7
10 to 19 days	5	3.4
6 to 9 days	2	1.4
3 to 5 days	3	2.0
1 or 2 days	5	3.4
0 days	117	79.6
No answer	5	3.4
Total	**147**	**100%**
Number of days of using any tobacco products other than cigarettes in the past 30 days		
All 30 days	1	0.7
20 to 29 days	1	0.7
10 to 19 days	10	6.8
6 to 9 days	2	1.4
3 to 5 days	3	2.0
1 or 2 days	2	1.4
0 days	123	83.7
No answer	5	3.4
Total	**147**	**100%**
Have tried to stop smoking cigarette in the past 12 months		
Yes	18	12.23
No	13	8.85
Did not smoke a cigarette during the past 12 months	8	5.45
Never smoked cigarette	101	68.71
No answer	7	4.76
Total	**147**	**100%**
Number of days have people smoked in your presence in the past 7 days		
All 7 days	14	9.52
5 or 6 days	5	3.41
3 or 4 days	14	9.52
1 or 2 days	13	8.84
0 days	101	68.71
Total	**147**	**100%**

Who among parents/guardians use any form of tobacco?		
Neither	108	73.5
Father or male guardian	13	8.8
Mother or female guardian	5	3.4
Both	4	2.7
Do not know	10	6.8
No answer	7	4.8
Total	**147**	**100%**

A great majority of the respondents (123 or 83.7%) had no days of using any tobacco products other than cigarettes in the past 30 days, and 117 (79.6%) had no days of smoking cigarette in the past 30 days. Moreover, majority of the respondents (101 or 68.7%) never smoked a cigarette, 95 (64.6%) had no days people have smoked in their presence in the past 7 days, and 108 (73.5%) neither have their parents/guardians use any form of tobacco.

Nevertheless, a marked percentage of the respondents (1 or 0.7%) first tried cigarette at the age of 16 or 17 years old, two (1.4%) had 6 to 9 days of smoking cigarette in the past 30 days, one (0.7%) each used any tobacco products for 30 days and 20 to 29 days other than cigarettes in the past 30 days, eight (5.4%) did not smoke cigarette during the past 12 months, five (3.4%) had 5 or 6 days people have smoked in their presence in the past 7 days, and four (2,7%) had both parents/guardians using any form of tobacco.

This result implies that the bulk of the respondents have not used any tobacco products just recently and that a number of them started in their teenage years.

Tobacco use is one of the major preventable causes of death in the world. The World Health Organization (as cited in Cosci, Zagà, Bertoli & Campiotti, 2013) claim that more than four million deaths a year are attributed to tobacco and this is seen to increase to 10 million by 2030. It is important to note that tobacco use among youth is increasing dramatically in developed countries, which makes this phenomenon regarded as a "paediatric disease" and a "paediatric epidemic." About 25% of students who tried smoking was those aged 13-15 within which their first try of smoking might be at the age of 10. Although a majority of the respondents are not engaged in tobacco use, there are several individual predictors that predispose them to future use which includes anxiety, depression, substance abuse, conduct disorders, attitudes like the inadequate sense of well-being, risk-taking, and rebelliousness. Moreover, having poor academic performance are linked to intentions to start and quit smoking. Also, attendance to public schools rather than private schools seems to favor the onset of smoking (Cosci, Zagà, Bertoli & Campiotti, 2013).

6.2.j. On Violence and Unintentional Injury. Table 11 manifests the distribution of the respondents in terms of violence and unintentional Injury.

Table 11. Distribution of the Respondents in Terms of Violence and Unintentional Injury

Parameters	***f***	**%**
Number of times physically attacked in the past 12 months		
12 or more times	2	1.4
10 or 11 times	-	-
8 or 9 times	1	0.7
6 or 7 times	3	2.0
4 or 5 times	5	3.4
2 or 3 times	6	4.1
1 time	13	8.8
0 times	115	78.2
No answer	3	2.0
Total	**147**	**100%**
Number of times engaged in a physical fight in the past 12 month		
12 or more times	-	-
10 or 11 times	-	-

8 or 9 times	2	1.4
6 or 7 times	4	2.7
4 or 5 times	3	2.0
2 or 3 times	4	2.7
1 time	11	7.5
0 times	120	81.6
No answer	3	2.0
Total	**147**	**100%**
Number of times seriously injured in the past 12 months		
12 or more times	1	0.7
10 or 11 times	1	0.7
8 or 9 times	1	0.7
6 or 7 times	4	2.7
4 or 5 times	4	2.7
2 or 3 times	2	1.4
1 time	8	5.4
0 times	123	83.7
No answer	3	2.0
Total	**147**	**100%**
Most serious injury in the past 12 months		
No serious injury in the past 12 months	117	79.6
Broken bone or dislocated joint	5	3.4
Cut or stab wound	6	4.1
Concussion or other head or neck injury, was knocked out or could not breathe	3	2.0
Gunshot wound	1	0.7
Bad burn	2	1.4
Poisoned or took too much of a drug	1	0.7
Something else happened to me	7	4.8
No answer	5	3.4
Total	**147**	**100%**
Major cause of the most serious injury in the past 12 months		
Not seriously injured in the past 12 months	116	78.9
Was in a motor vehicle accident or hit by a motor vehicle	10	6.8
Fell	7	4.8
Something fell on me or hit me	1	0.7
Was attacked or abused or was fighting with someone	1	0.7
Was in a fire or too near a flame or something hot	-	-
Inhaled or swallowed something bad	1	0.7
Something else caused the injury	6	4.1
No answer	5	3.4
Total	**147**	**100%**
Number of days bullied in the past 30 days		
All 30 days	2	1.4
20 to 29 days	2	1.4
10 to 19 days	4	2.7
6 to 9 days	3	2.0
3 to 5 days	3	2.0
1 or 2 days	9	6.1
0 days	119	81.0
No answer	5	3.4
Total	**147**	**100%**
Manner of bullying experienced in the past 30 days		
Was not bullied during the past 30 days	110	74.8
Hit, kicked, pushed, shoved around, or locked indoors	3	2.0
Made fun of because of my race, nationality, or color	4	2.7
Made fun of because of my religion	3	2.0
Made fun of sexual jokes, comments, or gestures	1	0.7
Left out of activities on purpose or completely ignored	5	3.4
Made fun of because of how my body or face looks	2	1.4

Bullied in some other way	11	7.5
No answer	8	5.4
Total	**147**	**100%**

A great majority of the respondents (123 or 83.7%) had no times of being seriously injured in the past 12 months. 120 (81.6%) of them had no times being engaged in a physical fight in the past 12 months. 119 (81%) respondents had no days being bullied in the past 30 days; 117 (79.6%) had no serious injury in the past 12 months; 115 (78.2%) had no times being physically attacked in the past 12 months. Majority of the respondents (110 or 74.8%) was not bullied during the past 30 days.

On the other hand, a great number of the respondents (1 or 0.7%) was physically attacked for 8 or 9 times in the past 12 months. Two (1.4%) engaged in a fight 8 or 9 times in the past 12 months. One (0.7%) was seriously injured for 12 or more times, 10 or 11 times, 8 or 9 times in the past 12 months, respectively. One (0.7%) each with gunshot wound and had been poisoned or took too much of a drug as their most serious injury in the past 12 months. One (0.7%) had something fell on him or hit him, was attacked or abused or was fighting with someone, had inhaled or swallowed something bad respectively as the major causes of the most serious injury in the past 12 months. Two (1.4%) each had been bullied for 30 days and 20 to 29 days in the past 30 days. One (0.7%) made fun of sexual jokes, comments, or gestures as a manner of bullying experienced in the past 30 days.

This result implies that the vast number of the respondents have not incurred any serious physical harm yet being in a new environment as an independent individual, without the direct supervision of parents or guardians, international students are prone to be involved in such.

Factors that will make them prone include: living without the supervision of an adult, over independence, and engagement in risk-taking behavior. Violence and unintentional injury are two areas that make adolescence vulnerable. These two interrelated issues added to other problems relating to mental health, sexual and reproductive health, substance use, and nutrition and obesity, makes the complex network of possible challenges to the health of adolescent (Schwarz, 2009).

7. Conclusion

The health behaviors and protective factors of the international students in the University are admirable such that most of the surveyed respondents did not eat in the fast food chains and has never been engaged to alcohol-use, drug-use, and tobacco-use recently. They have not engaged in any sexual activity. They have not incurred any violence, and unintentional injury and have not attempted suicide even though they have suicide ideation. They perform hygienic practices such as frequent hand washing and are physically active through walking from their home to school regularly. Their satisfying school attendance and solid support system speak of their good health status.

8. Recommendations

Based on the conclusions, the following are recommended:

8.1.The University should continue and intensify its health education programs that emphasize the importance of healthy practices and avoidance of risky behaviors.

8.2. The University Guidance Office should conduct regular psychological screenings to assess and identify international and local students alike who are at risk of mental health issues.

8.3. The University should integrate or create elective courses in the existing curriculum that promotes cultural awareness and cultural understanding.

8.4. International students should be required to take nutrition courses to be able to promote good dietary behaviors and understanding of dietary differences.

8.5 The International Students Affairs Office of the university should conduct orientation on health policies of the university as well as that of local health ordinances.

8.6. Similar studies should be conducted with local students as respondents to capture the health practices of the students of the university. Qualitative research design is also recommended to capture the personal experience of the students on their health practices.

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