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Master's Degree in Global Health Care

**Immigrant women in Finland
Self-reported perception on education, health, employment and gender
violence**

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<p>Abstract:</p> <p>While native Finnish women enjoy many basic rights and are globally empowered in their societies many immigrant women living in Finland do not enjoy this rights or feel empowered in their new environment. Immigrant women living in Finland have reported experiences like discrimination, racism, communication difficulties, difficulties in accessing public services and gender violence.</p> <p>The aim of my thesis is to investigate the current situation of immigrant women living in Finland and to highlight about their current situation as immigrant women in their new host country. The study focuses on major areas like health, education, gender violence and employment. The literature framework explores on what has been written about immigration and immigrant women in general and in Finland.</p> <p>Five immigrant women with different backgrounds were chosen through purposive sampling to participate in the study. Semi structured interviews using open ended questions were done. Content analysis was undertaken through identification of categories. The participants expressed their experiences and perception on the current situation of education, health, employment and gender violence in Finland.</p> <p>The results reveled that immigrant women were generally positive about their current situation in Finland but faced major challenges like unemployment, language barrier and discrimination in the different sectors that were studied. The study also makes some recommendation that could be implemented to tackle the challenges facing immigrant women in Finland.</p>	
Keywords:	immigrant women, Language barrier, gender violence, Unemployment, empowerment
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FOREWORD

My gratitude goes out to the women that participated in my interviews, without them, this study would not have been successful. I would like to thank my supervisor Principal Lecturer, Heikki Paakkonen for his support, time and advice. To my family and friends I thank you for your perseverance, sacrifice and encouragement.

1 INTRODUCTION

The Global Health Care program is designed to respond to the challenges faced by people due to climate change, rapid population growth, threats of terrorism, industrial development, and rural and urban development trends. The mass migration of people witnessed in Europe 2016 was widely considered as a migration crisis. According to UNHCR by June 2016 around 156,000 people had reached Europe with an estimate of over 1million people-refugees, displaced people and other migrants having moved into Europe by 2015, either escaping conflicts in their home countries or in search of better economic prospects.

The discussion in the public domain mainly focused on the young men who were moving to Europe in search of jobs and better lives but not much focus was given to the women migrants who were also migrating along the men. It was during that time that I became interested in the aspect of women migration and how they fare in their new host environment. The study of women migration has remained invisible for long. Women have always been presented as spouses, daughters and dependents of male immigrants. The past decades have seen an increase in women autonomous migration making them the main economic provider and breadwinners for their families. (European Migration Network, & Finnish Immigration Service. 2014)

According to (Caritas Internationalis. 2010) women currently represent over half of the international migrants in the more developed countries and slightly less than half in the less developed countries. By 2005 there were slightly more females than male immigrants in the worlds regions except for Africa and Asia. In Europe and Oceania female immigrants have surpassed the number of males since 2000 and account for 53.4% and 51.3% of total migration, respectively.

More women are migrating independently in search of jobs rather than a family dependent travelling with their husbands or joining them abroad. There are differences in migratory behaviour of Men and women, they both face different opportunities and have to cope with different risks and challenges like vulnerability to human rights, abuse, exploitation, discrimination and health risks. The feminization of migration results in problems like commercialized migration of women and girls as domestic workers and

caregivers which intern results into the trafficking of women for labour and sexual exploitation. (Caritas Internationalis. 2010).

The movement of people from one area to another can be caused by natural disaster or inadequate economic and social opportunities in the countries of origins and better opportunities in the area of immigration. Like men women migrate with the hope for a better life to support their children, escape from political chaos, increasing labour demand on the service market in countries of destination, family obligations, unemployment, low wages, limited social and economic opportunities and the desire to expand their horizons. Women generally face more drastic decision-making and financial restrictions than men, which can pose obstacles to freedom of movement. (Boyd. M. 2006)

According to the (Finnish immigration 2015) most immigrant women in Finland immigrant from neighbouring countries like Russia, Estonia and Sweden. Research has shown that most of this women experience social exclusion and are venerable to violence, health problems, racism, unemployment and many other problems due to lack of support systems that would empower them in their new societies.

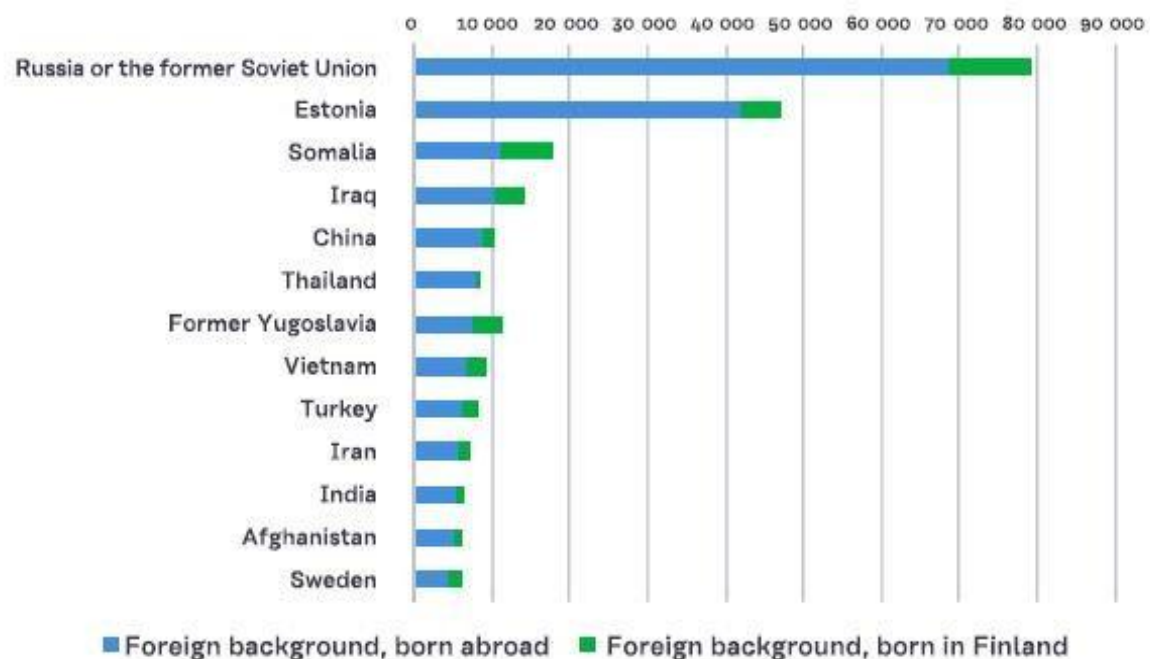


Figure 1. Number of population with foreign background in Finland 2015 by country of origin (Source: UTH survey, Statistics Finland 2017)

2 BACKGROUND LITERATURE AND SIGNIFICANCE

2.1 Immigration in Finland

Immigration phenomena is not new to Finland. Finland has traditionally been a country of emigration with the first major wave of emigration in 1860 up until 1930 when emigrants moved to Sweden, European countries, and mainly North America. The second Major emigration boom from Finland occurred in the late 1960s and early 1970s when more than 10% of the population in Finland (300,000) emigrants moved to Sweden. It is important to note that while other Finnish citizens immigrated to other countries significant groups like the Swedish speaking group which came from Sweden to the coastal areas of Finland and from across Europe people immigrated to Helsinki and other major Southern Finnish towns in the late 19th century. (Jarmila Rajas. 2010)

In 1800s and 1900s immigrant entrepreneurs were a very significant factor in the development of Finnish industry. Finland was home to more foreigners than Sweden by the beginning of 1939. In 1990s Finland started transforming itself from the land of emigrants to a country of immigration, it received its first notable group of modern-day immigrants in the late 1980 from Vietnamese. In 1990s the foreign born population stood at 25,000 while in 2015 the population stood at 339,925. In Finland immigrants come from neighbouring countries, the greatest number of immigrants came from Russia, Estonia and Sweden. (Forsander, A.2002)

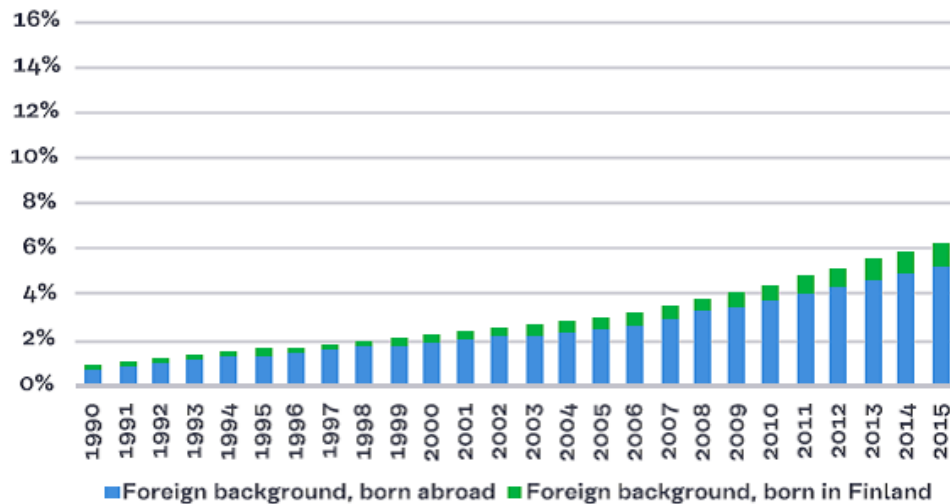


Figure 2. Population of immigrants in Finland 1990-2015. (Source: UTH survey, Statistics Finland 2017)

As of 2015, 6% of the population (339,925) of Finland were of foreign background with the majority being born abroad and 53,000 being born in Finland to two parents born abroad. The main types of immigrants in Finland are Return migrants (persons born in Finland and their children born abroad), Ethnic Finns (Ingrian Finns), Labour migrants, Family reunion and family formation which is based on Family-based immigration and family reunification (particularly from Somalia has increased greatly over the past several years), foreign students, Asylum seekers and quota refugees and Illegal migrants. In 2015 Finland received 32,476 asylum applications, 20,500 of them were from Iraqi, 5,214 from Afghanistan and many unaccompanied minors. (Pasi Saukkonen 2016)

Immigration to Finland has largely been characterized by humanitarian motives with the most common reason for migrating to Finland being return migration, asylum seeking, marriage migration and family reunifications. Labour or economic migration has not been an issue in Finland until recently. As Forsander (2003: 56) puts it:

“Finland’s immigration policy has not been determined by labour market considerations; instead it has developed as a result of external pressures, such as international agreements, or on the basis of ethnic loyalty”.

2.2 Main types of immigrants and Reason for women migration in Finland

Return migrants

This are persons born in Finland but their children were born abroad. **Ethnic Finns (Ingrian Finns)** are descendants of 17th –century vanguards of Swedish Lutheranism who originally settled in Ingria when Finland was under Swedish control. Because of the poor treatment the Ingria Finns got from the Soviet Union many Finns felt that those Estonians or Russian citizens who were sufficiently Finnish in terms of ethnicity had a morally legitimate right to live in Finland. President Mauno Koivisto declared that all ethnic Finns living in the Soviet Union could return to Finland if they so wished in 1990. The program was ended in 2010 by the government, it is estimated that 30,000-35,000 Ingrians benefited from the declaration. A total of 298 applications on returnee grounds were made in 2014 which signified a drop by 30% compared to the previous year. (Finnish Immigration Service. 2014)

Labour migrants

In Finland strong labour unions and permanently positioned civil servants have given way to a long-term, cautious approach to labour migration which has resulted to relatively little economically motivated immigration. A total of 6,050 applications were made for first time resident permits on the ground of employment. (Finnish Immigration Service. 2014)

Family reunion and family formation migration has increased considerably over the last years mainly due to need for family reunion among the refugees and asylum seekers who migrated to Finland in the early 1990. According to (Finnish Immigration Service. 2014) A total of 9,197 applications (of which 6,774 were positive and 2,099 were negative) under family reunifications were submitted in 2014 and for the first time during the monitoring period (2009–2014), Somalia was not among the top five countries of applicants for residence permits on the grounds of family ties, which were Russia (1,563), India (737), Thailand (521), China (409) and Iraq (403).

Foreign students. The migration of foreign students to Finland makes up a huge percent of immigrants in Finland. Finland has been classified as having one of the best ed-

ucation systems in the world and up until recently education was free of charge for foreign students and so making Finland a desirable destination. The government has adopted a strategic goal to closely link students to labour markets need in Finland. The number of residence permits application under studies in 2014 was 5,902 of which 5611 were positive and 291 were issued with a negative decision. (Finnish Immigration Service. 2014)

Asylum seekers and quota refugees in Finland most asylum applications come from Iraq, Somalia, Afghanistan, Kosovo, Iran, turkey and Nigeria. Since 1990 Finland has received 14,000 Somalis freeing civil war, thousands of Kurds from the Middle East and thousands of refugees fleeing conflicts in the Balkans. Finland is in favour of uniform EU-wide legislation for international protection, and its asylum policy is harmonized with that of the European Union. The government sets annual refugee quotas that determine the ultimate number of forced migration-related entries to Finland per year, it is meant to protect people from the Middle East and most conflict –torn areas. The government fulfils the quotas by selecting vulnerable refugees from the regional refugee camps.

Irregular migrants are people found residing in a country illegally. In 2014 Finland had 2,933 irregular migrants compared to 3,368 in 2013. In Finland the statistics are based on police cases under investigation which are categorized under ‘asylum investigation’ or ‘violation of the Aliens Act’. It covers cases in which persons are found to reside in Finland without travel documents entitling them to stay in Finland and are not EU citizens. The most common nationalities found to reside in Finland illegally in 2014 were from Iraq 488, Somalia 340, Russian Federation 310, Afghanistan 172, Iran 113, China 101, Nigeria 98, Turkey 93, Morocco 83 and other Stateless person 74.

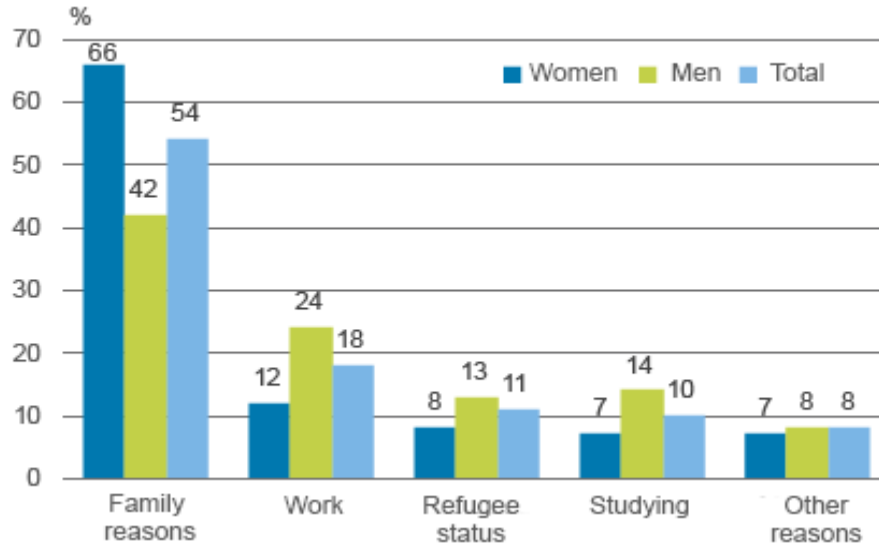


Figure 3 .Reason for immigration among population aged 15 to 64 with foreign back-ground born abroad by gender in 2014. (Source: UTH survey, Statistics Finland 2017)

3 THEORETICAL FRAMEWORK AND PREVIOUS STUDIES

3.1 Immigrants women in Finland

At the beginning of the year Statistics Finland reported that 9,375 permanent residents of Finland were granted citizenship in 2016, the highest number since Finnish independence in 1917. Russia (2,028) Somalia (1,066) Iraq (534) Estonia (459) Afghanistan (376) Turkey (264) Vietnam (225) Iran (222) Sweden (206) Tie: India/ Thailand (193). Out of the 9,375 permanent residents, 4,914 were women and 4,461 were men. (Yle News 2018)

The government has done a lot to integrate and empower immigrant women in Finland so as to participate and contribute in the society while at the same time enjoining the basic human rights in their new societies, studies also show that immigrant women are more marginalized than immigrant men in Finland. Despite this integration attempts by the government many immigrant women are subjected to social exclusion, violence,

health problems, racism, unemployment and many other problems. (Ministry of social affairs and Health. Brochure. 2008)

The lack of integration can be attributed to cultural issues and traditional gender roles where in many cultures women are viewed as family careers and housewives unlike in Finland where women are viewed as active individuals who contribute to the society. This issues prevent immigrant women from utilizing the services and opportunities provided for them by the government. (Ministry of social affairs and Health. 2013)

In an attempt to integrate and empower immigrant women the government had introduced language courses for them as part of adaptation program but the courses have been criticized for not reaching all immigrant women who could interne increase their ability to be contribute in their new society in one way or another. (Ministry of social affairs and Health. 2013)

A big technology gap among immigrant women and their incapability to use new technology has also proven to be an obstacle in the integration process being that Finland society depends highly on technology systems which change rapidly as time goes by.

3.2 Education

In Finland the education of immigrants is undertaken by the Mistry of education and culture and in the existing framework of the education system. Remedial teachings, ones mother tongue, religions, teaching in Finnish/Swedish as a second language are all provided in basic education and upper secondary education. Education forms intended for immigrants include preparatory studies for basic education, preparatory studies for general upper secondary education, and preparatory studies for polytechnics. In preparatory studies for vocational education and training, immigrants can study together with other students. Integration training as well as teaching in reading and writing, when necessary, are organized for adult immigrants, under the supervision of the Ministry of Employment and the Economy. (Eileen Pittaway and Astrid Van Genderen Stort. 2011)

Finnish Female activist John Stuart Mill spoke about the importance of educating girls in the society in the 1850s. The first women's organizations were established in the

1880s. In 1886, the first co-educational school was opened and Women won the right to study at university in 1901. Currently the education level of women is higher than that of men. Education is compulsory for all children aged 7-16. In 2014 there were 71.0% of women and 69.5% of men who had an education qualification. 31.3% of men and 29.9% of women aged 15 and over did not have post-basic education degree. (Ministry of Social Affairs and Health .2018)

According to current report by the Karjalainen Newspaper in Finland, the education level between men and women in Finland is at breaking level and has continued to widen in the last 10 years with the number of women with higher education level overtaking that of the male population. The report states that Finland can boast the Third highest level of educated women among OECD countries with over half of women aged 25-64 having a higher educational degree and completing 59 percent of all university degrees. (YLE news 2018)

According to the National institute for Health and welfare education has significant effects on men and women in the labour market, the kind of wages they get and other areas of life. Although education in Finland is considered to be gender neutral, Gender segregation is well and alive and it's usually manifested in matters such as study subjects chosen and the traditional beliefs of men's and women jobs which restrict educational and professional choices. In basic educational level girls study more languages and boys study more natural sciences and mathematics. (National institute for Health and welfare, 2017)

A study based on a biennial school health survey in the city of Helsinki where roughly half of immigrants and their families live, found that young immigrants have more welfare-related problems compared with their native counterpart; they perform weaker at school, have fewer intimate friends, experience more physical threats and confront more problems in education. The difference in PISA scores between immigrant students and their native counterparts were greater in Finland than the average in OECD countries. Poor performance in school hampers the transition of immigrant students from one education level to the next and most of them don't make it to the university level. (Pasi Saukkonen 2016)

The number of immigrant students in Finland has increased over the years, there were nearly 20,000 foreign degree students studying in Finnish institutions (European Migration Network 2014)

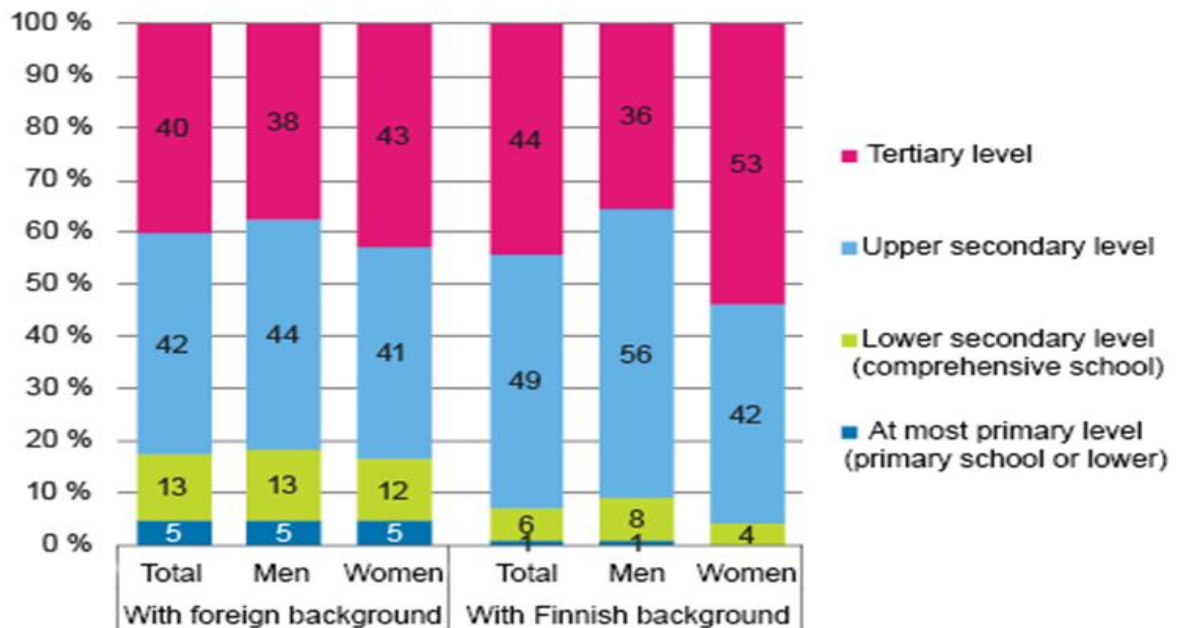


Figure 4. Educational structure of population aged 25 to 54 with foreign and Finnish background living in Finland by gender in 2014. (Source: UTH survey, Statistics Finland 2017)

Education is the best integration policy for immigrants to integrate in the Finnish society. Studies show that there is a clear link between language learning and other learning and it is difficult to integrate into the Finnish society without the language. The integration of language training and vocational studies promotes learning and expedites education tracks in the Finnish society. Teachers' multicultural competences need reinforcement and new tools are needed to reinforce teachers' qualifications in multicultural education (Ministry of Social Affairs and Health Equality Brochures 2008)

3.3 Employment

During the war years Finnish women played a critical role in running affairs while the men were fighting at the front. Women worked in factories, hospitals, and ran large farms. After the war ended women did not go back to their homes but stayed in the workplace and continued being active members of their societies. This stand empowered women in the society to transition from being stay-at-home mums to urban industrial and service workers after the Second World War. This stand by the Finnish women in the society also lead to Caring being a paid profession now that the women were out working and there was no one to take care of those in need like children, elderly and those wounded during the war. In modern day Finland there is a strong resistance towards stay –at-home women or maid culture, however women have a right to stay at home and take care of their families should they chose to do so. In emancipating and empowering women, Finland system came up with the municipal childcare model which enables women employment and promotes caring as a paid profession. (Forsander, A.2003)

Finnish women are highly active in the labour market with an employment rate of 67.7% while the men stand at 68.5%.The gap between women and men in employment is one of the smallest in the EU and indeed in the world. It's important to note from the table below that the unemployment rate of women is lower than that of men meaning that unlike men it's easier for a woman to find work. (Larja & Sutela 2015)

3.2 Women and men in the labour market in 2015 (aged 15 to 74 years)

	Total 1,000 persons	Women	Men	Total Proportion (%)	Women	Men
Aged 15–74 years	4,102	2,046	2,056	100.0	49.9	50.1
Not in the labour force	1,413	742	671	100.0	52.5	47.5
Labour force	2,689	1,303	1,386	100.0	48.5	51.5
employed	2,437	1,188	1,249	100.0	48.8	51.2
unemployed	252	115	137	100.0	45.7	54.3
<i>Employment rate (%), (aged 15–64 years) ¹⁾</i>	<i>68.1</i>	<i>67.7</i>	<i>68.5</i>			
<i>Unemployment rate (%)</i>	<i>9.4</i>	<i>8.8</i>	<i>9.9</i>			
Employed	2,437	1,188	1,249	100.0	48.8	51.2
Working time						
part-time work	378	235	143	100.0	62.1	37.9
full-time work	2,057	952	1,104	100.0	46.3	53.7
Employer	2,437	1,188	1,249	100.0	48.8	51.2
Private sector	1,759	697	1,062	100.0	39.6	60.4
Public sector	668	485	183	100.0	72.6	27.4
local government	532	417	115	100.0	78.4	21.6
central government	136	68	68	100.0	50.2	49.8

Figure 5. Proportion of labour market in Finland by gender 2015. (Source: Statistics Finland)

Part time work segregation where it is estimated that 19.4% of women worked part time compared to 9.1% of men in 2012. This phenomenon can be explained by the childcare system where 26% of children between 0-3 years and 77% of children between 3 years to school age are enrolled in formal childcare which can be either less than 30hrs or more than 30hrs per week. The childcare system allows women to participate in part time employment and contribute to the labour forces while the men tend to continue working fulltime. (European Commission – Country Profile 2013)

Finland faces some major challenges like segregation in working life where the labour market is divided into men's and women's jobs and professions. The most female dominated labour field being childcare, health care, office work and cleaning, on the other hand the male dominated labour field includes construction, installation and repair of machines and electrical appliances, and lorry transportation. This phenomenon has led to either overrepresentation or underrepresentation of women and men in occupations or labour sectors. The number of women in corporate boards has increased over the years, one factor being that since 2010 the Finnish corporate governance code stated that listed companies had to have at least one woman in the board and if the minimum was not met

the company had to give a public explanation. On the other had the number of women in executive management position in large companies and SMEs have been declining. (European Commission 2013)

The pay gap between men and women, it has been estimated that in average a woman in Finland earns 83 % of the wage of male for regular work. The gap has been decreasing over the years and it's the duty of the ministry of social affairs and health to reduce it. (European Commission 2013)

Categories of women who migrate for work purposes can be differentiated by their skills, the permanence of their residence in the host country and their legal status. "At the lower end of the skills spectrum, women migrants pick fruits and vegetables, manufacture garments and other items, process meat and poultry, work as nursing home and hospital aides, clean restaurants and hotels, and provide myriad other services while At the higher end of the skill spectrum, women migrants engage in equally diverse activities. They fill jobs requiring specialized skills, run multinational corporations, teach in universities, supply research and development expertise to industry and academia, and design, build and program computers, to name only a few activities. (Ghosh, J. 2009). In Finland a sizeable numbers of migrant women are in the health professions, particularly nursing and physical therapy.

While immigrant men tend to go for skilled professionals in information technology and scientific sectors, immigrant women tend to clutter around the welfare and care professionals such as education, health and social sector mainly due to the fact that when immigrants enter the destination countries the occupational categories open to them are often limited "*Except for the nursing profession, where the migration of highly skilled women is relatively invisible.*" (Caritas Internationalis. 2010).

Immigrant women face discrimination in the Finnish labour market due to their low level of education, lack of Finnish language skills, prejudice and racism. Finland has some highly educated immigrant women who have not been absorbed in the labour market. Roughly 13,000 migrant women in Finland are lacking work that might corresponds their professional skills (Säävälä 2011) Compared to their native counterparts the rate of unemployment of immigrant women is fourfold while at the same time earning less than the basis of average income.

Domestic work is one of the largest sectors driving international female labour migration in developed countries due to lack of family friendly policies, day care facilities for the elderly and children which make hiring domestic workers essential, declining social benefits and increasing longevity and size of the elderly population. (Caritas Internationalis. 2010).

According to a survey published by Statistics Finland Majority of unemployed Russians and Somalis are ready to work at much low pay rates than minimum wage level in Finland. Many of them are willing to take up jobs that do not reflect their level of Education (Finnish News Agency STT, YLE24)

The unemployment rate of immigrant men aged 20 to 64 was 14.4 percent, that of immigrant women 17.0 percent compared to their Finnish counterpart which stood at 6.3 percent in 2014. According to a survey 40percent of immigrants living permanently in Finland attributed their lack of a job to lack of Finnish language skills, 6 percent attributed their unemployment to immigration background, religion or social background while 24percent did not see any special attributes to relate to their immigration background as an obstacle to their unemployment. According to the results of the survey the duration of stay in Finland among immigrants also affected their rate of employment in that 40percent of immigrant women who had lived below 5years were employed in 2014 but as many as 67percent of those having lived in Finland for over 10years. The education background also plays a major role in the employment of immigrant women as seen from the table below. (Larja & Sutela 2015)

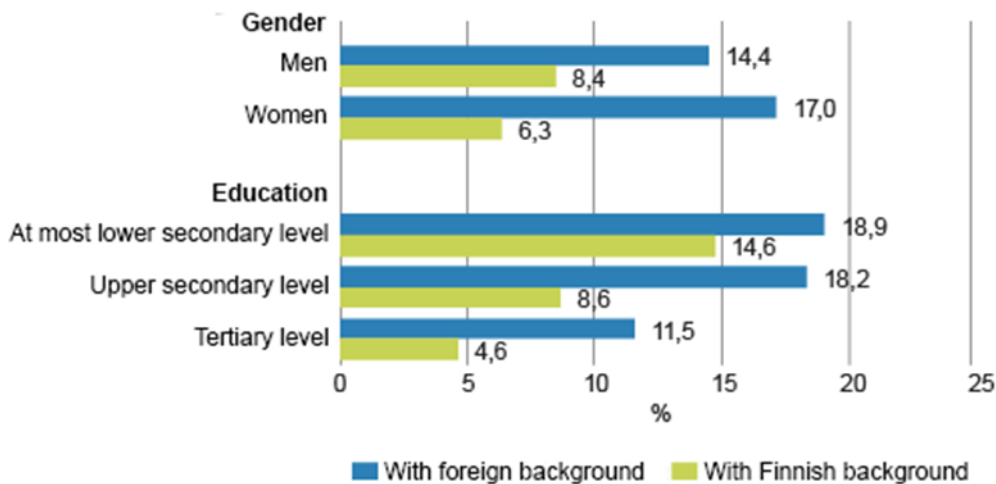


Figure 6. Unemployment rate of population aged 20 to 64 with foreign and Finnish background by gender and level of education in 2014 (Source; Statistics Finland 2017)

3.4 Health

As per the constitution of Finland; social medical and health services are guaranteed and provided by the municipalities which are financed by the government. In Finland the ministry of social affairs and health is responsible for the social welfare and health care services formulation of social welfare and health care policies, preparation of legislative reforms and supervision of implementation (Ministry of social affairs and health, 2013)

Health care service can be divided into two parts mainly: primary health care and specialized medical care. There are approximately 160 health centres in Finland, which are operated by the local authorities to preventive health care services, medical care and rehabilitation, centralized services, 11 mental health and substance abuse services, and occupational health care. (Ministry of social affairs and health, 2013)

According to a survey done by the Finnish ministry of health and welfare on work and well-being among immigrants in Finland, immigrants felt that their health was better on average than the entire population in Finland, immigrant women however considered their health worse and reported chronic illnesses or health problems more than immi-

grant men. Immigrants also reported of having received insufficient social and health care services depending on the country of origin. (Martin, s .f. 2004)

Immigrants who hold permanent residence in Finland are entitled to the same health services and benefits as the Finnish citizens. It is similar for those holding the European Health Insurance Card (Health care in Finland 2013).

The right of irregular immigrants to access health care services was a major issue in 2014 political arena. In Finland Irregular immigrants have restricted access to health care services since they are not covered or have any health insurance and cannot produce proof of residence which puts them in a vulnerable position. Irregular immigrants are only entitled to urgent medical care in many municipalities in Finland. Helsinki is the only municipal in Finland that provides public healthcare services to irregular immigrants. On December 2014 the government submitted a proposal to parliament on providing health services to irregular immigrants, with the aim of providing essential health care to immigrants who do not have or can't be issued with a long term residence permit, asylum seekers and irregular immigrants who should not only be issued with urgent medical care but also medical care related to childbirth and certain long term illnesses. The motion was cruised by the Finns party in parliament and on 14th march 2015 the proposal became void. (European Migration Network 2014)

The modern woman in Finland has equal rights as everyone in the society, has to be active, educated, employed and a financially independent. The health status of immigrant women depends on health education, type of occupation, access to services and information about them in their new environment. Many immigrants come from countries where poor health is a way of life and don't have enough knowledge about health matters which makes them venerable in their new environment. According to previous research and studies done about immigrants living in Finland, immigrants experience discrimination, communication difficulties and cultural difference difficulties when accessing healthcare services or interacting with health care providers. This difficulties have been mainly attributed to the lack of trans-cultural competencies of health and medical professions. (Karanja JMN 2013)

3.5 Gender violence

The Council of Europe Committee of Ministers to Member States on the protection of women against violence defines the term “violence against women” as

“Any act of gender-based violence, which results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life. This includes, but is not limited to, domestic violence, rape between spouses or partners, female genital mutilation, forced marriages and other traditional practices harmful to women, trafficking in women for the purposes of sexual exploitation and violation of the human rights of women in situations of armed conflict.”

The Beijing Platform and CEDAW have been in significant role in the development of Finnish women’s status and relation to gender violence. According to Finnish NGO’s shadow report violence against women is not only an individual tragedy but also a severe breach against human rights rooted in violent cultural practices and unequal structures of society, it has grave consequences on physical and mental wellbeing, national economy and gender equality. (Eileen Pittaway and Astrid Van Genderen Stort. 2011)

In Finland violence remains a hidden problem and victims tend to conceal it as they fail to seek help or hide the real reason of their injuries when they first visit a health professional. There are many cultural and attitudinal factors affecting the recognition of this phenomena. (National Programme for Reduction Violence in Finland. 2007.)

According to (Monika NGO) a huge number of immigrant women in Finland have suffered either domestic violence, honour-related violence, human trafficking, forced marriage, female genital mutilation (FGM) or racist related violence. Immigrant women are commonly vulnerable to partner violence than their native counterparts due to social segregation and lack of supportive system, inadequate language skills and poor knowledge of Finnish registration and help system.

A report by the Ministry of Social Affairs and Health 2013 states that violence experienced by immigrant women is twice as high compared to their native counterparts, violence experienced assumes a diversity of forms like intimate partner violence, honour – related violence, forced marriage, polygamy and female genital mutilation. In recent

years the highest rate of homicide mortality among immigrant women come from Iraq followed by Russia.

Compared to their native counterparts' immigrant women may be prone to intimate partner violence because they may be financially more dependent on their male counterparts. Immigrant women may also be exposed to intimate partner violence after marrying a Finnish man. Over three-quarters or 78% of immigrant women who have experienced violence have moved to Finland in order to get married, which means that they rarely have knowledge about local services and practices. (Sirén & Honkatukia 2005; Honkatukia 2009.)

There is a sense of shame about experiencing violence, lack of confidence in the authorities, language barrier, cultural and religious reasons all put together discourage immigrant women from seeking help. (Ministry of Social Affairs and Health 2013)

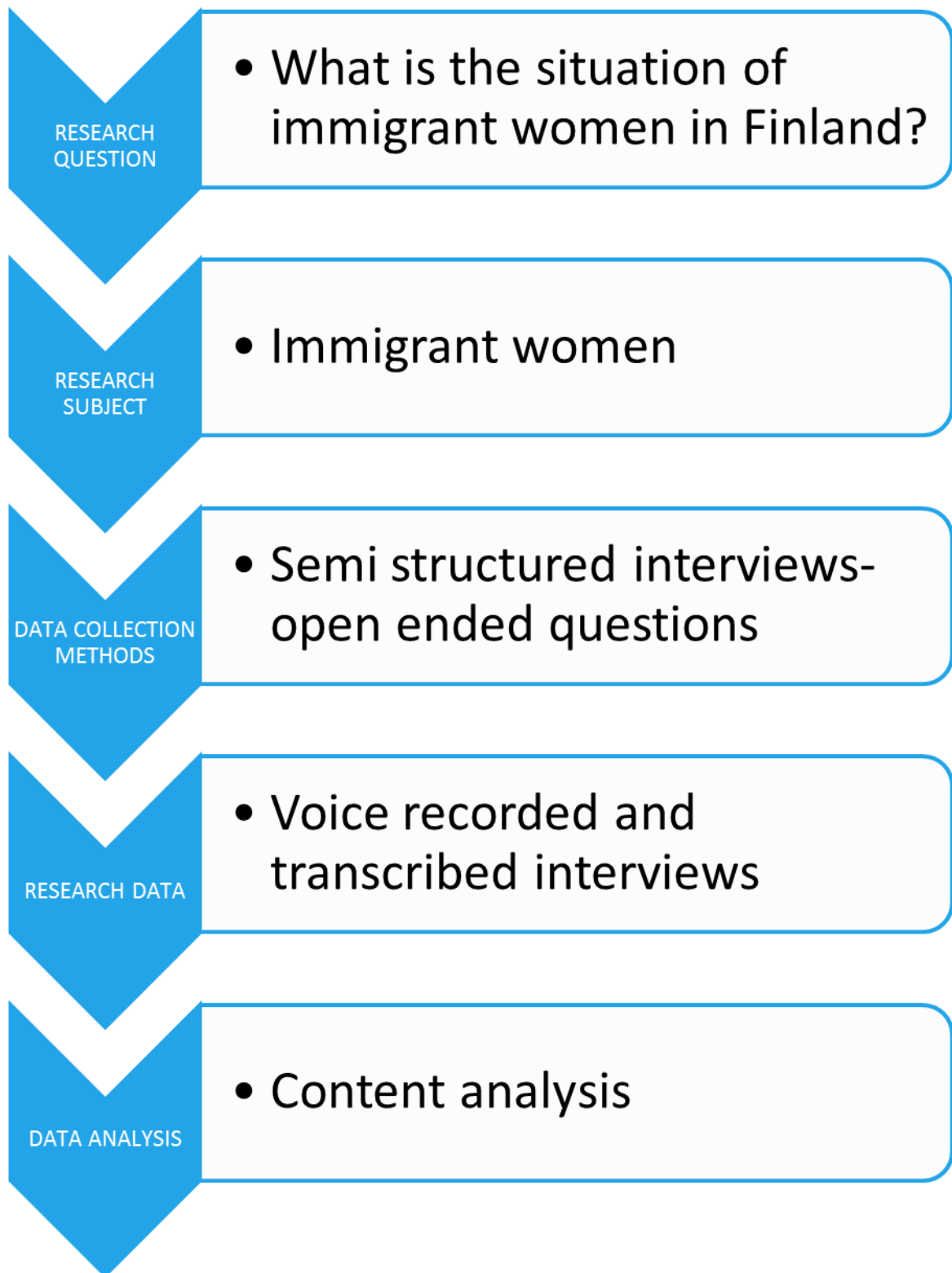
4 AIM AND RESEARCH QUESTION

The aim of this thesis work is to highlight the current situation of immigrant women in Finland and to explore some of the challenges they face in their new host environment. By so doing I hope to bring this discussion to the public domain where solutions for this challenges can be provided.

The research question to be addressed is: What is the situation of health, education, gender violence and employment of immigrant women in Finland?

The research question will focus on major areas like health, education, gender violence and employment. These area critical areas that have been identified in the empowerment of women and contribute greatly to their wellbeing in the society. The table below shows the research process of the study and describes steps taken to meet the aims of the study.

Figure 7: Summary of the research process



5 METHODOLOGY

5.1 Data collection methods

In order to understand the current situation of immigrant women in Finland a qualitative research method was used and data was collected using semi structured interviews. According to Marrow C (1996) Semi structured interviews involves asking each subject a series of open ended questions based on the topic area the researcher wants to know more about. The nature of open ended questions defines the topic under investigation and provides both the interviewer and subject the opportunity to discuss some questions in more details. Interviews can be used to explore the views, experiences, beliefs and motivations of individual participants.

This method of data collection was chosen because it allowed me to get immediate response from the subjects and where needed clarification could be made immediately, it also allowed me to reformulate and have an open discussion with the subject in order to get a more in-depth view on the research subject.

In qualitative research we used open ended questions. Open ended questions are questions not to be answered by “yes” or “no”. They are answered by explanation, starting by “what”, “how” and “why”. This enables the interviewees to speak and elaborate about the nature of their experiences. The researcher may formulate a set of “topic guide” questions in attempt to cover various aspects of the interviewees’ experiences and insights (Kvale,S.2007)

I had prepared some guiding questions for the interviews because I wanted to restrict the subjects from going out of topic and avoid getting too much information that was not useful.

5.2 Sampling and recruitment

A total of seven immigrant women were recruited to participate in research through Purposive sampling. Patton (2015) describes purposeful sampling as “ The logic and power of purposeful sampling lie in selecting information -rich cases for in-depth study. Information- rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the inquiry...Studying information-rich cases yields insights and in-depth understanding” (p. 264). He further specifies that, according to his use of the term, purposeful sampling applies specifically to qualitative research.

Five of the immigrant women were recruited from a group of immigrant women with different backgrounds who meet one a week at the local health centre to learn Finnish language and get social contact with fellow immigrant women, the other two immigrant women were familiar and I individually asked them if they could participate in the interviews. The subjects were asked individual open ended questions which were formulated in English but could be formulated depending on the language that the subject was comfortable with.

The interviews were carried out in a healthcare centre cafeteria and social hall where the surrounding were familiar and participants were comfortable, the environment was quiet and conducive to perform an interview and voice record at the same time.

5.3 Procedure

The interviews were done between October and December 2018 in a healthcare centre cafeteria or social hall due to the different schedules of the participants. The local healthcare centre was a convenient place for both because it was a public familiar place where the participants could feel free and comfortable while participating in the interview.

At the beginning of the every interview the participants were informed of the purpose of the research and were clearly informed that their participation was voluntary and they

had the right to withdraw from the research at any time if they wanted to. The participants were also assured of anonymity and confidentiality in regards to any information and data that they would diverge during the interview.

After getting a verbal consent from the subjects to proceed with the interview, the participants were first asked some social demographic questions about their Age, Marital status, Number of dependents, Education background, language skills, Employment status, field of employment, Country of Origin, Reason for migration and length of stay in Finland. In the second phase the participants were asked a number of open ended questions with the aim of finding out about their experiences and views on Education, Employment, Health and gender violence as immigrant women living in Finland.

The first interview was done in a cafeteria at the health centre before the subject attended her Finnish language social group meeting at 10am. The interview was conducted in Finnish language because the participant did not speak English at all, it lasted about 15 minutes. Being the first interview of the research process both parties were nervous at first but the interview was a success and I got some tips on how I could reformulate my question so as to get more information from the participants.

The second interview was also conducted in the health centre cafeteria before the participant attended her Finnish language social group meeting; the interview was conducted in English and was done in the presence of a family member that the participant had brought along to attend the social meeting at the health centre. The interview was not recorded because the participant felt that her privacy would not be guaranteed if her voice was to be recorded. Notes were taken as the interview was carried on.

The third interview was done in a social hall where it was calm and quiet as the participant had requested. The interview was done in the evening after the subject had come from work. The subject was offered a cup of coffee of which she was very grateful. The interview was conducted in English and was very productive.

The fourth interview was done in English at the health centre cafeteria after the participant had attended her weekly language social group. The participant was aware of the

questions to be asked during the interview as she had been told by the other subjects who had previously been interviewed.

The fifth interview was also done at the health centre cafeteria. The interview was done in the evening as the subject had requested. The interview was done in English and lasted about 20 minutes.

5.4 Data Analysis

In qualitative research the researcher aims to test an assumption or hypothesis rather than explore to build up new knowledge. In order to achieve this, the researcher has to come up with data from recorded interviews, documents or observations derived from different interviewees with different experiences using a number of open ended questions. Yaqub, Fayeze. (2016).

Qualitative data starts to make sense when themes start to appear and then become more clear as the researcher continues to collect more data. The researcher starts by identifying basic theme codes of the data and then finds out what is common between certain theme codes in order to build larger themes. The identification process of these themes is the essence of thematic analysis. (Miles, M., B., & Huberman, A., M. 1994)

Data analysis started by going through transcribed data which was audio recorded from the interviewees to identify relative topics emerging from the interviews so as to understand and interpret the immigrant women's view on their current situation in Finland. Content analysis is used to determine the presence of certain words or concepts within texts.

5 RESULTS

Seven immigrant women who have lived in Finland from different origins were selected to participate in the studies. Five were interviewed and the other two chose not to participate in the studies due to work or family engagement that could not be avoided.

The main aim of the study was to find out their current situation as immigrant women living in Finland on notable areas like education, health, employment and gender violence. These are areas that affect their wellbeing and empowerment in the society as women. Previous studies and research findings have shown that most of this women experience social exclusion and are vulnerable to violence, health problems, racism, unemployment and many other problems due to lack of support systems that would empower them in their new host societies.

The results of this study showed that immigrant women cannot be classified as one group as they all come from different backgrounds and migrate due to different reasons. The five participants who were interviewed in this study came from different countries with different cultures and traditions and had migrated due to different reasons. It has been noted that women migrate with the hope for a better life to support their children, escape from political chaos, family obligations, unemployment, low wages, limited social and economic opportunities and the desire to expand their horizons.

The first participant in the studies migrated from Somali to come and join her husband who had lived in Finland for fifteen years.

“I came with my two children to join my husband who was living here alone, we had not seen him for a long time and we wanted to be together”

Participant 1

The second participant migrated from Syria with her daughter. Due to insecurity in their home country and fearing for her life she decided to seek asylum in Finland.

“There was war in our village so I took my daughter and ran away to a shelter house where we were safe to claim asylum”

Participant 2

The third Participant migrated from Nigeria in search of work and was later joined by her family after living in Finland for five years.

“It was hard for me to get a proper job in Nigeria so I decided to look elsewhere.....Finland was good as they needed Nurses...”

Participant 3

Participant 4 and 5 migrated from Mongolia and Kenya respectively to come and further their education.

“I felt like it was a great opportunity to come and continue with my studies in Finland, education is free and you can work and study at the same time.”

Participant 5

5.1 Education

Four out of the five participants in this studies felt that the education situation of immigrant women in Finland was good.

The study revealed that the women had higher level of education from their home countries. The first participant had basic schooling in her home country, the second participant had studied up to high school, the third participant had a master’s degree in health care, and the fourth participant had a master degree in arts while the fifth participant had a master degree in IT.

The third and fifth participant had managed to get jobs but they had undertaken new courses in Finland so that they could get jobs.

“I studied up to high school, my parents felt that it was better to educate my brothers than me because I would get married and have a family....now I have an opportunity to study and take care of my family at the same time.”

Participant 2

“Here education is free! In my home country education is for the rich....I don’t have to worry about my children going to school or if aim going to afford it...”

Participant 1

“The Finnish language groups have helped me to speak and write the language better and if I get a letter from the Kela office that I don’t understand, I take it to the group meeting and they help me to understand it better. It is a very useful group because we can share and learn together.”

Participant 1

When asked about the challenges that they faced during their education phase in Finland, participants 2,3,4,5 said that language and cultural barrier was a major challenge between immigrants and teaching staff. Participants 1, 3 and 4 said that most of the courses offered were in Finnish which meant that the immigrant women had to learn the Finnish language first before they started doing professional courses of their interest.

“It was very difficult for me because I did not know anybody here and the culture was new to me, it was hard to understand the teachers and social interaction with the other native students was minimal”

Participant 4

Some of the recommendation proposed by the participants 1, 2, 3, and 5 included having a wide range of educational courses for immigrant women. Participant 5 said that it would be good to have Finnish language courses tailored to support integration of immigrants with education and at the same time considering their previous professional qualification in their home countries. Participant 1, 2 and 4 proposed the introduction of cultural awareness and antiracism education programs in education facilities to support better integration for foreign students.

..It was very hard for me at first cause I felt as if I did not belong...nobody wanted to sit next to me or talk to me during breaks and meal time....

Participant 2

5.2 Health

Three of the participants that I interviewed felt that the health care situation of immigrant women was good while two of them felt that it was fair.

“Health care here is very inclusive and almost free...I was surprised the first time I went to the hospital and I did not have to pay to see a doctor”

Participant 5

All the participants said that they had gotten some knowledge or info about how the healthcare system works in Finland at one point or another. They however felt that they did not have enough information of what sort of services was available for them and they needed more education and info about health care in Finland and what kind of service they were entitled to considering that not all of them had the same immigration status. The lack of information about healthcare services is a major hindrance among immigrant women in obtaining essential health care services.

“at least I know that I can always go to my local health center and there they can advise me where to get help, at first I was afraid of going to the health center because we did not know how much it would cost and we did not have any money, I went there when my daughter was very sick and she needed a doctor.....they also send me letters in case If I have an appointment which is very important that I don't forget”

Participant 2

All the women that were interviewed mentioned language barrier as a major issue while seeking healthcare services.

“I remember the first time I went to the hospital and found a male doctor, in my culture a woman cannot be attended to by a male doctor. When I told the nurse that and requested for a female doctor the nurse thought that I was being rude and told me that I could go back home if I was not sick....I felt so bad that I went home crying.”

Participant 1

“There was a time that I got misdiagnosed...the doctor could not understand anything I was telling him I only realized when my situation became worse and went back to the hospital, luckily there was a nurse who spoke English and helped in the translation...I was in so much pain...”

Participant 4

None of the participants reported of being refused or denied healthcare services. Participant 1, 2 and 5 reported of being discriminated or not getting satisfactory services from healthcare professionals due to their foreign background.

...One time I went to the hospital and the nurse there was so rude to me, she kept asking me why my kind of people are in Finland while all we know is how to give birth and stay at home without working....

Participant 1

...I waited for almost 3hours before I could see a nurse...all this time other people who had come after me got served and left.... when I asked the nurse why she was keeping me waiting she just replied ...because I can...

Participant 2

All the participants proposed the provision of multicultural classes or courses for healthcare professionals that deal with immigrants or foreigners. Participants 1,2and 4 felt that More information and education on health care services and accessibility is needed for immigrant women especially after arrival in their new environment.

5.3 Employment

According to the results of this studies Majority of the participants felt that the current employment situation of immigrant women was poor.

All the participants felt that Finland has some highly educated immigrant women who have not been absorbed in the labor market as was the case with all the participants that were interviewed, the two participants in the studies that were working had undertaken new training to fit in their host country because they could not get jobs in the professions which they had studied in their home country.

Participant 1 said that she was not employed because she was a stay home mum looking after her family but had tried to get part time work of which she had not succeeded. Participant 2 said that she was not employed because it was hard to get employment in Finland with her asylum status and despite looking for work she has always been told that she lacks Finnish language skills. Participant 3 was employed as a nurse but it took her five years to get the job. Participant 4 was not employed and she attributed this to lack of Finnish language skills. Participant 5 was employed as a housekeeper in a hotel but it took her 3years to get a job despite being what she had not studied for.

“I thought that with my master’s degree it would be easy to get a job, I applied for so many jobs but never got a reply...after that I just gave up and decided to enroll in a nursing school”

Participant 3

“Even getting a cleaning job where you do not need to speak to anyone was hard....I felt as if they just don’t want to hire foreigners.”

Participant 4

All the participants interviewed in this study attributed lack of Finnish language skills, cultural differences, racism and discrimination in the labor market to their difficultness

in getting a job. From the results I noted that two of the participants who had been employed had good Finnish language skills and had both lived in Finland for over 10 years. The other three had basic Finnish language skills.

“I started working as a cleaner when I came to Finland, I enrolled in nursing school and after graduating I got a job as a nurse...my language skill were not good when I started doing this job but as time went by and I interacted more with my clients my language skills improved”

Participant 3

“When I came to Finland I did not have friends or anybody to teach me Finnish...I have been taking care of my children and now that they are in school I have time to learn the language and at least get a jobI can't even help my children with their homework because it is in Finnish language.”

Participant 1

During the study I found out that all the participants were willing to work if offered a job and had applied or searched for one at one point or another during their stay in Finland. Of the two working participants none was working in the field they had studied for, they however said that they were satisfied with what they were doing considering how hard it was to get a job in Finland and they could financially take care of themselves and their families.

Participant 1 and 3 of the participants reported that they had encountered racism/discrimination while applying for work, they felt that racism and discrimination against immigrant women was alive but hidden.

“When you apply for a job they just look at your name and if you don't have a Finnish name they don't even bother calling you for an interview”

Participant 3

“I could not get a job so I decided to stay at home and take care of my family...it is very difficult to get a job especially if you are foreigner”

Participant 2

5.4 Gender violence

According to the results of this study a majority of immigrant women felt that gender violence is not a common phenomenon among immigrant women.

Participant 1, 2, 4 and 5 felt that gender violence against immigrant women was not common in Finland even though recent studies and reports on gender violence among immigrant women indicate that the vise is on the rise and it has become a common issue with the authorities. Participant 3 felt that the vise was on the rise and being a health care professional she had seen a few cases.

“I don’t know of anybody who has been a victim of gender violence...buy I hear stories from friend about how some women who have been physically abused by their spouse”

Participant 5

“In my line of work I have meet women who have fallen victim to the vise...most of the women are afraid of reporting the issues to the authorities because they don’t know how the system work and if they have live in Finland for a short time they might not even know how to report the incident because they do not speak Finnish....some of them are even afraid of how they would manage if the abusive spouse going to jail and he is the only bread winner in the family...it is not easy being in a new environment where you are dependent on someone else and you don’t know how the system works”

Participant 3

All the women reported that they knew of where to get help in case they became victims of the vise, All the participants said that they would call the police and Participant 2 and 5 said that they would go to a shelter house where they would get help.

“It is not easy being in a new environment where you are dependent on someone else and you don’t know how the system works”

Participant 3

5.5 Summary of the results

The results of this research showed that immigrant women cannot be classified as one group as they all come from different backgrounds and migrate due to different reasons. The five immigrant women who were interviewed in this studies came from different countries. The first participant in the studies migrated from Somali to join her husband who in Finland. The second participant migrated as asylum seekers from Syria with her daughter due to insecurity in their home country. The third Participant migrated from Nigeria in search of work. The 4th and 5th participants migrated from Mongolia and Kenya respectively to come and further their education.

Four out of the five participants in this studies felt that the education situation of immigrant women in Finland was good. The positive attitude was mainly attributed to the ease at which immigrant women have access to education, the availability of different courses which immigrant women can enroll in, and the fact that education is free for all in Finland. When asked about the challenges that they faced during their education phase in Finland most of the immigrant women identified language and cultural barrier as major challenges. They also felt that most of the professional courses offered were in Finnish which meant that they have to learn the Finnish language first before they start doing professional courses of their interest, this which consumes a lot of time and resources, while us they could learn the courses in a language which they are already familiar with. The studies also revealed that the women had higher level of education from their home countries when they came to Finland and all of them had undertaken some sort of education course or classes in Finland.

Three of the participants that I interviewed felt that the health care situation of immigrant women was good while two of them felt that it was fair. The positive attitude were mainly attributed to the easy accessibility and availability of health care services, the

low cost and affordability of healthcare services and professionalism in the sector. Participants said that they had gotten some knowledge or info about how the healthcare system works in Finland at one point or another. They however felt that they did not have enough information of what sort of services was available for them and they needed more education and info about health care in Finland and what kind of service is entitled to them considering that not all of them had the same immigration status. Participants mentioned language barrier and lack of multicultural professionals in health care facilities as major challenges for them. None of the participants reported of being denied health care services.

According to the results of this studies Majority of the participants interviewed felt that the current employment situation of immigrant women was poor. All the participants interviewed in this studies attributed lack of Finnish language skills, cultural differences, discrimination or racism to their difficultness in getting a job. From the results I noted that two of the participants who had been employed had good Finnish language skills and had both lived in Finland for a long period. The other three had basic Finnish language skills. During the studies I found out that all the participants were willing to work if offered a job and had applied or searched for a job at one point or another during their stay in Finland. Two of the participants reported that they had encountered racism/discrimination while applying for work, they felt that racism and discrimination against immigrant women and foreigners in general was alive but hidden.

Majority of immigrant women interviewed in this studies felt that gender violence is not a common phenomenon among immigrant women, four of the women against one felt that gender violence against immigrant women was not common in Finland. All the participants said that they knew of where to get help in case they witnessed or became victims of the vise, calling the police and going to a shelter house were the common response given by the participants.

6 LIMITATIONS

One of the major limitations to my research was getting a variety of immigrant women from different backgrounds so as to have inclusive results. The individual aspects of the interviewed immigrant women like country of origin, background, personality, education and personal experiences will most likely influence the results of the interviews. Even though a good number of immigrant women were invited to participate in the study only five availed themselves, those who did not avail themselves attributed their failure to their busy work or family schedules which did not fit well with the interview time period.

Language barrier was a major handle while interviewing some of the immigrant women who had decided to participate in the studies. Two participants were interviewed using Finnish language as they did not speak any other language apart from their mother tongue /Somali and Finnish which they were not very well conversant with and were attending language classes. Due to the language barrier the subjects were not able to fully express their views or ideas during the interviews.

Time was an issue as the period of the studies was short and the set interview period did not seem to fit well with some of the participants who had been invited to participate in the study. At least three of the participants who participated in the studies postponed the original time which was set and two participants opted out of the studies as their busy work and family schedule did not co respond or fit within the researchers interview time period.

There was limited study material on the phenomena of immigrant women in Finland, most of the studies carried out by major government institutions or individuals were in Finnish language which proved hard to read or understand. The phenomenon of immigrant women in Finland remains a hidden issue that needs to be studied and explored in languages that the natives and immigrants can understand.

7 ETHICAL CONSIDERATION AND VALIDITY

The word "ethics" stems from the Greek word "ethos," which means a custom or habit. In all scientific studies there are ethical issues to be considered. Researchers have a clear responsibility to ensure that they recognize and protect the rights and general well-being of their participants, regardless of the nature of their research. Codes of practice in research provide guidelines that reinforce the basic principles of both human rights and ethics (Eby M 1991)

According to (Oliver, Paul. 2003) the following ethical issues should be considered before the research commences: The way to identify and recruit potential respondents, Obtaining informed consent: participants should be fully informed about a research project, Potential disadvantage or harm which might affect respondents, Researching vulnerable groups of people, Obtaining relevant permission to conduct research, Reaching agreement with institutions or organizations in which research will be conducted.

Prior to the interviews all the participants who chose to participate in the study were given a consent form to familiarize themselves with the study and a verbal consent or go ahead was given by all of them. The subjects were informed that their participation in the study was voluntary and they could withdraw at any given time should they chose to do so. The purpose of the study was made clear and they were assured of privacy and anonymity in regard to any information that they would divulge during the interview. The information would be used to write my thesis and the results of my studies would be informed to my supervisor mentioned in the consent form. Ethical permission to conduct the research was sort out and granted by supervisors.

Validity in a study is concerned about the truthfulness of the findings in the study. The two major forms of validity are external and internal validity. Internal validity refers to the extent to which research findings are a true reflection or representation of reality rather than being the effects of extraneous variables. External validity addresses the degree or extent to which such representations or reflections of reality are legitimately applicable across groups. (H.I.L. Brink 1993) The study was valid because it answers the research questions which, the result given were as a result of the feedback that was giv-

en by the immigrant women who participated in the interviews. This information can be used by professionals to better understand the situation of immigrant women in Finland and help in policy development.

8 DISCUSSION AND CONCLUSION

While immigration to Finland might not be a new phenomenon, the immigration of women has not been given much attention and remains a hidden issue. Immigration has long been seen as male phenomena and women have always been presented as spouses, daughters and dependents of male immigrants.

In this study five different immigrant women who have been living in Finland were interviewed. Three of the participants were recruited from a group of immigrant women who meet once a week to learn volunteering Finnish language at the local health care center while the other two participants were Familiar to me and I personally asked them if they would like to take part in the studies.

The results showed that immigrant women in Finland cannot be grouped into one group as all the participants came from different countries and had different backgrounds. They also had different reasons for migrating from their home countries to their new host countries.

Family reunification migration has increased considerably in Finland among the asylum seekers and refugees who migrated to Finland in the early 1990. The 1st participant in the studies migrated from Somali to come and join her husband who had lived in Finland for fifteen years.

The 2nd participant migrated from Syria with her daughter. Due to insecurity in their home country and fearing for her life she decided to seek asylum in Finland. According to an annual report on migration and Asylum Policy 2014 Finland has received thousands of asylum seekers freeing from civil war in the Middle East and in the Balkans. Finland is in favour of uniform EU-wide legislation for international protection, and its asylum policy is harmonized with that of the European Union.

Participant 4 and 5 migrated from Mongolia and Kenya respectively to come and further their education. Finland has been classified as having the best education system in the world and up until recently education was free of charge for foreign students and so making Finland a desirable destination. The migration of foreign students to Finland makes up a huge percent of immigrants in Finland. (Annual Report on Migration and Asylum Policy - Finland 2014)

The 3rd Participant migrated from Nigeria in search of work and was later joined by her family after living in Finland for five years. In the past decade there has been an increase in female migration in search of job opportunities so as to provide for their families. More women are migrating independently in search of jobs rather than a family dependent travelling with their husbands or joining them abroad. (Caritas Internationalist. 2010).

Many immigrant women come from cultural backgrounds which do not encourage or support women empowerment in the society. (Boyd, M. 2006) states that immigration of women can be caused by natural/man-made disaster or inadequate economic and social opportunities in the countries of origins and better opportunities in their host countries. There are differences in the migratory behavior of Men and women, they both face different opportunities and have to cope with different risks and challenges like vulnerability to human rights, abuse, exploitation, discrimination and health risks. In their new host country immigrant women are often stereotyped and this prevents them from actively contributing in the society.

Participants in this studies felt that the education situation of immigrant women in Finland was generally good. According to previous research done by the Ministry of social affairs an health on child and family policy in Finland 2013, Most immigrant women coming from developing or third world countries where they have a hard time accessing education, either due to lack of funds or due to tradition values that hinder the education of female gender in that community. In Finland the education level of women is higher than that of men while education is free and compulsory for all children aged 7-16. The ease in accessing and affording of education by immigrant women and their families makes them have a positive attitude towards the education system in Finland considering that they could not access or afford it in their home countries.

The study revealed that the women had higher level of education from their home countries when they migrated in Finland. The first participant had basic schooling in her home country, the second participant had studied up to high school, the third participant had a master's degree in health care, and the fourth participant had a master degree in arts while the fifth participant had a master degree in IT. The study also shows that most of this woman have taken further education or have undergone training in Finland so as to fit in their new environment, this goes to show that given the chance immigrant women are willing to make use of the education system to educate and better their lives. Education is seen as a means to successful integration in Finland which would enable immigrant women to learn Finnish, participate in the workforce and live active lives in the society.

Generally the participant in this study felt that education system in Finland was good and it had a lot to offer despite facing challenges like language barrier, culture differences and communication difficulties with the teaching staff. According to Opetusalan Ammattijärjestö (OAJ) President, Olli Luukkainen previous studies show that immigrant women have a hard time integrating in the Finnish society due to lack of language skills. Education is the best integration policy for immigrant women to help them integrate in their new environment. There is a clear link between language learning and other learning and it is difficult to integrate into the Finnish society without the language. The integration of language training and vocational studies promotes learning and expedites education tracks in the Finnish society.

Immigrant women in this study had a positive attitude towards the Finnish health care system. They felt that the services provided were easily accessible and that they had gotten some information about the services offered at one point or another. It is important to remember that most immigrant come from societies where health care services are non-existent or if they are available then they are too expensive and only the well off in the society can afford them. Without information and education about the healthcare services that are offered in Finland most immigrant women would not bother seeking for services as they assume that those services might be expensive or non-existent in their new host countries. Some might find the system to be more than enough and in some cases overwhelming on how to navigate the sector which can have a negative impact on their health if they don't know how to use it or where to get help.

Despite having a positive attitude towards the Finnish health care all the participants in this study mentioned language barrier as a major issue while seeking healthcare services. None of the participants reported of being refused or denied healthcare services. Participant 1, 2 and 5 reported of being discriminated or not getting satisfactory services from healthcare professionals due to their foreign background. Previous studies have shown that immigrant women face challenges especially with health care workers due to lack of multicultural training and language barrier which leads to misunderstanding, misinterpretation and even mistrust of health practitioners. The lack of Finnish language skills can cause delays in accessing health care and obtaining proper treatment. Some women have reported experiencing racism and discrimination by healthcare workers while seeking services in health care facilities.

According to findings of a study done by the Migrant Health and well-being study (MAAMU) between Russians, Somalis and Kurdish immigrants living in Finland, the results indicated that immigrant women had difficulties communicating with health care professionals and likewise health care professionals have difficulties understanding immigrants due to the fact that they don't speak the same language and both come from different cultures where things are done differently. Even though there is a possibility for the women to get an interpreter while seeking healthcare services, the women don't use them as they are afraid of sharing their personal problems with a stranger. The findings also found that there is lack of multicultural proficiency when it comes to dealing with immigrants in the healthcare sector and this leads to culture clash between the immigrant women and the healthcare professionals.

The participants in this study felt that the employment of immigrant women in Finland was in a poor state and more needed to be done. As previous studies have shown the employment of immigrant women in the Finnish labor market has been and remains problematic.

All the participants in this study felt that Finland has some highly educated immigrant women who have not been absorbed in the labor market as was the case with all the participants that were interviewed in this study. All the participants interviewed in this study attributed lack of Finnish language skills, cultural differences, racism and discrimination in the labor market to their difficultness in getting a job. According to findings

of UTH survey 2014, Statistics Finland, 40percent of immigrants living permanently in Finland attributed their lack of a job to lack of Finnish language skills. From the results of this study it was noted that two of the participants who had been employed had good Finnish language skills and had both lived in Finland for over 10years. The other three had basic Finnish language skills. (Säävälä 2011) states that Compared to their native counterparts the rate of unemployment of immigrant women is fourfold while at the same time earning less than the basis of average income. Immigrant women face discrimination in the Finnish labour market due to their low level of education, lack of Finnish language skills, prejudice and racism. Finland has some highly educated immigrant women who have not been absorbed in the labour market and roughly 13,000 migrant women in Finland are lacking work that might corresponds their professional skills.

Results showed that all the participants were willing to work if offered a job and had applied or searched for one at one point or another during their stay in Finland. Of the two working participant none was working in the field they had studied for, they however said that they were satisfied with what they were doing considering how hard it was to get a job in Finland and they could financially take care of themselves and their families. Finnish News agency STT,YLE24 reported that according to findings on a study done by Statistics Finland Majority of unemployed Russians and Somalis were ready to work at much low pay rates than minimum wage level in Finland and take up jobs that do not reflect their level of Education due to lack of employment.

Out of the five participants only two were employed and they felt empowered and happy to support their families, they also seemed to have integrated better in the society due to work place exposure. The unemployed women had applied for jobs but had not been lucky to get any and were willing to take any jobs offered to them. The ability to gain employment and earn an income is a key step to successful integration yet a lot of immigrant women find it hard to get employed. The lack of employment among immigrant women can be attributed to lack of Finnish language skills, lack of recognition of their overseas qualification and discrimination towards foreigners in the labor market. The lack of employment interferes with the integration of immigrant women in the labor

market which makes them counterproductive to the economy. According previous studies done on employment of immigrants in Finland, Immigrant women face discrimination in the Finnish labor market due to prejudice and racism. (Säävälä 2011) Finnish women are highly active in the labor market and given the same opportunity I am sure immigrant women would contribute greatly in the labor market, unfortunately the representation of immigrant women in the labor market is very low and lacking.

The participant in this study felt that gender violence among immigrant women was not a common phenomenon. Participant 1, 2, 4 and 5 felt that gender violence against immigrant women was not common in Finland while Participant 3 felt that the vise was on the rise and being a health care professional she had witnessed the effects of the vise. A report published by the Ministry of Social Affairs and Health 2010 states that violence experienced by immigrant women is twice as high compared to their native counterparts. Violence experienced by immigrant women assumes a diversity of forms like intimate partner violence, honor –related violence, forced marriage, polygamy and female genital mutilation. (Sirén & Honkatukia 2005; Honkatukia 2009.) State that in recent years the highest rate of homicide mortality among immigrant women comes from Iraq followed by Russia. Over three-quarters or 78% of immigrant women who have experienced violence have moved to Finland in order to get married, which means that they rarely have knowledge about local services and practices in their new host country.

Gender violence among immigrant women in Finland women remain a hidden problem as those who are affected feel ashamed or are afraid of reporting the issue to the authorities. Immigrant women are commonly vulnerable to partner violence than their native counterparts due to social segregation and lack of supportive system, inadequate language skills and poor knowledge of Finnish registration and help system. One of the participant felt that gender violence was a common issue among immigrant women in Finland.

Lack of empowerment among immigrant women in the society makes them vulnerable in their host country. The modern woman in Finland has equal rights as everyone else in the society, has to be active, educated, employed and a financially independent. Unlike their native counterparts it is difficult for immigrant women to get jobs and have finan-

cial independence; this makes them dependent on their spouses who use this as a means to oppress them.

Some recommendation against gender violence among immigrant women included the formation of programs addressing gender violence among immigrants and the community in general, availability of Information and education on assistance and where to get help for victims of gender based violence, Medical professionals should be trained to recognize, and help and report gender based violence to the relevant authorities and newly immigrant women should be provided with information on the Finnish law about sexual and gender based violence, their rights including reproductive rights and what to do in case of gender violence.

8.1 Further research ideas

As studies have shown migration of women still remains a hidden or invisible phenomena that needs to be addressed and discussed in the public domain, this will give immigrant women a voice and empower them in their host environment. In Finland there is need for more in-depth research on immigrant women and the challenges they face in the society. Policy makers and a diverse group in proportion to the population of immigrants should be involved in the studies so as to make policies and recommendations that meet the needs of the immigrants. Issues surrounding the Employment and integration of immigrant women need to be researched or studied further as it seems like there is a major hindrance in policies and implementations. Both local and national government need to work together to improve the employment and integration policies of immigrant women.

8.2 Professional development

During this study I have gained valuable knowledge and experience about immigrant women and the journey they go through to get where they are going, their views and experience has shifted my view towards migration and immigrant women in general as I have always looked at it from a male perspective. It is clear from this study that women do undergo a lot of challenges and their migration experiences are usually ignored or hidden from the public domain. It is also clear that immigrant women face difficulties in their new environments and without proper support many of them fall through the cracks of their new society.

This study give immigrant women a voice in making their migration experiences and the challenges they face in their new environment heard. As a social worker and an immigrant this is a field that I am very passionate about and I can completely relate with the participants in this study to understand their state of mind. I am challenged to do more in my profession because health care and social workers make the first contact with immigrant women in their new environments. It is our duty and responsibility to ensure that their safety and wellbeing is well taken care of in their new environment.

I was a bit hesitant and uncertain about how the interviews would turn out being a male immigrant and the participants having come from different backgrounds with different cultures but the participants were very friendly and forth coming during the interviews, the atmosphere was pleasant and relaxed, more of a polite discussion than a one sided interview. I have gained a dipper understanding on how to conduct qualitative research by using semi structured interviews. I gained a lot of experience and developed interpersonal skills like communication and listening skills which should come in handy should I need to do qualitative research and interviews in future.

Along the process of writing this study, I faced some challenges like getting literature material about immigrant women in Finland, planning and timing for the interviews to fit the participant's free time and also my time schedule, getting enough immigrant women to participate in the study so as to get a diverse perspective in the study. I was able to apply a lot of knowledge and materials that I had gained from this degree program of Global health to overcome and improvise in all this challenges.

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10 APPENDICES

10.1 Appendix 1: Consent form

Dear Sir/Madam

I am a student at Arcada university of Applied Sciences. I am currently studying a Master's degree program in Global Health and in the process of writing my master's thesis which is being supervised by Principal Lecturer Heikki Paakkonen. My research topic seeks to explore on:-

The situation of immigrant women in Finland: - What is the situation of health, education, gender violence and employment of immigrant women in Finland?

For the purpose of this study I will be using a tape recorder to record the interviews. All the information gathered during the interviews will be treated confidentially and participant's identities shall not be revealed. The tape recorded information will be destroyed after the study is completed and published. Participants can freely participate in this study and are free to withdraw at any time should they feel so.

Thank you.

For further information please feel free to contact me at:-

karanjaj@arcada.fi

10.2 Appendix 2: Questioner form

GENERAL QUESTIONS

-Age

-Country of origin

-Number of dependents

-Employment status

-Field of employment

-Length of stay in Finland

-Reasons for migrating to Finland

-Finnish language skills

EDUCATION

-What was your level of education when you came to Finland?

-Have you attended any school in Finland? If not why?

-Did you face any challenges in school as an immigrant woman?

-How would you rate the current situation of Education in Finland?

(1) Good (2) Fair (3) Poor

EMPLOYMENT

-Are you currently employed? If not why not?

-How long did it take you to get a job?

-Is your line of work what you studied for?

-Are you satisfied with what you are doing?

-How would you rate the current situation of Employment in Finland?

(1) Good (2) Fair (3) Poor

HEALTH

-Do you know about and how the healthcare system works in Finland?

-Have gotten any education or information on how the healthcare system works?

-Have ever been refused or discriminated against while seeking healthcare services?

-How would you rate the current situation of Health care in Finland?

(1) Good (2) Fair (3) Poor

GENDER VIOLENCE

-Do you know of anyone who has experienced gender violence in Finland?

-Do you know what to do and where to get any help in case of a gender violence situation?

-In your own opinion, is gender violence common among immigrant women in Finland?

(1) Yes (2) NO

10.3 Appendix 3: A summary of interview questions.

	AGE	COUNTRY OF ORIGIN	EMPLOYMENT STATUS	FIELD OF EMPLOYMENT	LENGTH OF STAY IN Finland	REASON FOR MIGGRATING TO FINLAND	How would you rate the current situation of Education in Finland? (1) Good (2) Fair (3) Poor	How would you rate the current situation of Employment in Finland? (1)Good (2)Fair (3)Poor	How would you rate the current situation of Health care in Finland? (1)Good (2)Fair (3)Poor	In your own opinion, is gender violence common among immigrant women in Finland? (1) Yes (2) NO
1 ST Participant	40YRS	SOMALIA	UNEMPLOYED	NONE	9YRS	FAMILY RE-UNIFICATION	1	3	1	2
2 ND Participant	34YRS	SYRIA	UNEMPLOYED	NONE	4YRS	ASYLUM SEEKER	1	3	1	2
3 RD Participant	40YRS	NIGERIA	EMPLOYED	NURSE	12YRS	STUDIES	1	1	1	1
4 TH Participant	35YRS	Mongolia	UNEMPLOYED	None	4yrs	Work	2	3	2	2
5 TH Participant	38YRS	KENYA	EMPLOYED	HOSPITALITY	12YRS	STUDIES	1	1	2	1

