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EFFECTS OF LANGUAGE BARRIER ON THE HEALTH  
OF AFRICAN IMMIGRANT WOMEN LIVING IN  
HELSINKI.

A STUDY ON PREVENTION AND PROMOTIONAL  
TOOLS.

Master's Thesis 2013

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ABSTRACT

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Effects of Language

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African Immigrant Women

Living in Helsinki.

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This study examines the factors that affect the health of African immigrant women living in Helsinki. It also finds out the main factor that hinders these women from accessing good health in Helsinki.

The purpose of this study is to explore and describe the experiences of African immigrant women when accessing the health care provided in Helsinki. It also aims at examining how language barrier affects the health care of these women. The study will suggest health promotional tools to the health care professionals on how to improve the provision of health to these women.

Eight women from different parts of Africa living in Helsinki were chosen through purposive sampling. Content analysis was undertaken through identification of categories. Structured interviews with both open and close-ended questions were used. The women expressed their perceptions on the provision of health care in Helsinki and also pointed out several factors that affect their health. These results highlight the challenges of providing health care within a multi-cultural setting. Improvement to access of health care services as well as provision of services in English language will minimize health problems thus improve the quality of care provided which will have a positive effect on the well-being of these women. The study provides recommendations for the health care sector in Helsinki as well as to the African immigrant women

## List of Abbreviations

Abbreviation	Meaning
IOM	International Organization for Migration
TEROKA	Ammattiryhmittäistenterveyserojenkaventaminen (Finnish)
TEROKA	Reducing Socioeconomic Health Inequalities in Finland (English)
MAAMU (Finnish)	Maahanmuuttajien terveys ja hyvinvointi
MAAMU (English)	Migrant Health and Well-being Study
NIH	National institute for Health and Welfare
WHO	World Health Organization
UNICEF	United Nations International Children's Emergency Fund
NNII Information	National Network for Immunization Information
LEP	Low English Proficiency
TEHY professionals	Union of health and social care professionals
TEHY	Sosiaali- ja terveysalan ammattijärjestö

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## 1. INTRODUCTION

### 1.1 General information about migration in Finland

Migration has become a global phenomenon. An article by (IOM, December 2012) showed that the total number of international migrants globally have increased over the last 10 years from an estimated 150 million in 2000 to 214 million persons. Today, tragedies and globalization are the reason as to why migration across countries and continents has increased as people are in search of refuge and better opportunities (Pieke 2004). Immigrants can be defined as people who settle in a new country of their own free will and usually permanently. United Nations 2005 indicates that the proportion of women migrating to Europe has been growing and has become higher than that of men.

In 2007, (Statistics Finland 2008a) stated that the population of Finland was 5.3 million, with approximately 3% of the population being of foreign origin. Out of the total population of 5.3 million, approximately 300,000 people in Finland, or 5 percent, claim a foreign background (having been foreign born, speaking a foreign language, or having foreign citizenship), (Tanner, 2011). Helsinki has the highest portion of immigrants in the country at around 11.8 percent, with majority coming from the Middle East and Africa. According to Statistics Finland's preliminary data in 2012, the number of immigrants into Finland was 30,420 of which foreign citizens represented 22,750. The migration gain from abroad was

16,800 persons, which is at the same level as one year earlier. This reveals that the number of immigrants have accounted to the increase of the Finnish population. Further research by (Bengi-Arslan, Verhulst and Van Der End, 1997) found out that immigrants are exposed to considerable changes in their social and cultural environment, including the fact that they have to learn a new language and conform to new moral values and standards. They must deal with influences from the host culture, including possible discrimination and low socioeconomic status.

Janhonen-Abrughah, 2010, p.13) states that “Finland is gradually becoming more culturally diverse and has changed from an emigration nation to an immigration destination. The arrival of large amounts of immigrants in Finland has affected the Finnish society in for example; labor markets, trade unions, schools and social security are facing new challenges Immigration affects immigrants as well as native Finns. This is because Finns must adjust living with immigrants in the same neighborhood, schools, working premises among others Janhonen-Abrughah (2010). This adjustment is often a challenge as immigrants come with different beliefs, culture and behavior which the Finns might not necessarily understand or will take a long time before they fully make room for this differences of way of living in their daily endeavors

Immigrants experience challenges of migration differently and adapt some better than others; for some, migration is an opportunity to learn and gain knowledge of new surroundings and



explore the world while others face loss, isolation, alienation and stress (Alitolppa- Niitamo,1994). This and many other reasons lead to immigrant's adaptation to host country a huge challenge. The term immigrant in Finland is usually categorized and used to label all foreign people moving to Finland more or less permanently (Kosonen, 2008). Immigrants in Finland suffer from unemployment and ethnic discrimination. Among the adult immigration population, unemployment has been a major obstacle to integration. Even though many companies are increasingly recruiting employees from abroad in order to replace ageing employees, around one-third of foreign citizens living in Finland, especially refugees and so-called ethnic emigrants from the former Soviet Union, are unemployed or underemployed. Although the situation has recently improved, still the unemployment rate among immigrants is much higher than among the mainstream population. (Hämäläinen et al. 2005; Statistics Finland, 2005.)

Migration is often as a result of political or physical force whereby people leave their own countries due to political instability thus they are forced to flee from their home countries. Another reason as to why migration is common is due to personal choice. People decide to migrate to look for greener pastures such as find education, employment and to explore the world. The women in my study have moved to Finland due to education, employment, reunion with their spouses and due to political instability in their home countries.

My thesis is part of a project called TEROKA which is in collaboration with National institute for Health and Welfare. The aim of TEROKA project is to develop a knowledge base and tools to promote the objective of reducing socioeconomic health inequalities. Currently, there are no existing studies in Finland on language barrier effects on the health of immigrants let alone African immigrant women living in Finland. This gives me a reason to find out what can be done to improve the health of African immigrant women living in Finland. This study is important because as mentioned above, immigration is on the increase in Finland, and foreigner's health is deteriorating because they lack sufficient information on where to seek medical advice, what they should eat to keep healthy, and how to adjust to the new environment.

This study will introduce the factors that African immigrant women living in Helsinki state to affect their health in Finland; they will mention the experiences they have faced in the health care centers and hospitals here in Helsinki and also give suggestions on what they think should be improved in the Finnish health care system. The literature review was conducted using databases such as Pub Med and CINAHL to find out what studies have been carried out in countries within Europe and America based on the effects of language barrier on the health of Immigrants.

## 1.2 Background

Most immigrants living in Helsinki speak English but when they visit the hospital or health care center, they are not guaranteed service by a health care professional who speaks and understands English fluently. This calls for constant provision of interpretation services in hospitals and health care centers for patients who do not speak Finnish language. A high percentage of patients with limited proficiency in any language will fall victims of misunderstanding conditions of their health and advice given to them by health care professionals will not be perceived properly (Pablos-Velez, Gomez and Escobedo, 2011). The patients will also struggle with explaining what health problem they may be suffering from which can lead to health care professionals misinterpreting symptoms wrongly thus giving incorrect diagnosis which can be life threatening to the patient.

“Patients with language barriers are more likely to have difficulty understanding a medical situation, have trouble reading medication labels, and experience a bad reaction to a medication”( Pablos-Velez, Gomez and Escobedo, 2011, p.86). A study carried out in Washington showed that patients with low English proficiency reported that communication problems with health care professionals lead to misunderstanding of prescriptions and treatment. As a result of communication problems, patients with LEP spend more time and money for unnecessary tests and visits,

therefore have lower levels of satisfaction than English –speaking patients (Pablos-Velez, Gomez and Escobedo, 2011).

A new survey carried out by the union of health and social care professionals THEY (Yle- uutiset) showed that insufficient language skills make it difficult for many trained professionals to deal with jobs in the healthcare field. They also found out that over a quarter of immigrant health care workers say they have met discrimination at their work places. This shows how language incompetence can lead to unemployment and inability to occupy high positions at work despite the levels of education of an individual. The main reasons why Africans have migrated to Finland is a result of political and economic stability, free education in the country. A number of African immigrants flee from their countries because of war, poor political leadership, to make a living and in search of a better life. Despite the cold and long winters and adaptation to new cultures and beliefs, African immigrants mainly find it very difficult to learn Finnish language.

In contrast, when people from industrialized countries immigrate to Africa for whatever reasons, they shamelessly refer themselves with dignified names such as experts, agents and specialist. Avoiding the word immigrants whereas when Africans immigrate they are treated to racism, xenophobia and prejudice Mbah (2000) “Finns need to give up calling people immigrants when they have been born in Finland “Dervin as quoted by Wall, D 2013 in Yle Uutiset). It is dangerous because we create (a sense of) inequality, since not everyone is given the same treatment or opportunities”.

Castaneda,et al.,(2012,p.331) in their study found out that discrimination of immigrants is more common among people who have lived longer in Finland and also among the persons who moved to Finland when they were young. However, the immigrants who have moved to Finland recently or at an older age face less discrimination.

In a study carried out by Maamu among Russians, Somali and Kurds living in Finland showed the need of carrying out more studies on immigrants living in Finland (Castaneda,et.al.,(2012). According to the Maamu study most immigrants come to Finland as asylum seekers, refugees, to work and to study. Others come to Finland because they have citizenship from other EU countries, they are born in Finland, and they have a native Finnish spouse or child or have a Finnish immigrant permanent resident spouse or child. When arriving in a new country, immigrants often face different social, structural and cultural context that frequently exposes them to risk factors that impact their health status (Sónia, Milton, and Henrique, 2008).

The health care system in Finland is mainly provided in only Finnish and Swedish. Despite the fact that there are brochures available in Russian and English language, and provision of translators once in a while, it does not however solve the problem which immigrants are facing when accessing treatment. It is very important that an individual understands what they are ailing from and what is needed to be done to prevent further damage to their well-being. The brochures or instructions provided in hospitals and

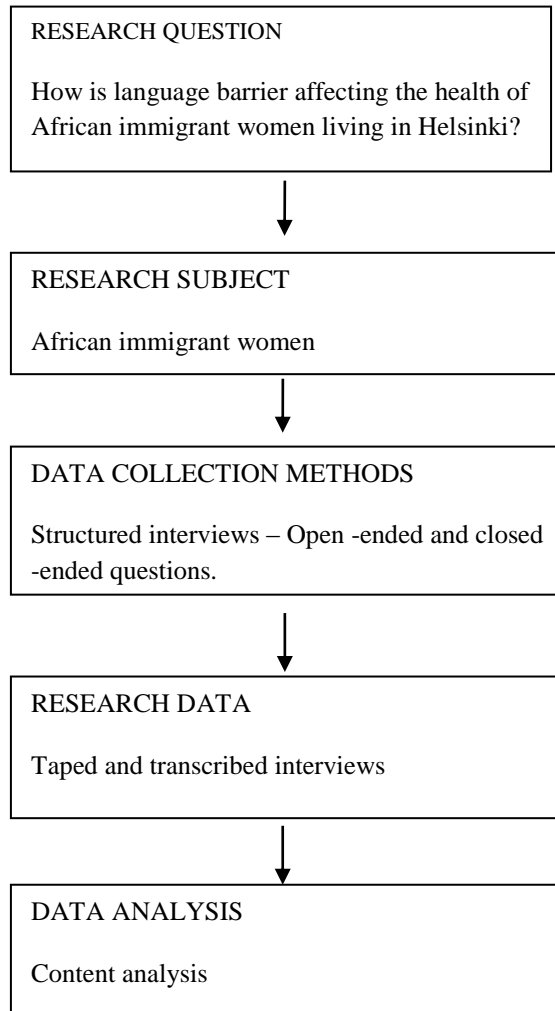
health care centers only give basic information. Immigrants need to talk to a health care professional like a doctor or a nurse to be able to explain their ailment.

They, however, face a remarkable challenge because not all health care professionals can speak English and neither can the immigrants express themselves in the Finnish language. This leads to a huge gap in the provision of care and treatment. Without the provision of services in English to immigrants in Finland, their well-being is deteriorating and health problems are on the increase as they do not know what to where to get help and information. It is therefore very important and essential that the Finnish health care system officials put this matter into consideration and introduce the availability of health care services in English language.

## 2. AIMS OF THE STUDY

The purpose of this study is to explore and describe the experiences of African immigrant women when accessing the health care provided in Helsinki. The aim of this study is to examine how language barrier affects the health of African immigrant women living in Helsinki. The research question of my study is how is language barrier affecting the health of African immigrant women living in Helsinki? The paper will also find out how health care conditions provided can be rectified to improve and promote the health of these women. The figure below shows the research process of the study and described the steps that were taken to meet the aims of the study.

Figure 1: Summary of the research process





### 3. METHODOLOGY

#### 3.1 Data collection methods

To understand the African women views on what affects their health in Helsinki, immigrants a qualitative research method was used and data will be collected was through structured interviews. Structured interviews are fixed format interviews in which all questions are prepared beforehand and are put in the same order to each interviewee. Cormack (2000, p 54) states that “Interviews are particularly useful in finding out about people’s perceptions or opinions on specific matters”. This data collection method was chosen for my study because it allows me to ask only asks specific questions related to my study. Another reason why interviews were used as my main method of data collection was because they enabled me to gain immediate responses from interviewees which allowed further questioning and through examination on particular aspect in relation to the interviewee’s replies and comments.

Structured interviews were used because I wanted to restrict my target group to give answers that were related to my questions to prevent them from going out of topic. By doing so too much information that was not reliable for my study was restricted. According to Cormack (2000, p 78) the three main types of data that are generated from interviews are: people’s experiences and accounts of events; their opinions, attitudes and perceptions about phenomena; and biographical and demographic details. The qualitative research method used in my study was phenomenology

as I aimed at exploring the women's experiences on the health care provided in Helsinki as well as finding out their views on what factors affected their health.

### 3.2 Sampling and recruitment

Eight women from different parts of Africa – Northern, Southern, Eastern, Western and central parts Africa were chosen through purposive sampling. “Purposive sampling is where the researcher decides what needs to be known and sets out to find people who can and are willing to provide the information by virtue of knowledge or experience” (Bernard ,2002, Lewis & Sheppard, 2006” cited in Tongco, 2007). I knew half of the women who participated in my study and I individually asked them if they could participate in the interviews. The other half of the women was suggested to me by friends and I met them during the interviews. Individual open ended interviews were conducted in English at the women's homes. Each interview lasted a maximum of 45 minutes. The interviews were carried out in the evenings when all the women were home from work and school between 16 o'clock to 18 o'clock. Three interviews were undertaken in the presence of their family members while the other five were with only the interviewee present.

### 3.3 Procedure

At the beginning of every interview, participants were informed about the purpose of the study and the procedure for data collection. They were clearly informed that participation was voluntary and they could withdraw from the study at any time if they so wished. Anonymity and confidentiality of data were guaranteed, and informed and voluntary consent was obtained. The first phase of the interviews included a questioner which was used for participants socio-demographic characterization, it included information about age, country of origin, their length of stay in Finland, educational background, marital status as well as the number of children they had. The second phase included a number of open-ended questions which aimed at finding out what challenges the women encountered when they visited hospitals, what factors hindered them from getting good health in Finland and what they hope would be improved in the health care system in Finland. The interviews were conducted between June 2012- August 2012. The topic of this master thesis was as a result of what the majority of the women interviewed stated as the main factor that affects their health.

### 3.4 Data Analysis

Qualitative data consists of words and observations, not numbers. The process depends on the questions you want to answer, the needs of those who will use the information and your resources

(Taylor-Powell and Tanner, 2003). A qualitative research design is the “logic that links data to be collected (and the conclusions to be drawn) to the initial questions of the study” (Yin, 2009, p.5) The research design used for this study is phenomenology. “Phenomenology is the study of phenomena. It is a way of describing something that exists as part of the world in which we live. Phenomena may be events, situations, experiences or concepts “(Hancock, 2002, p.4). It aims to describe and explore experiences, which can only be done by collecting data from individuals who have lived through those experiences. It helps the researcher to understand and interpret people’s views on the matter in question. The data analysis process began by reading through the transcripts and listening to audio record in order to identify the relevant ideas and concepts emerging in the interviews. The interview data of my study was analyzed using content analysis. Content analysis is a research tool used to determine the presence of certain words or concepts within texts or sets of texts

This method of analysis was used in this study as it looks deeply on psychological or emotional state of persons, identifies the intentions, focus or communication trends of an individual, and detects the existence of a problem. Apart from the five questions in my interview were close ended, the remaining questions were open-ended and my interviewees were allowed to express and narrate their situations as long as they wanted. Through this method of analysis the main factor that was frequent in each interview was established.

The research study consisted of interviews of eight participants who were willing to share their personal experiences on factors that have affected their health during their stay in Helsinki. Six reoccurring themes were uncovered: language barrier, nutrition, health literacy, cultural differences, negative attitudes among staff and lack of physical exercise. The recorded interviews were listened to carefully to find out what the women I interviewed had in common. Through the comparison of the interviews undertaken, the main factor the women stated as the main hindrance to their health was identified. As a result of these findings I was able to come up with a topic for my study.

#### 4. HEALTH AND IMMIGRANTS LIVING IN FINLAND

Immigrants have been identified as a vulnerable population, but there is heterogeneity in the degree to which they are vulnerable to inadequate health care (Derose, Escarce and Lurie, 2007). Factors that can lead to an effect in the health of immigrant women include; language barriers, nutritional habits, physical activity and health literacy. A variety of lifestyle or health related habits (behavioral factors), material factors (such as the environment and living standards), and psychosocial factors (for example, stress and risk taking) can have a major impact on a person's health. Degni et.al (2012) found out that "Communication problems due to language and cultural differences between health care professionals and patients are widely recognized. Finns are described as more silent whereas one concurrent large immigrant group, the Somalis, are described as more open in their communication"

Previous studies of immigrants living in Finland suggested that immigrants experienced communication and cultural difference difficulties when interacting with Finnish health care providers. Such difficulties were probably due to the lack of trans-cultural competencies of the health and medical professionals and as a consequence, cultural awareness, knowledge and sensitivities had traditionally not been considered during the delivery of health care (Degni, Koivusilta and Ojanlatva, 2006).

The main topics that were brought out during the interviews that were carried among African immigrant women living in Helsinki

were as follows: Language barrier, health literacy, nutrition, physical exercise, cultural differences and negative attitudes from staff members. I however choose four reoccurring themes which are discussed in depth in the next chapter.

## 5. FACTORS AFFECTING THE HEALTH OF AFRICAN IMMIGRANT WOMEN LIVING IN HELSINKI

### 5.1 Language barrier

Language barrier is when two people (or groups of people) cannot communicate properly because they do not speak any languages in common. The effects of language barrier lead to misunderstanding, misinterpretation and lack of communication which results to inability to express oneself. Finnish is a difficult language to learn and all foreigners as well as African immigrant women face enormous challenges to survive in Helsinki if they do not speak the language. Poor Finnish proficiency leads to limited access to health care and employment. Understanding and being able to communicate in the national language of one's new country is one of the first needs an immigrant newcomer needs to address Kosonen (2008, p. 39). Most African immigrant women will tend to stay home when they fall sick because of the fear that they will not be able to explain their ailment to the health care professional. This leads to lower quality of life for them and families too. It is also likely to affect the quality of care immigrants receive; for instance, immigrants with limited proficiency report lower satisfaction with care and lower understanding of their medical situation (Pitkin, et al., 2007).

The assumption, based on Young (1988) theory, was that different degrees of communication lead to different modes of integration. Communication can be seen as a 'bridge' between individuals,



which leads away from isolation, loneliness, and rootlessness, feelings which are so often experienced by immigrants and refugees (Alitolppa- Niitamo, 1994, p.15). The health care system provides translators when needed but the problem arises when the patient in question declines to share the problem because she fears that the translator will spread her problems to the community. This also leads to a cultural clash and nurse here in Helsinki should have the knowledge and skill on how to manage this kind of a dilemma.

Furthermore, African immigrant women with limited Finnish proficiency are at risk of having problems in understanding instructions given to them during the doctor's visit or also in understanding prescriptions of medication given. Even though most hospitals in Finland have translated general instructions in English, providing written instructions to them is not always an effective solution, given that some women immigrants particularly those who are older and have less formal education have limited literacy in English language as well (Pitkin, et al., 2007).

#### *Indirect impact*

African Immigrant women lack employment because of the language barrier. For one secure any kind of job, he or she should have the basics of spoken and written Finnish language. It can take up to over one year or more before one learns the language and is finally able to secure a job. This long waiting causes emotional breakdown thus depression and low esteem. Unemployment and poor conditions of employment impact health directly and

indirectly. Economic hardship, unmet expectations and underemployment among immigrants and refugees are significantly related to psychological distress (Stewart, et al., 2008). The Maamu study found out that the most common obstacles to receiving care were waiting for appointments, excessively high prices and language difficulties.

### *Effects on health*

African immigrant women in Helsinki lack somebody to inform them where they can seek help or where to get information about health. Most of them suffer quietly and for a long time until they luckily meet someday who knows how the systems works here, and through that person they get to gather information. Lack of information about health issues, knowledge of where to find the right health care or how to access preventive services contribute to the deterioration in health status of immigrants in Canada over time (Zanchetta and Poureslami, 2006).

In most African cultures, women are responsible in ensuring that the family stays healthy. This means if a child or a spouse falls sick, women will take them to hospital and in most cases explain to the health care professionals what the family member is ailing from. They carry these practices with them when they migrate from one country to the other. Low proficiency in Finnish language among African immigrant women leads to difficulties in explaining for example to the nurse at the health center what their children are ailing from. A study carried by (Man 2002 and Spitzer et al., 2003

as cited in Stewart et al., 2008) found out that most immigrant women bear the bulk of caring responsibilities. (Lowell, 2000 cited in Degni, et al., 2012) found out that communication difficulties are as a result of language and cultural differences between health care professionals and patients which leads to barrier in providing health care services. Patients who understand the nature of their illness and its treatment and feel that the health care provider is concerned about their well-being show greater satisfaction with the care received and are more likely to comply with treatment regimens.

Immigrant women lack the possibility to learn about health thus leading to poor health. Liebekind, 1994 cited in Janhonen-Abruquah, 2010, p. 96 immigration may be a threat for mental well-being if the following risk factors are present. You cannot speak the language of the host country; you experience hostility and rejection from surrounding society; you are separated from people who also come from your homeland and experienced trauma or long term stress before migration. Previous studies of immigrants living in Finland suggested that immigrants experienced communication and cultural difference difficulties when interacting with Finnish health care providers (Degni et.al., 2012).The findings of the Migrant Health and Well-being Study (Maamu) between Russians, Somalis and Kurdish immigrants living in Finland showed that the employment rate is lower in all groups of immigrants surveyed and the proportion of unemployed

or laid-off persons was higher than in the overall population of the same age in the survey municipalities.

## 5.2 Health literacy

Health literacy describes the ability to obtain process, understand and use of health information to make appropriate decisions about health (Ad Hoc Committee 1999). Health literacy is a strong predictor of health status and an important means of promoting and maintaining health for all populations. A relatively new concept, the term “health literacy” describes the ability to obtain, understand and use health information (Rootman, Frankishand Kaszap, 2007). Most immigrant women in Canada fall victims of health literacy because they lack important information about health issues and ways of accessing preventive services. This results to the deterioration in health status of immigrants over time (Zanchetta and Poureslami, 2006). Patients from low socioeconomic backgrounds are particularly vulnerable with regard to health literacy issues Caidi (2008).

The women in this study stated that they felt they needed more knowledge about their health and health in general. Most of them did not know the importance of going for check-ups such as Pap smear and mammography. They hoped that information about such check-ups should be informed to them as soon as they visit the health centre for the first time. This topic on health literacy among immigrants let alone African immigrant women has not been

studied at all in Finland and this raises a huge concern because it is essential for everybody to understand health and where to obtain it. Lack of information about health is one of the main factors that my sample group stated to be a hindrance in obtaining efficient health care. Information about health is one of the top needs of longer established immigrants Caidi (2008).

Cutili et.al 2009 in a study on National Assessment of Adult Literacy in America stated that the age, education level, gender, language competence and social status were some of the factors that affect the health literacy level of an individual. This means that healthcare professionals should be very keen to understand the patient's background so that they can know how they will convey messages as well as how much time they need to spend on an individual. The ability to access, comprehend, and apply health information is critical to achieving and maintaining good health (Huntington, S.J, 2012).

(Rudd, Anderson, Oppenheimer and Nath 2007, cited in Huntington, 2012, p. 11-12) stated that health literacy is no longer focusing on only the individual's patient skills but also on health literacy as policy concerned with how demands of the health system and individuals' skills interact. In reviewing literature through 2005, the authors identified four strands or research themes: Firstly, assessment of the readability of print communication and the match between health materials and the skills of intended audiences. This is a very important theme as it points out how important it is for brochures and pamphlets

provided to patients are clear and understood. The provision of materials in English language is very essential in the promotion of health as well as prevention of diseases. Secondly, they mentioned differences between patients with strong reading skills and patients with limited reading skills related to disease and treatment. This theme is applicable to health care nurses because they are dealing with the patients directly. They should be able to question the patients to ensure that all had been understood, and for those with difficulties to understand, the information should be passed again.

Thirdly, the improvement of communication using new technologies and icons which (Rudd, et al., cited in Huntington, 2012. p11) did not think that potential of Internet, multimedia computer software, touch-screen interactive technology etc. that are being used and evaluated for health communication have been addressed or studied. I agree with this statement because not all technology is reliable in the provision of information about health. For example, an advertisement on the television about prevention methods of contracting influenza may be only available at a specific time which makes it unreliable because it only serves a small group of the population. The use of internet too would be effective especially in a country where internet is freely available. However, those individuals who have difficulties in using the computers will end up not knowing about anything posted in the internet. Finally, the development and evaluation of programs to improve health literacy will be beneficial and essential to immigrants. These programs should be introduced in the Finnish

health care system as they will assist the health care workers in monitoring how much information is provided to patient and how much of it is implemented in practice.

The above themes illustrate how the literacy of a person affects how they understand health education. Important care and concern should be taken in consideration when conveying messages related to individuals health and extra attention should be provided in regard to one's literacy level. This study has revealed a very important topic that has been hardly studied in Europe. Most health care professionals assume that one a person can understand the language of their residing country, they automatically understand all the health care terms- This is a wrong assumption because the terms used in lay man spoken language are not similar to those spoken in the medical field.

### 5.3 Nutrition

Good nutrition is important to everyone as it help maintains a healthy life. People with good nutrition and balanced diet are healthier compared to those without. In all cultures, food is more than a nutrient. It may signify prosperity, good health and strength, or love; it may be a distraction, the centerpiece of family gatherings, or a stress release (Lee and Huang, 2001). There is a relationship between diet, nutrition, health and diseases. Consumption of a balanced diet which includes all nutrients,

improves an individual's health thus eradicating the prevalence of diseases.

Finland, like many other countries does not have the type of food that African immigrant women eat in their home countries. This results in challenges on the nutritional habits of African women. Immigrant women are challenged more as they are responsible in preparing food for their families and any wrong choice in food can cause a huge effect on their health and that of their families. The changes in diet may lead to increased body weight and diseases due to lack of some essential nutrients in the body. Using general characteristics to define immigrant populations can be dangerous because of the numerous differences that exist.

Diseases and customs that apply to one immigrant group may not hold true for another group within this general category (Lee and Huang, 2001). A study conducted by (Romero- Gwynn and Gwynn, 1997) showed that Mexican American women living in California had given up their traditional diet in exchange for one higher in carbohydrates and sugars leading to obesity. African immigrant women in Finland lack information on where to get substitutes for their traditional foods and may end up eating what is available in the market. It is therefore essential for health care providers to understand the needs, preferences, and beliefs that certain immigrants have about food so that they can target dietary interventions plans that will improve the health of immigrant women and their families (Lee and Huang, 2001)



Finland has for a long time and in many ways been active in promoting public nutrition for better health of its people. For example, a free school lunch has been part of the daily lives of school children for over 50 years. Nutrition is related to cardiovascular and other non-communicable diseases. Limited exposure of sunlight in Finland due to long winters often leads to deficiency of Vitamin D in the diet. In a study carried out by Islam et al, 2012, about relevance of Vitamin D deficiency during winter revealed that immigrants and especially Somali subjects were the most vulnerable group at risk of low bone mass, osteomalacia and osteoporosis. This means that measures should be taken to educate immigrants about nutrition and supplements to various foods so that they can maintain a balanced diet. Differences in eating habits play a major role in the international differences in coronary heart diseases.

#### 5.4 Physical exercise

Physical activity, which is operationally defined as any bodily movement produced by skeletal muscles that results in energy expenditure (Caperchione, et al., 2011). Physical activity involves walking, running, jogging, active play, working out in the gymnasiums among others. Exercise is recommended to everyone regardless of age and sex. People who engage themselves in regular physical activity are in better shape than those sit at home on their sofas.

Exercising has become a main factor in the reduction and control of diseases which are a result of obesity. Regular physical activity can reduce the risk of many chronic conditions including coronary heart disease, stroke, type 2 diabetes, cancer, obesity, mental health problems, increased levels of cholesterol and high blood pressure. Exercising or physical activity improves the health of an individual. 12.8% of the Finnish population has a body mass index of 30kg/sq. Meter (UNICEF, 2002).

Some immigrant women in Helsinki are overweight, not mainly due to poor nutrition habits, but also due to lack of physical exercise. Most of the women are committed to family chores thus do not have time for undertaking physical exercise. Ensuring domestic duties are performed is culturally the responsibility of most of the immigrant women and part of their norms (Caperchione, et al., 2011). This leaves them with no extra time to spare for their physical exercises.

Unemployment and language barrier results to immigrant women slugging in physical exercise because gymnasiums are quiet costly, and if one joins the gymnasium and does not speak Finnish, then working out will be almost impossible as most instructors instruct in Finnish. In Africa, for example, there is a belief that the bigger you look the healthier you are and the thinner you look the more you look unhealthy and sick you are. If an African immigrant woman in Helsinki holds onto this belief, no amount of convincing them to engage in physical activity will change their minds on their perception of their physical appearance.

## 6. RESULTS

The interviews conducted on the African immigrant women living in Helsinki revealed that the main factor that affected the women's health was language barrier. Other factors that the women considered to have an effect of their health besides language barrier were; nutrition, physical exercise, health literacy, cultural differences, health workers attitudes towards immigrants and lack of familiarity with the health care system.

I had selected 10 women for my study but managed to interview 8 women from 8 different African countries who have only lived in Helsinki and their home of origin. They all have different mother tongues but they speak English fluently. The competency of their Finnish language is influenced by their length of stay in Finland, their jobs and their interest in learning the language. The other two women did not show up for the interview even though they had agreed to participate.

Table 2: shows a summary of the questions asked in the interviews of my study.

Age	Home of origin or Nationality	Length of stay in Finland	Reason for moving	Language skills	Profession occupation field of study	Rate your health in a scale of 1-5 1 Very good 2 Fairly good 3 Fair 4 Fairly poor 5 Poor	Current work place
28yrs	Cameroon	6 years	Study	English, French and basic Finnish	Nursing student	3	Practical nurse
27yrs	Ghana	2.5 years	Family reasons	English and basic Finnish	Housewife	1	Unemployed
20yrs	Kenya	5 months	Study	English and Swahili	Business Student	2	Housekeeper
28yrs	Namibia	4 years	Family reasons	English	Language school student	3	Unemployed
30yrs	Nigeria	8 years	Work	English and Finnish	Housewife	3	Hairdresser
30yrs	Somalia	15 years	Study	English Arabic and Finnish	Practical nurse	4	Promotion Assistant
38yrs	Tanzania	12 years	Family reasons	English Swahili and Finnish	Housewife	4	Cleaner
38yrs	Zambia	11 years	Study	English and Finnish	Registered nurse/ Masters student	2	Registered Nurse

*“...When I go to the hospital, and I do not understand the language and I speak English I don't get a nurse or a doctor who can also speak good English, there is going to be a problem....First and foremost is language barrier at the hospital...you need to explain yourself very well because issues about health is delicate...language barrier is a very big issue in the health system in this country”.*

#### *Ghanaian woman*

This indeed shows how important it is for the Finnish health care system to ensure that health care workers are competent in English language so that they can be able to meet the needs of the immigrants living in Helsinki. By doing so, misinterpretations of medication and prescriptions will be prevented and reduced. In addition, the health care workers attitudes to these women created a big barrier to their health. Most of them felt like they are unwanted and discriminated because of their race, nationality and skin color. Health care workers are expected to always practice equality during the provision of health. This promotes trust between the patients and the health care professionals.

*“All the information in the hospital/health centers is in Finnish and Swedish language, I hardly find any pamphlet in English language*

*(clicks) it really upsets me...they are soo many immigrants living in this country and English is the most common language....”*

#### *Somali Woman*

Brochures and pamphlets in most hospitals about diseases and information about health in general are either in Finnish and Sweden. The availability of material in English language should be introduced in the hospitals and health centers. This increases awareness and knowledge on what to do to maintain a healthy lifestyle.

*“When I had my baby it was a really difficult time . . . we were in the hospital for a very long time, she was born premature. I just came to Finland I didn’t speak the language and it was really really hard. On my own side it was like hell for me (pauses) I didn’t t get good care in my own opinion. There is this one nurse that just came up to me, and she was trying to explain something in Finnish and I was not understanding...I asked her if she can please explain in English and she was like know the services here are in Finnish...I felt really bad”. “I asked the nurse to please can you...please help me take a shower... so she held my hand to the bathroom and just left me at the door...(sighs)so i just sat in that bathroom and just cried and cried and cried and I was ohh God...it was really hard”.*

#### *Cameroonian woman*

The above situation does not promote the well-being of the patient, in the contrary a patient is left feeling very helpless, unwanted and dissatisfied by the service offered. None of us falls sick by choice and health care workers should always remember that they made an oath to help other people, so when providing care they should do it with compassion and empathy. Health care workers should be compassionate with patients and show that they care about them and are doing their best to improve their health. They should also share in their pain and worried because lack of empathy can lead to a patient feeling that he or she is not wanted and this will lead to a negative effect to on their health. This calls for every shift in hospitals or health care center's to always have health care workers that can speak English when needed. By doing this, miscommunication will be avoided and non- Finnish patients will have a feeling of acceptance and equal care.

Translators should also be provided in the case where the patient does not speak English or Finnish. Health care is critical and any small bridge in accessing good health can lead to serious repercussions to health. The women I interviewed felt there is need for availability of services that deal with educating immigrants about health and giving them advice on what they should do to stay healthy. Due to change of diet and climate most immigrants are faced with the challenge of what to eat to compensate for the nutrients they lack especially vitamin D. The food available here is different to what these women are used to eat in their home countries.

*“All the food i found in the grocery shops were unfamiliar tome, i miss eating food from my home country or at least similar...”*

*Kenyan woman*

This calls for availability of nutrition information and guidance on what food they can eat here that is similar to what they have in their home countries. One other important issue that health care professional workers especially in health care centers and hospitals should emphasize to immigrants is the daily consumption of vitamin tablets as supplements to the vitamins that lack here.

Lack of familiarity with the health care system was stated during the interviews. Some women felt that they needed more information on where to seek for medical help or advice in regard to their specific health condition.

*“I had a terrible toothache one night, the following morning I went to the health center. Unfortunately I was not treated as I should have gone to the dentist instead. I suffered in pain until I finally got a dentist to check my tooth”*

*Tanzanian woman*

Misunderstanding of the health care system can affect treatment available. Immigrants should be made aware of the resources and services available for them in the health care system as this saves



time queuing to get treatment and also it will improve the health of these individuals.

Cultural differences and beliefs should be addressed and taken into account when it comes to treating patients with a foreign background. Health care professionals should learn to respect patient's views and decisions in relation to their beliefs. Women in my study felt that they were often misunderstood when they went to hospital and judged according to their behaviors.

*“In my country when you are admitted to the hospital, relatives come to visit you all the time... (Sighs and smiles) I was admitted in hospital here and a big number of friends came to visit me...after my friends left, one nurse told me that I cannot have many people coming to visit me all the time...I was shocked.*

#### *Namibian woman*

A situation like this one above, calls for introduction of courses on cultural differences, beliefs and behaviors on immigrants in the health care sector. Students should also be taught about these issues way before they graduate. This is because some comments from health care professionals to immigrants can be perceived as insults and disrespect. This can cause friction between the nurse-patient or nurse –doctor relationship which leads to mistrust and discomfort during the care process. Employing health care workers with different ethnic and cultural background can help solve this problem for both the health workers as well as the patients.

The factors mentioned in this study that affect the health of African immigrant women are similar to those found in previous research and studies in other countries. Little or less has been done in Finland on immigrant's health despite the fact that the number of immigrants have increased drastically.

One of the key adjustments of African immigrants is the change in nutritional once they arrive in any foreign country. Despite the availability of grocery shops in Finland in the urban areas where African immigrants can get familiar or similar foods from their home countries, most of them do not know of the existence. This calls for the provision of these services to the women when they immediately arrive to Finland. As a result of this diseases caused by lack of nutrients due to poor diet will be eradicated.

The last question in the interviews aimed at finding out what the women would do if they were given an opportunity to improve the health system in Finland. Their responses to the question assisted me in finding out what should be promoted and introduced in the health care centers and hospitals to meet their needs as well as that of immigrants.

*“I will say there should be more doctors and probably the nurses should be able to speak English because English is an international language. Most people get frustrated because when they get there they can't explain what is really wrong with them because they are asked to speak Finnish...”*

### *Nigerian woman*

The women in my study especially those who had no nursing background in their careers said that they lacked enough knowledge on issues concerning their health. As a result of this finding, I compared their education levels in their home countries as well as here in Finland to have an understanding on their educational background as well as to find out if it had an effect on their health literacy. Being unable to understand or access health information may decrease the likelihood of identifying disease symptoms or inhibit preventative behaviours. Patients may not follow physicians' instructions simply because they do not understand, not because they are deliberately noncompliant Schillinger et al., 2003 as quoted by (Jacobs. E, 2012).

My study revealed that the women in my interviews had higher levels of education in their home countries compared to when they come to Finland. The reasons for these findings can be as result of the women moving to Finland have already undertaken primary and high school studies in their home countries, therefore they do not need to undertake the courses when they come to Finland. Another reason why the education levels of these women tends to lag behind is because most of them find it difficult to tend for their families while in school and also because a high number of courses that interest them are only conducted in Finnish language.

These findings however, affected the women's health literacy levels. Those who had no kind of training or had not studies in Finland reported to have difficulties in understanding the nutritional recommendations in their diets. They also stated that it took them a longer time to know where to seek information about their health in comparison to women who have had some education here in Finland. This is because most of the information about health care centers and hospitals is provided here in schools. Majority of experts agree that empowering immigrants regarding health and health care, not the least by improving communication and developing culturally sensitive health care services, will facilitate access to and quality of care (Deville, et al., 2011).

A Ghanaian woman commented that:

*“Health means being fit is being well having a well body without falling sick and through that maybe (pauses)...through training and eating well also can make somebody healthy. So, in n my own opinion, being healthy is like being well, being fit, and not often getting sick.”*

This shows that physical exercise is one of the main factors that lead to healthy living. Some immigrant women however, hardly get time go to the gym because they have household chores that consume most of their time and also those that are employed find it difficult to juggle between work, keeping fit and catering for their household tasks.

The African immigrant women in my study have experienced one or more of the above risk factors which have had a huge impact in their lives in one way or another. The women in this study have all moved to Helsinki from an African country and Finnish language is a foreign language for all of them. They have all moved to Finland for different reasons and their age and marital status differs. Some of the women have stayed in Finland more than five years whereas some of them arrived quite recently. The women in this study can be seen from three different starting points. Some were independent young women starting their lives in a new country, others were single mothers encountering the challenges of raising their children transnational and some migrated with generations of their families.

A study carried out in the United States by Jacobs, et al., (2006) pointed out five important consequences of limited language proficiency (LEP) which included; Access to health, Comprehension and Adherence, Quality of Care, Satisfaction and Research Need. These results in this study are well expressed by the women who participated in my interviews as factors that also affect the health care provided to them. It was noted that the education levels of this women did not have an impact on their knowledge in Finnish language. They all agreed that they were faced with a lot of challenges and difficulties when learning Finnish language. However, they all agreed that it is difficult to get a job in Finland despite their level of education. Most institutions here in Finland do not recognize education from other countries

therefore once you arrive in Finland, and for example if one has a degree in Nursing from their home country, they are forced to begin school from scratch to attain a degree from Finland. Even after going to the trouble of beginning school again, the women stated that it was still difficult to get a job. The employed women in the hospitals said that their Finnish competence has been improved greatly due to the fact that when at work they are expected to speak Finnish.

Table 3: Describes the themes, categories and recommendations that emerged from my study.

Sentences	Sub-categories	Recommendations
<p><i>“Health means being fit is being well having a well body without falling sick and through that maybe (pauses)”</i></p> <p><i>“I will say there should be more doctors and probably the nurses should be able to speak English because English is an international language.”</i></p>	<p>Lack of knowledge</p> <p>Communication challenges</p>	<p>Health education</p> <p>Provision of more services in English language</p>
<p><i>There is this one nurse that just came up to me, and she was trying to explain something in Finnish and I was not understanding...I asked her if she can please explain in English and she was like know the services here are in Finnish...I felt really bad”.</i></p>	<p>Inequality of care provision</p> <p>Discrimination</p>	<p>Training health care professionals</p> <p>Change of attitudes towards immigrants</p>

<p><i>“I was admitted in hospital here and a big number of friends came to visit me...after my friends left, one nurse told me that I cannot have many people coming to visit me all the time...I was shocked.”</i></p>	<p>Misunderstanding of different cultures</p> <p>Misjudgment</p>	<p>Training health care professionals</p> <p>Learning to cope with immigrants behaviors and beliefs</p>
<p><i>“You need to explain yourself very well because issues about health is delicate...language barrier is a very big issue in the health system in this country”.</i></p>	<p>Health literacy</p> <p>Language incompetence</p> <p>Difficulties in accessing health care services</p>	<p>Educating immigrants on health issues</p> <p>Provision of Finnish language courses</p>

## 7. ETHICS

Ethics is a brand of philosophy which deals with thinking about morality. By assessing the morality of a person's conduct we make a judgment about whether something is right or wrong (Cormack, 2000). Participants were sent consent forms via email prior to the interviews to familiarize themselves with the study. On the day of the interview, they were handed copies of the consent forms and they signed them. They were informed verbally and in written form that their participation was voluntary and they could withdraw at any time. I also informed them that some of the information they will tell me during the interviews will be in my thesis but their names will not be revealed.

The participants were also informed that all the information will be treated with confidentiality and anonymity. It is very important for the researcher to inform the participants how much information will be disclosed and who else will be told about the interviews. For this reason I informed my participants that the results of my interviews will be informed to my two supervisors mentioned in the consent form. Ethical permission was granted to me by the THL TEROKA project.



## 8. VALIDITY AND RELIABILITY

In research, validity has two essential parts: internal and external. Internal validity encompasses whether the results of the study are legitimate because of the way the groups were selected, data was recorded or analysis performed (Handley) External validity, often called “generalizability”, involves whether the results given by the study are transferable to other groups (i.e. populations) of interest (Last, 2001). Validity means the truth of a study (Silverman, 2010, p.275) .

My study is valid because my findings can be used by other health care professionals and because it has answered the intended research questions. Reliability is “the extent to which results are consistent over time and an accurate representation of the total population under study is referred to as reliability and if the results of a study can be reproduced under a similar methodology, then the research instrument is considered to be reliable” (Joppe , 2000 cited in Golafshani, 2003). My study is reliable because the main concepts of my study are clearly explained and consistent therefore making it possible for the reader to understand what is involved in this study.

## 9. DISCUSSION AND RECOMMENDATIONS

The challenges faced during this study were acquiring data from previous studies related to my topic. This is because little has been done on immigrants and this is alarming as the number of not only African immigrants but generally immigrants is on the increase in Finland. There is need to study how immigrants cope in new countries bearing in their cultural background, beliefs and behaviors, educational levels and employment. Mental health services for immigrants are urgently needed as the current service system reaches only a proportion of those needing services. In addition, health promotion measures and rehabilitation centers are needed to prevent obesity and teach on prevention of nutritional deficiencies. Prevention and treatments plans of diabetes are also needed for immigrants.

African immigrant women should make use of the recreational sites such as swimming pools, playgrounds, sport facilities and parks so that they can be more physical fit thus improving their health. The health care system here should also come up with information strategies concerning diet. This kind of strategies should involve informing people through media, magazines and posters on a healthier diet that meets all the required nutrients. This can only meet the needs of immigrants by providing the information in English language. Vaccinations against influenza and other communicable diseases should be provided if not freely at affordable prices to these women. By doing so future infections

will be prevented thus the reduction of the onset of diseases. Furthermore, vaccinating someone is doing something to the basic health of the individual, as it strengthens her immune system (National Network for Immunization Information, 2008).

Language center facilities should be developed and provided freely or at affordable prices to the immigrants so that they can improve their Finnish language skills as well as literacy. Due to the small number of participants in my study, the information gathered was scarce therefore making it difficult to conclude that all African immigrants face only the challenges stated in this thesis. However, the information gathered in this study is a stepping stone to more research that will be done in this topic in the future. Miscommunication has serious consequences at all levels of health care. Effective communication between the health care provider and the patient is a critical element for improving patient satisfaction, treatment compliance, and health outcomes. Although this study provides important information on African immigrant women living in Helsinki, it is important to note that the study was carried out on only eight African immigrant women.

For this reason, future research is important to find out how immigrants in general perceive the health care provided in Finland and what factors affect their health. More research on this topic will improve the health care of immigrants as well as find solutions on how health care provider's attitudes on immigrants when offering health can be changed. Prejudice among immigrants

should be eliminated and health care professionals should be taught how to relate with immigrants despite their ethnic background, religion, nationality skin color, and social class. By doing this discrimination and racism will be highly reduced and immigrants will be able to find it much easier to live in Finland and improve their well-being.

Health care should be easily accessible, affordable and equal to immigrants. By doing so, immigrants will find it easier to seek health and diseases will be eradicated. Health care systems in Finland should also introduce empowerment tools for immigrants with regard to health and health determinants. This intervention can be facilitated by the provision of information in immigrants own language in this case English language because the highest percentage of immigrants speak English. Immigrants should also be informed about their rights and the functioning of the health care system.

Health care workers should receive training on how to provide care by considering cultural differences. This way, the health care worker-patient relationship will be highly improved thus improvement of well-being. Immigrants should be provided with translators anytime they have a question concerning their health. Through this, wrong misinterpretations of prescriptions and information will be reduced. "All citizens living in Finland, regardless of their ethnic, religious and racial backgrounds have the same rights and get the same medical treatment as the local Finns" (Degni et.al., 2012).The findings of my study do not agree with the

above statement. All the women I interviewed said that they have faced discrimination when they visited the health care centers.

Good interpreting services should be made available in the health care system in Finland. This will prevent mistakes caused by misinterpretation of prescriptions and instructions. Enough resources should also be set aside to ensure that health care workers are provided with sufficient training on how to deal with immigrants. The number of staff working in hospitals and health care centers is very little thus leading to the quality of care provided poor. In most hospitals, difference in the percentage of the number of patients per nurse or doctor is very high. Normally the patient's amount is up to five times more than that of the workers. Most workers are therefore overworked and burned out thus the services they provide is inadequate. The patients on the other hand might fall victims of receiving improper care which leads to poor well-being. This calls for the increase of more health care workers in organizations where there is less staff.

On the other hand, the number of health workers should be accordance to the amount of tasks in the hospitals/health centers. Therefore, the more tasking and demanding a ward is, the more the percentage of workers should be increased. As a result of this, some health care workers will not be overworked more than the others and the quality of care provided will be drastically improved. Health care workers should also realize that they can be caught up with ethical issues at work. Therefore they should maintain good practice that will not jeopardize the well-being of

those they are caring for. They should always bear in mind the ethical principles which remain: respect for autonomy, and the principles of doing no harm, doing well and acting justly (Beauchamp and Childress, 1989 cited in Cormack, 2000 p.55). With these principles in action, health care provided to patients will be highly improved and of good quality. The health workers should also learn from how to handle patients from different cultures and beliefs as this will enable them to give accurate care bearing in mind what is expected in some cultures and what is not acceptable.

It is important that the government with educational institutions to create innovative ways of evaluating immigrants knowledge on health. By doing so, it will be easier to point out where education and training is needed most. Health and social services should collaborate with immigrant communities, educational institutions as well as the government to host health fairs and educational workshops that provide information about health and recommendations on what should be done to ensure an individual's well-being is sustained. Health promotion materials and information should be made available to this group of women in health centers and recreational group meetings. This will promote their health as well as provide information on prevention tactics of various diseases. The health care sector should also set aside funds for immigration service providers to ensure that services are available to all immigrants and refugees.

A study carried out by (Jacobs, 2012) shows that patients with limited English proficiency in the United States had difficulties in

accessing health care, the quality of care they received was poorer as compared to those who spoke English. The study also found out that the patients who did not speak English, experienced dissatisfaction. The above study is similar to my study because the women I interviewed also pointed out the above as factors as consequences of lack of knowledge of Finnish language.

Another study carried out in Canada on women's access and utilization of health services showed that the ability to communicate fluently in English affected women's health both directly and indirectly via social determinants of health (such as social isolation, income, social status, employment and work conditions, and racism) (Guruge, et.al.,) This shows how language competence in a foreign country can affect the health of an individual either positively or negatively. It is therefore essential that these barriers must be addressed in order to improve immigrant women's and their families' health.

On the other hand, this study has a number of limitations. A small group of African immigrant women were interviewed thus resulting to limited interpretations but correct Findings. However, I cannot say that the results of my study apply for all African immigrant women living in Helsinki. The health care workers were not interviewed to find out what opinions they had on African immigrant women living in Finland. This would have been essential as it would have brought out their opinions on the provision of health care to this group, what challenges they face

and also their suggestions on what can be done to improve the health of these women. My study was limited to one method of data collection which was interviews. It would have been interesting to find out what results the other methods of data collection could have found.



## 10. HEALTH PROMOTION

### 10.1 Prevention strategies

Prevention is better than cure. In this chapter i will focus on two types of prevention of diseases which are Primary prevention and Secondary prevention. Primary prevention is the systematic process that promotes safe and healthy environments and behaviours, reducing the likelihood or frequency of an incident, injury, or condition occurring (Healey and Zimmerman, 2010, p. 166).It aims at preventing diseases in the future. Primary prevention can be applied in the improvement of these women's health by assessing the health of these women when they come to the health care center for the first time. This can be done by the health care workers asking basic questions such as when they last time visited the hospital, what kind of diseases they have or their family members among others. By doing so, they get a solid background of the patients health history thus they are able to give preventive measures to various disease accordingly.

Provision of health education to these women regarding prevention of illness is very crucial to the women. The diseases that are common here may be different from those of their home countries; therefore the health care workers should equip them with enough knowledge and instructions on what they should do to prevent illnesses. Immunisation should also be provided to immigrant women in the event of influenza, swine flu and other communicable diseases. These preventive measures will reduce the

prevalence of diseases and promote health in these women and their families.

In primary prevention, the health care system in Helsinki should be responsible in the provision of screening services for these women such as screening for breast cancer, Pap smear, monitoring of blood pressure and blood sugar levels. This should be done all the time even though the women are not diagnosed of the diseases. Health care workers should explain the importance of these screening services to the women in question. The women should be keen to follow instructions given to them and actively involve themselves in medical check-ups.

Healey and Zimmerman (2010, p.167), state that secondary prevention relies on symptoms to determine action, focusing on the more immediate responses after symptoms have appeared. Secondary prevention is usually carried out when primary prevention has failed and a patient has visible symptoms revealing he or she is ill. It detects the onset of diseases and aims at treating diseases. This is done by the use of medication and medical procedures to a patients care plan. For secondary prevention to be successful, health care workers should advice and encourage the African immigrant women as well as immigrants as a whole who are ailing from certain disease on the importance of taking medication regularly and going for check-ups when needed. When this intervention is followed symptoms to diseases are reduced and the onset of a disease is prevented.

Health care workers should continuously remind the patients to adjust their living habits to help keep the balance of the care. For example, if a patient is diagnosed of lung cancer and is a smoker, he should repeatedly be reminded the importance of quitting smoking if he wants his health to improve. The living habits of an individual have a huge impact on the health of a person.

## 10.2 Promotional tools

Health promotion has been defined by the World Health Organization's (WHO) 2005 Bangkok Charter for Health Promotion in a Globalized World as "the process of enabling people to increase control over their health and its determinants, and thereby improve their health. Health promotion aims at helping an individual or group to reach a complete state of physical, mental and social well-being. It also aims at protecting, preventing and promoting health. Laverack (2005, p.59) states five approaches to health promotion as the medical approach, the behavioral-lifestyle approach, the educational approach, the client-centered approach and the socio-environmental approach. The African immigrant women in my study are faced with challenges on what to do to prevent the occurrences of diseases and what they ought to do to prevent diseases.

One strategy for promoting the health of these women is by advising them to change their lifestyle/behavioral way of living such as physical activity, eating healthy, smoking and alcohol

intake among others. This means that health care workers and professionals should provide health education to these women on how to eat healthy to prevent obesity and other obesity related disease such as high cholesterol levels, blood pressure, diabetes and heart dysfunctions. The women have stated that they have often found it difficult to choose the correct foods for their diets because the food available here is different from that of their home countries. This, therefore, calls for the need of provision of nutritional knowledge and the food supplements available. The above strategy will not only help the women to adapt to their new environs, it will also improve their health which will have a positive impact on their quality of life in the present as well as the future.

The introduction of community based activities should also be introduced to these immigrant women as they get to meet other people and make friends which are essential to them as it improves their social well-being. Everybody is responsible for health promotion including the health sector, individuals, schools, communities, health service institutions and the government. All these persons must work hand in hand to promote health. This means that the women should also take initiative in promoting their health by using the knowledge that has been instilled in them on how to remain healthy.

## 11. CONCLUSION

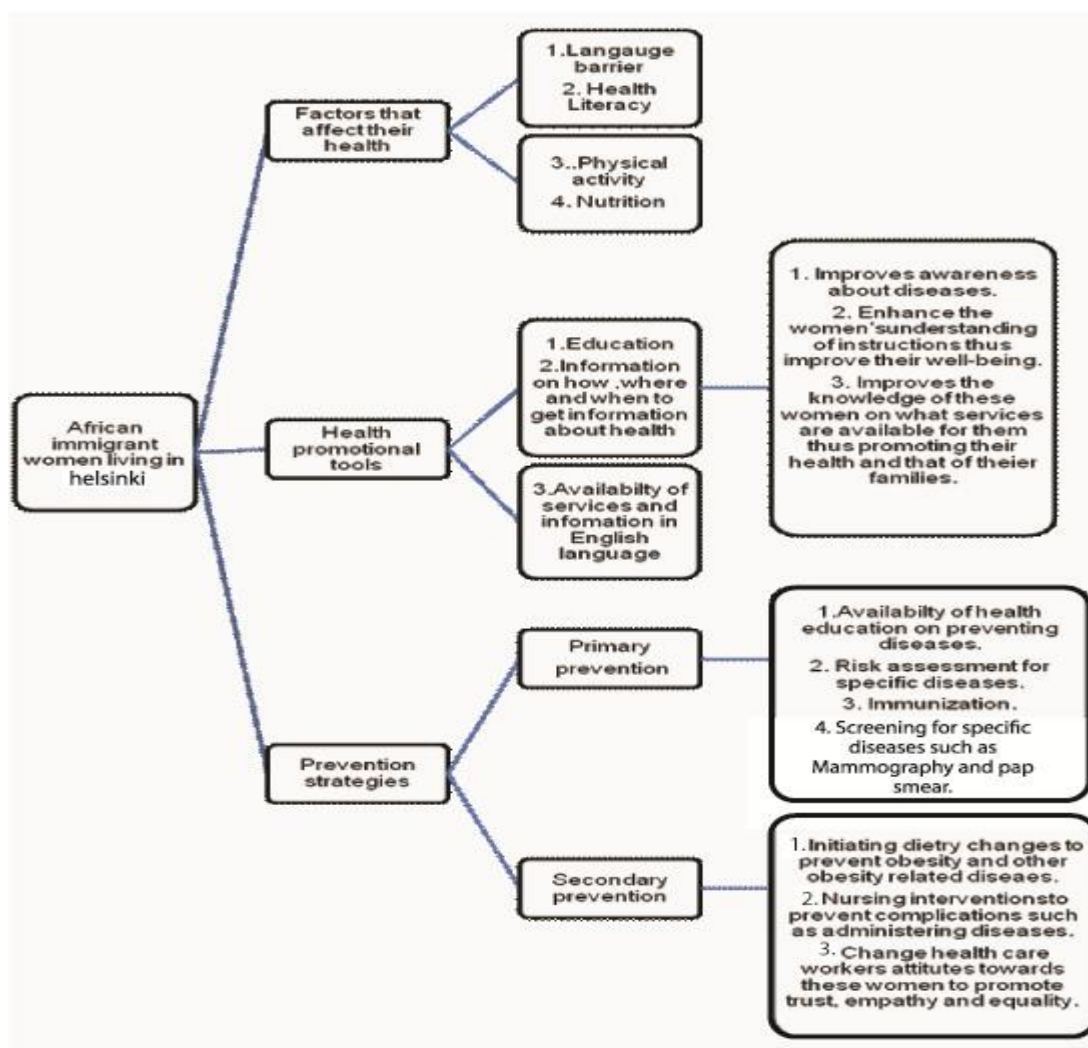
The study revealed that language barrier is the main factor that hindered them from getting good health in Helsinki. Less is being done in Finland to solve this problem thus resulting to poor health and well-being among immigrants. Literature about language barrier is on the rise in America as well as other European countries, but in Scandinavian countries little has been done. This, however, should raise an alarm to the health care sector in Finland to take measures in finding ways of improving the quality of health care provided to immigrants as the percentage of immigrant's in Finland is on the rise.

The African immigrant women in the present study all spoke English. They all stated that they expect every health worker to have the capability to converse in English. For this reason, the health care sectors should provide language training to health care workers so that they can be competent in English language when they are providing care to immigrants. The health sector should also be responsible in provisions of interpreters when the patient in question does not communicate in English or Finnish. This study has pointed out the consequences of inadequate Finnish language to immigrants living in Finland.

It has also provided information and recommendations to health care workers on how they should provide health care to immigrants ensuring equality, quality and satisfaction needs of the patients are meet. Immigrants in general should also heed to instructions given

to them about their health or medicine prescriptions. They should also freely ask where they do not understand so that mistakes in intake of medicine can be eradicated. Although this study provides information about factors that affects the health of African immigrant women living in Finland, future research will be vital in understanding of women from other countries and of different cultures and beliefs. More studies will be essential in the improvement of the health care provided to immigrants as a whole. However, it is good to note that communication can fail also due to how a message is conveyed and interpreted.

Figure 3 below summarizes the findings of my study and also shows the recommendations for the health care sector that will contribute to the improvement of African immigrant women health as well as immigrants as a whole.



My study provided the following conclusions and recommendations

#### Conclusions

1. Language barrier is the main factor that hindered African immigrant women from getting good health in Helsinki.
2. Health literacy, nutrition, physical exercise, cultural differences and negative attitudes from staff members are other factors that affect the health of African immigrant women living in Helsinki.
3. More services in English in health care centres and hospitals should be made available for immigrants.
4. There are no studies on African immigrants living in Finland. The studies that have been carried out on immigrants are relatively small thus the need for more studies related to this topic. It will be essential in the improvement of the health care provided to immigrants as a whole.

#### Recommendations for the health care sector

1. Provision of brochures and pamphlets in health centers and hospitals in English language.
2. Availability of mental health services as well as screening and check-up programs for this group.
3. Training health care workers on how to provide care to this group taking into consideration their cultural background and beliefs.



4. Language center facilities should be developed and provided freely or at affordable prices to the immigrants so that they can improve their Finnish language skills.
5. The government and educational institutions should create innovative ways of evaluating immigrant's knowledge on health so that it can be easier to point out where education and training is needed most.
6. Availability of translators whenever needed for this group.

#### Recommendations for the African immigrant women

1. The women should be interested to learn new methods of being healthy.
2. They should heed to instructions given to them about their health or medicine prescriptions.
3. They should also freely ask where they do not understand so that mistakes in intake of medicine can be eradicated.
4. It is advisable that this group of people enroll themselves in language centers where they can learn and improve their language competence.
5. The women should also try and adjust to their new environs and have positive attitudes towards the system.
6. Laws are rules should be followed to stay away from trouble with the officials and ensure comfortable stay in Finland.

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## 13. APPENDICES

Appendix 1: Questioner form

Appendix 2: Consent form

## Appendix 1

Questioner form 1.



Topic: Factors that affect the health of African immigrant women living in Helsinki. A study on prevention and promotional tools.

Interview questions for my study

1. Which country do you come from?
2. How old are you?
3. How long have you lived in Helsinki?
4. What is your marital status?
  - Married
  - Divorced
  - Single
  - Co-habiting
5. Do you have children? If yes how many

Appendix 1/2

6. How many years altogether have you attended school or studied full time?

(Including primary and comprehensive school.)|\_|\_|  
Years.

7. How would you evaluate your state of health at the moment?

Appendix 1/2

- Good  
 Fairly good  
 Fair  
 Fairly poor  
 Poor

8. What do you term as health in your own opinion?
9. Have you or your family member visited the hospital in the last 6 months? Could you describe the service offered?
10. In your own opinion, what factors do you think hinder you from getting good health here in Finland? (Feel free to express as much as you want).

Appendix 1/3

11. Among the factors named above, could you describe the main factor you think hinders you most to getting good health?
12. When you visit the health center/hospital, what challenges do you encounter? How do they affect your health
13. In comparison to the health care provided here in Helsinki and the one offered in your home country, which one do you prefer? Please give both positive and negative answers for both countries.
14. What do you think you can do to promote good health for you and your family?
15. If you were given a chance what would you like to change in the Finnish health care system that would benefit women from your country?

## Appendix 2

Consent form 1.



### Informed consent for interviews

Title: Factors that affect the health of African immigrant women living in Helsinki

Name: Jane Mercy Njambi Karanja

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University supervisor: KauronenMarja-Leena

Project supervisor: RotkoTuulia

I am a 2<sup>nd</sup> year Master's student at Kymenlaakson University of Applied Sciences and I am writing my final thesis on factors that affect the health of African immigrant women living in

## Appendix 2/1

Helsinki. My thesis is in collaboration with the National institute for Health and Welfare in their project called TEROKA. The purpose of this study is to find out what you think are the factors that affect your health in Helsinki. After finding out the main factor, I will come up with suggestions and recommendations on how the care system in Helsinki can prevent this problem and ways to promote health.

The interview has been designed to be approximately half an hour in length. However, feel free to expand on the topic or talk about related ideas. Also, if there are any questions you feel you cannot answer or you do not feel comfortable answering, feel free to indicate this and we will move on to the next question.

All the information will be kept confidential. The data will be tape recorded and only the supervisors mentioned above will have access to the information. Upon completion of this project, all data will be destroyed.

## Appendix 2/2

### Participant's agreement

I am aware that my participation in this project is voluntary. If, for any reason, at any time I wish to stop the interview, I may do so without giving an explanation. I understand the intent and purpose of this research.

I am aware the data will be used for a paper and class presentation. I have the right to review, comment on, and/or withdraw prior to the paper's submission and class presentation. The data gathered in this study is confidential and anonymous with respect to my personal identity unless I specify/indicate otherwise. I grant permission for the use of this information for this study.

Name:

Date:

Signature: