



Assessing and enhancing health literacy among immigrant students at Laurea University of Applied Sciences,  
Finland

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**Abstract**

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Abstract

This thesis aims to improve health literacy among immigrant students at Laurea University of Applied Sciences in Finland by creating a customized health information package tailored to their needs. Immigrant students often face challenges in navigating healthcare systems due to language barriers, cultural differences, and unfamiliarity with the Finnish healthcare structure. Addressing these challenges is essential for promoting health equity and supporting their well-being. The study identifies the health information needs of immigrant students, analyzes gaps in healthcare access, and develops an informative health information package. The theoretical framework includes concepts of health literacy, Universal Health Coverage (UHC), health equity, and health policies specifically in Finland, focusing on the particular challenges faced by immigrant students. An online survey was conducted across Laurea's campuses to gather insights into participants' pre-arrival health knowledge, experiences, and preferred information delivery methods. Key findings revealed limited knowledge of the Finnish healthcare system among respondents, along with barriers such as language difficulties and complex online appointment systems. Mental health, emergency care, and dental services emerged as critical areas needing better information, with a preference for face-to-face communication and brochures. Based on these findings, the health information package was developed to assist students in navigating the system and meeting their most pressing needs. Recommendations include structured orientation programs, multilingual materials, and multi-channel communication strategies to enhance accessibility. These efforts aim to benefit immigrant students and inform wider public health strategies for promoting equity and inclusivity in healthcare systems.

**Keywords:** Health literacy, Universal Health Coverage (UHC), Finnish healthcare system, Immigrant students

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## 1 Introduction

Health equity is obtaining the best possible state of health for every individual. Everyone having the chance to be as healthy as possible is the first step towards achieving health equity. In contrast, Personal health literacy refers to individuals' capacity to access, comprehend, and utilize information and services to make informed health-related decisions for themselves and others. (Centers for Disease Control and Prevention, 2023) This research focuses on enhancing access to and understanding the Finnish healthcare system for immigrant students at Laurea University of Applied Sciences. The primary objective is to develop a tailored health information package specifically designed to benefit these students, ensuring they have the necessary resources and knowledge to navigate the healthcare services available in Finland.

Universal Health Coverage (UHC) makes sure that everyone has access to high-quality health services without facing financial issues. This comprehensive approach includes essential health services such as health promotion, prevention, treatment, rehabilitation, and palliative care. UHC is firmly based on the 1948 WHO Constitution, which declares health a fundamental human right and commits to ensuring the highest attainable level of health for all (World Health Organization, 2023). Achieving UHC requires countries to develop strong, efficient, and fair health systems rooted in their communities. Primary Health Care (PHC) is recognized as the most effective and cost-efficient way to achieve UHC, addressing health needs in an integrated manner and supported by a well-equipped health workforce (World Health Organization, 2023)

The Finnish healthcare system exemplifies this commitment to UHC. Founded on providing public healthcare services to all residents, Finland ensures that everyone has access to necessary medical care. According to the Constitution of Finland, Chapter 2 - Basic Rights and Liberties, Section 6 - Equality, it is explicitly stated that "Everyone is equal before the law. No one shall, without an acceptable reason, be treated differently from other persons on the ground of sex, age, origin, language, religion, conviction, opinion, health, disability or other reason that concerns his or her person" (Constitution of Finland, 1999/731). This legal framework underpins the universal nature of the Finnish healthcare system and promotes equity in healthcare access.

Despite these robust provisions, health inequalities persist globally and within countries, impacting the goal of achieving UHC. According to the Sustainable Development Goals (SDGs), particularly Goal 3 (Good Health and Well-being) and Goal 10 (Reduced Inequalities), significant disparities in healthcare access remain a pressing issue. Addressing these disparities is critical to ensuring equitable healthcare provision. Factors such as environmental and commercial determinants of health must be considered to pave the way for achieving health for all (United Nations, 2023). Ensuring healthy lives for all requires strong commitments and immediate actions to predict and counteract health challenges, especially for vulnerable population groups (World Health Organization, 2023)

Immigrant students represent a vulnerable group that often faces unique challenges in accessing healthcare services. The significant increase in the number of immigrant students in Finnish higher education highlights the need to address their specific health information needs. For instance, in 2010, there were 8,500 non-Finnish

citizens in Finnish higher education institutions, whereas in 2022, the number rose to approximately 17,500 (Finnish National Agency for Education, 2023). This growing demographic underscores the importance of tailored health literacy interventions to ensure these students can navigate and utilize the Finnish healthcare system effectively.

This research focuses on improving access to and understanding of the Finnish healthcare system for immigrant students at Laurea University of Applied Sciences. The primary objective is to develop a tailored health information package specifically designed to benefit these students, ensuring they have the necessary resources and knowledge to navigate the healthcare services available in Finland.

Ultimately, the goal is to promote health equity, enhance wellness, and improve the integration experiences of immigrant students through the implementation of research findings and the dissemination of this health information package. By addressing the specific health needs of immigrant students at Laurea University, this thesis contributes to the broader objectives of ensuring equitable access to healthcare and supporting the well-being of all residents in Finland.

## **2. Health Equity through the Lens of Health Literacy, Promotion, and Policy Integration**

This section provides the theoretical foundation for understanding the critical components influencing the health and well-being of immigrant students in Finland. It explores the role of health literacy in empowering individuals to make informed decisions, the principles of health promotion aimed at improving overall health outcomes, and the significance of access and Finnish healthcare policies in ensuring equitable healthcare services within the framework of Universal Health Coverage (UHC). Together, these elements form the basis for assessing and enhancing health literacy to promote health equity and improve the integration of immigrant students into the Finnish healthcare system.

### **2.1 Health Literacy - A key determinant of Health**

Health literacy (HL) refers to an individual's capacity to effectively engage with health-related information through skills like reading, writing, verbal, and numerical comprehension. These skills are essential for making informed decisions about one's health and well-being (Shahid et al., 2022). Broadly, health literacy encompasses personal knowledge and competencies, enabling people to access, understand, appraise, and use health information and services in ways that promote both personal and community well-being (Nielsen-Bohlman et al., 2004).

Health literacy is also defined as the degree to which individuals can acquire, process, and understand basic health information and services to make sound health-related decisions. It encompasses a set of skills that go beyond general literacy; in addition to reading and writing, HL involves listening, analyzing, decision-making, and applying information to health issues (Shikha et al., 2023).

The term 'health literacy' was introduced over 35 years ago, but interest in the field began to rise significantly in the mid-1990s. (Provincial Health Services Authority [PHSA], 2015). According to the National Assessment of Adult Literacy Survey, approximately 36% of U.S. adults possess basic or below-basic health literacy levels. In the U.S.,

non-whites, elderly persons, and non-native English speakers are more likely to have limited health literacy, which affects their ability to function and make health-related decisions (Coughlin et al., 2020). An estimated 60% of adult Canadians (ages 16 and older) cannot obtain, understand, and act on health information and services, and also the ability to make appropriate health decisions on their own. (Murray et al., 2008).

Health literacy is generally understood as the ability to find, understand, and use health-related information to maintain and improve health in both individual and systemic contexts. It includes three main components: knowledge of health and healthcare systems, the ability to interpret and apply health information, and the capacity for self-management and collaboration with healthcare providers. Since its introduction in the 1970s, health literacy has become increasingly important due to its significant effects on individual and public health, especially in managing the rising burden and costs of non-communicable diseases (NCDs). Low health literacy is linked to poor health outcomes, higher healthcare costs, and health disparities. As a cost-effective strategy, improving health literacy is recognized as a priority in healthcare policies worldwide and is endorsed by the World Health Organization (WHO) to support Sustainable Development Goals. However, despite its acknowledged importance, health literacy is still defined inconsistently, with over 250 definitions found in the literature. This lack of agreement complicates the development of reliable measures, the evaluation of initiatives, and the synthesis of evidence, making it difficult to create effective interventions and policies. Addressing these challenges is essential to unlock the potential of health literacy in improving health outcomes and promoting equitable access to healthcare. (Liu et al., 2020)

Health literacy is also the ability to obtain, process, and understand basic health information, which is essential for making informed health decisions. Low health literacy is linked to higher healthcare utilization, poor health outcomes, and increased costs. It includes not just reading and writing but also interpreting images and participating in oral communication. Individuals with low health literacy may struggle with disease management, adherence to medical advice, and healthy behaviors. Improving health literacy empowers individuals and communities, influenced by factors like socioeconomic status, education, age, and language proficiency. Effective communication and culturally appropriate information are crucial for those with low health literacy, as they can enhance decision-making and reduce health disparities. Interventions like plain language and visual aids can improve understanding and engagement, particularly in disadvantaged populations. By addressing health literacy, we can reduce disparities in health outcomes and enhance overall population health. (Coughlin et al., 2020)

Health literacy is not solely the responsibility of individuals within the general population or confined to a single sector; rather, it spans multiple boundaries, professions, and jurisdictions, as shown in Figure 1. While the figure presents the connections as rigidly linear and radiating outward like spokes on a wheel, they are more accurately represented as crisscrossing and intersecting—similar to a tangled pile of spaghetti that weaves in and out of various paths without ever fully separating. This imagery highlights the complex interconnections among numerous stakeholders at every level of public service (Public Health Association of British Columbia [PHABC], 2015)

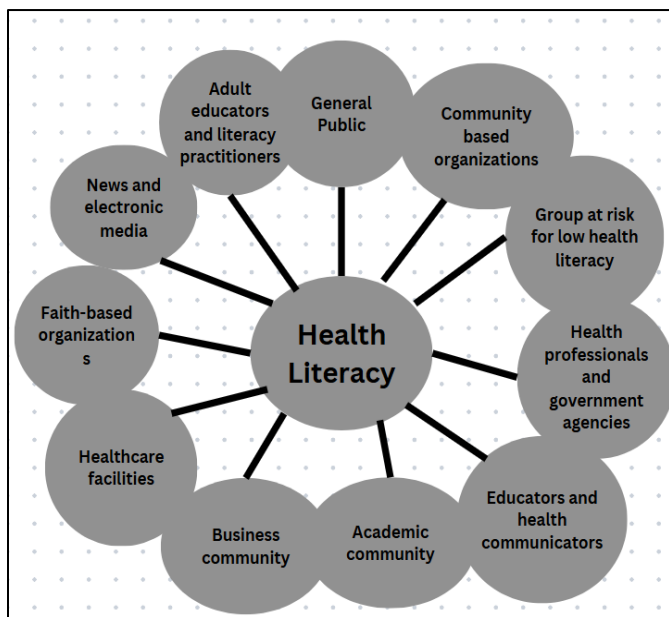


Fig 1: Health Literacy and its components

Adapted and modified from Sørensen K. et al. Health literacy and public health: a systematic review and integration of definitions and models. *BMC Public Health*, 2012, 12:80

### 2.1.1 Universal Health Coverage

Universal Health Coverage (UHC) is a global health goal that aims to ensure all people have access to needed health services of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship (World Health Organization, 2023). The concept of UHC is integral to the Sustainable Development Goals (SDGs), particularly Goal 3, which emphasizes the importance of good health and well-being, and Goal 10, which focuses on reducing inequalities. Achieving UHC requires robust health systems that can address a wide range of health needs, including preventive, curative, rehabilitative, and palliative services. Universal Health Coverage (UHC) is a crucial development issue. Recent estimates indicate that 400 million people, particularly women, children, and vulnerable groups, do not have access to essential health services. Additionally, in developing countries, 6 percent of the population is pushed into extreme poverty or deeper into poverty due to health-related expenses. (World Health Organization, 2023).

Health literacy is a crucial component of UHC, as it empowers individuals to understand and utilize health information to make informed health decisions. According to Cuevas Barron et al. (2023), universal health coverage is often misunderstood as a goal to provide all available health services and products for free to everyone through national health insurance schemes. Universal health coverage means that all individuals can access the health services they need without facing financial hardship. Since health needs vary across income groups, ages, and health statuses, it is the government's responsibility to determine how people can access essential health services at an affordable cost. To advance population coverage and identify who can access the necessary health services, governments must make political decisions and support these choices through prioritized funding, both from domestic and external sources.

Refugees and migrants face significant health challenges due to limited access to healthcare, language barriers, cultural differences, and socioeconomic vulnerabilities. The World Health Organization's (WHO) framework outlines priorities and guiding principles to improve the health and well-being of these populations:

1. **Equitable Access to Health Services:** Ensuring refugees and migrants have the same access to quality healthcare as host populations, irrespective of legal or social status.
2. **Health Determinants:** Addressing social determinants, including housing, education, and employment, which affect health outcomes.
3. **Cultural Sensitivity:** Integrating cultural competence in health systems to bridge gaps in understanding and accessibility.
4. **Health Promotion and Disease Prevention:** Enhancing awareness and engagement in health promotion activities to reduce disease burden.
5. **Collaboration Across Sectors:** Promoting partnerships among governments, non-governmental organizations, and private entities to achieve sustainable health outcomes for refugees and migrants. (WHO,2017)

Evidence from various European countries shows that, despite efforts to promote equity, disparities in health outcomes and access to healthcare services persist between migrants and non-migrants. These inequalities arise from several factors, including legal barriers to care for refugees and undocumented migrants, economic challenges that limit migrants' ability to afford healthcare, language and cultural obstacles that make it difficult to navigate healthcare systems, and instances of discrimination. The health status and access to healthcare among migrants in Europe vary significantly from one country to another, making it difficult to draw definitive conclusions due to limited data. While different nations prioritize specific health issues, these priorities do not always align with the actual needs and preferences of migrants. Areas such as mental health, preventive care (e.g., immunizations), and long-term care for the aging migrant population require greater attention. Improving the availability and quality of data on migrants' health, needs, and access to services is crucial for developing tailored healthcare solutions. In addition, research is needed to elevate migrants' perspectives on their health and the barriers they face in accessing care, as their voices are often underrepresented in existing studies. (Lebano et al., 2020).

The development of healthcare which is sensitive to the needs of migrants in Europe has been a critical issue for over two decades, yet progress remains inadequate. Adopting a human rights-based approach is not just important; it is essential for effectively addressing the health needs of migrants. This approach must clearly define the roles and responsibilities of governments, institutions, and healthcare professionals. It relies on a thorough understanding and rigorous implementation of standards for migrant-sensitive care, which are crucial for achieving Universal Health Coverage (UHC). The core principles of accessibility, acceptability, quality, and trust must guide healthcare policies and practices. Despite numerous initiatives, European health systems continue to fail to adequately meet the needs of diverse populations. Migrants, refugees, and displaced persons face significant barriers to accessing quality healthcare, often made worse by pervasive xenophobia and discrimination. As challenges related to migration and healthcare inequities intensify, recent developments—such as rising migrant fatalities, border pushbacks, and anti-migrant rhetoric—underscore the immediate need for

inclusive healthcare solutions. The impacts of austerity measures, the COVID-19 pandemic, and the war in Ukraine further highlight the urgent necessity for a robust, migrant-sensitive healthcare approach. It is time to prioritize these issues and ensure equitable healthcare for all. (Savas et al., 2024).

### 2.1.2 Dimensions of Health Literacy

Health literacy extends beyond reading and numerical proficiency. It includes functional health literacy (interpretation of images, oral communication), communicative health literacy (skills to evaluate treatment considerations and make medical decisions), and critical health literacy (abstract reasoning about health information). Low health literacy correlates with poorer health outcomes, such as increased hospitalization rates, higher healthcare costs, decreased preventive care, and poorer self-management of chronic diseases. Health literacy is not merely an individual trait or a risk factor for adverse health outcomes. It is also seen as an asset at the family, community, and organizational levels. Enhancing health literacy can empower individuals and communities, enabling them to exert greater control over their health and potentially reduce health disparities. (Coughlin et al., 2020)

Social determinants of health, including economic stability, education, access to quality healthcare, and social context, significantly impact health literacy. These factors can create barriers to accessing and understanding health information, contributing to health disparities between populations. For example, lower health literacy is associated with socioeconomically disadvantaged groups, often due to lower educational attainment and income (Stormacq et al., 2019).

While education is thought to be a critical factor in health literacy, the relationship is complex and not fully understood. Generally, individuals with lower education levels tend to have lower health literacy skills compared to those with higher education. However, high general literacy does not guarantee adequate health literacy, as managing health information involves specific skills beyond basic literacy. Even highly educated individuals may struggle with health literacy if they lack specific skills to understand complex health information (Shahid et al., 2022). Low literacy is linked to a variety of negative health outcomes. (DeWalt et al., 2004)

Health literacy plays a crucial role in disease prevention and control. Limited health literacy may hinder individuals from engaging in preventive health measures, such as screening and lifestyle management. Low health literacy is linked with obesity, poor dietary choices, lack of exercise, and reduced participation in cancer screening. Improving health literacy can lead to better health behaviors and lower disease burden (Walters et al., 2020).

Health literacy (HL) plays a critical role in influencing health outcomes and navigating healthcare systems, particularly among racial and ethnic minority populations. In the USA, nearly 88% of adults have limited HL proficiency, which can hinder their ability to make informed health-related decisions and actions. Defined by the Healthy People 2030 initiative, HL encompasses the ability to locate, comprehend, and use health information and services. Limited HL proficiency is strongly associated with negative clinical outcomes, such as poor disease management and increased hospitalizations, particularly for chronic conditions like type II diabetes, asthma, and HIV. Limited HL proficiency among the immigrant populations is linked to upstream social determinants of health,

such as limited educational opportunities, systemic discrimination, and mistrust of the healthcare system. Barriers to health literacy include inadequate cultural perspectives in health communication, overestimation of patients’ HL levels by healthcare providers, and reduced access to preventive care. Limited English proficiency significantly exacerbates these challenges, with racial/ethnic minority immigrants reporting higher rates of “Below Basic” HL proficiency compared to US-born individuals. Policymakers are urged to address these gaps through equitable and culturally appropriate HL interventions to reduce health disparities and improve healthcare access and outcomes for racial/ethnic minority immigrants. (Sepassi et al., 2023)

Evidence indicates that literacy levels are linked to factors such as education, ethnicity, and age. Limited literacy and numeracy skills serve as independent risk factors for poor health. Low health literacy negatively impacts health outcomes, the quality of healthcare, and healthcare costs. This issue is serious and costly and is likely to worsen as the population ages and the incidence of chronic diseases increases. Patients with low health literacy often face challenges due to medication errors and a reduced understanding of their diseases and treatments. Limited literacy is associated with several adverse health-related factors, including a lack of knowledge about health and healthcare, increased hospitalizations, and the prevalence of certain chronic diseases. It also brings additional hardships. Research highlights the practical difficulties and personal shame individuals with limited literacy may experience when interacting with the healthcare system, as well as the coping strategies they develop to overcome these challenges. Moreover, there is a clear correlation between inadequate health literacy—measured by reading fluency—and higher mortality rates. Poor health literacy is a stronger predictor of mortality risk than the total number of years of schooling. (Public Health Association of British Columbia [PHABC], 2015).

**2.1.3 Conceptual model of the European Health Literacy Survey**

Over the past decade, various conceptual approaches to health literacy have emerged. This model identifies 12 subdimensions of health literacy, which relate to the abilities needed to access, understand, appraise, and apply health-related information in the contexts of healthcare, disease prevention, and health promotion.

Table 1. The European Health Literacy Survey: the 12 subdivisions defined by the conceptual model

<b>Health Literacy</b>	<b>Access or obtain information relevant to health</b>	<b>Understand information relevant to health</b>	<b>Appraise, judge, or evaluate information relevant to health</b>	<b>Apply or use information relevant to health</b>
<b>Health Care</b>	1) Ability to access information on medical or clinical issues	2) Ability to understand medical information and derive meaning	3) Ability to interpret and evaluate medical information	4) Ability to make informed decisions on medical issues
<b>Disease Prevention</b>	5) Ability to access information on risk factors	6) Ability to understand information on risk	7) Ability to interpret and evaluate	8) Ability to judge the relevance of the information on risk factors

		factors and derive meaning	information on risk factors	
<b>Health Promotion</b>	9) Ability to update oneself on health issues	10) Ability to understand health-related information and derive meaning	11) Ability to interpret and evaluate information on health-related issues	12) Ability to form a reflected opinion on health issues

**Source:** Adapted and modified from Sørensen K. et al. Health literacy and public health: a systematic review and integration of definitions and models. *BMC Public Health*, 2012, 12:80.

The model integrates perspectives from both medical and public health fields and was developed through a systematic review of the literature, which included an analysis of 17 peer-reviewed definitions and 12 conceptual frameworks. This model can be used as a foundation for creating interventions aimed at improving health literacy and has also provided a conceptual basis for developing and validating measurement tools that capture the various dimensions of health literacy in healthcare, disease prevention, and health promotion contexts. (World Health Organization, 2019).

The HLS-EU-C Conceptual Model of Health Literacy offers a structured framework for understanding the range of skills and competencies needed to achieve and maintain health. It defines health literacy through four core competencies:

Health literacy encompasses a range of competencies that enable individuals to effectively manage their health. The first essential component is access, which involves the ability to locate and obtain reliable health-related information from credible sources. Without this foundational skill, individuals may struggle to find the knowledge necessary to make informed health decisions. Once information is accessed, the next critical step is understanding—the capacity to comprehend health messages through reading, listening, or visual interpretation. This understanding is vital for making sense of complex health topics and lays the groundwork for informed decision-making. Equally important is the ability to appraise the information, which entails critically evaluating its credibility and relevance. Given the abundance of both accurate and misleading health information available, particularly online, appraisal skills help individuals discern trustworthy sources. Finally, the competency of the application focuses on integrating the acquired knowledge into daily life. This involves making lifestyle changes, adopting preventive measures, or taking other actions to improve or maintain personal health. Together, these interconnected skills—access, understand, appraise, and apply—form the core of health literacy and enable individuals to navigate the healthcare system and make informed health-related choices. (Sørensen et al., 2012)

The HLS-EU-C model identifies three key areas where health literacy is essential: 1. Healthcare: This area focuses on skills related to managing one's health and healthcare needs. It includes navigating healthcare systems, understanding treatment options, and making informed decisions in collaboration with healthcare providers. 2. Disease Prevention: Health literacy plays a crucial role in helping individuals recognize and act on strategies to reduce health risks. This includes identifying early symptoms, following preventive guidelines, and participating in screenings or vaccinations. 3. Health Promotion: This area broadens the concept of health literacy to

encompass overall well-being. Health promotion involves behaviors and decisions aimed at enhancing one's quality of life, including exercise, nutrition, and mental health awareness. (Sørensen et al., 2012)

The model emphasizes that health literacy is fluid and evolves, influenced by an individual's context, needs, environment, and life experiences. It integrates both medical and public health perspectives, linking personal patient care with community health strategies. Thus, health literacy is seen as a dynamic construct shaped by cognitive, social, and environmental factors, adapting as individuals grow and as society changes. (Sørensen et al., 2012)

By framing health literacy as a skill set that extends beyond individual knowledge to include broader societal contexts, the HLS-EU-C model highlights its importance at both personal and population levels. It suggests that enhancing health literacy can lead to improved health outcomes, benefiting individuals and supporting public health initiatives. (Sørensen et al., 2012)

## **2.2 Health Promotion**

This section explores the essential role of health promotion in advancing health equity by addressing social determinants of health that impact individual and population outcomes. It begins with the historical evolution of health promotion, including its foundational principles and influential figures. It also highlights the various approaches and strategies tailored to different population groups based on their health needs. Finally, we discuss contemporary initiatives such as Healthy People 2030 and the CDC's CORE Health Equity Science and Intervention Strategy, which aim to eliminate health disparities and foster inclusive environments. This approach emphasizes the vital role of health promotion in achieving universal health coverage, social inclusion, and equitable health outcomes.

### **2.2.1 Health promotion as a pathway to achieving Health Equity**

Health promotion is not a new concept. It has long been recognized that health is influenced not only by factors within the health sector but also by various external determinants. In the 19th century, before the germ theory of disease was established, diseases were often attributed to "miasma." However, it was acknowledged that poverty, destitution, poor living conditions, and lack of education contributed to disease and mortality. (Kumar & Preetha, 2012)

The term "Health Promotion" was first introduced in 1945 by Henry E. Sigerist., a prominent medical historian. He defined four major tasks of medicine: promoting health, preventing illness, restoring health, and rehabilitating the sick. Sigerist argued that health is promoted by ensuring a decent standard of living, good working conditions, education, physical culture, and opportunities for rest and recreation. He emphasized that these efforts require the coordinated involvement of statesmen, labor, industry, educators, and physicians. His ideas were later reflected in the Ottawa Charter for Health Promotion, developed 40 years later. Sigerist noted that while

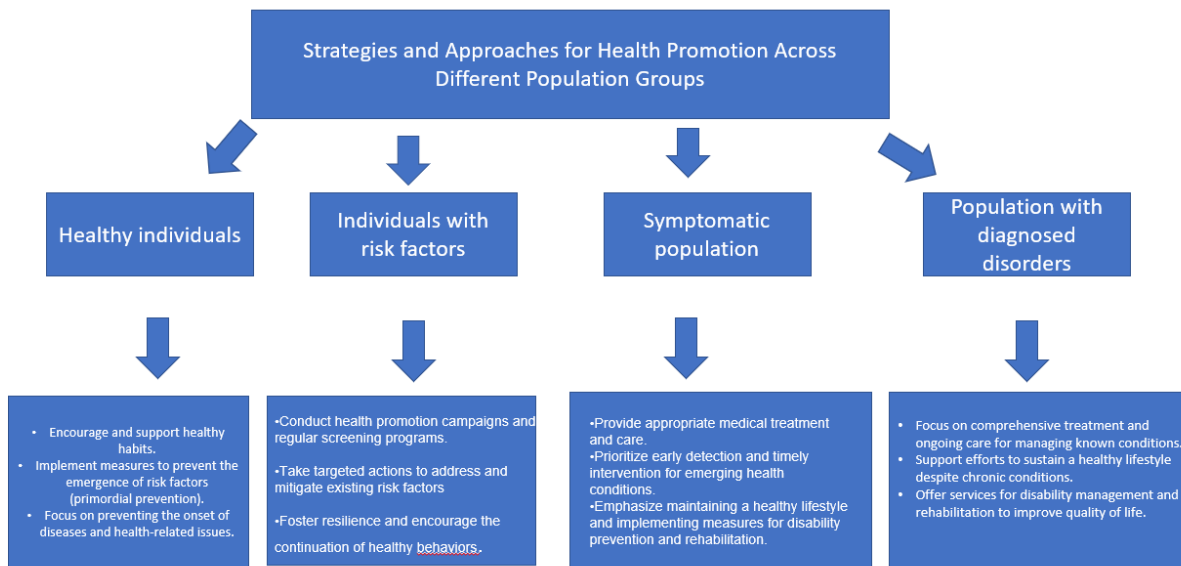
promoting health helps prevent illness, effective prevention also requires specific protective measures. This highlighted the importance of addressing both general and specific causes of disease and the role of health promotion in tackling these broader determinants. At approximately the same time, J.A. Ryle, the first Professor of Social Medicine in Great Britain, also acknowledged the dual causality of diseases and their relevance to non-communicable diseases. (Terris, 1992)

Health education and health promotion are terms that are commonly confused, yet they possess distinct meanings. Health education involves providing individuals and communities with health information and knowledge, as well as the skills necessary to voluntarily adopt healthy behaviors. It encompasses a series of learning experiences aimed at helping people improve their health by increasing their knowledge and influencing their attitudes. On the other hand, health promotion takes a broader approach to improving health. It involves multiple stakeholders and focuses on multisectoral strategies. Health promotion addresses a wide range of factors that can impact health, including inequities, changes in consumption patterns, environmental influences, and cultural beliefs. (Kumar & Preetha, 2012)

### **2.2.2 Approaches to health promotion**

Health promotion strategies can target priority health issues that affect large populations, employing a combination of issue-based and settings-based approaches. While issue-based approaches focus on specific health conditions, settings-based designs are essential for addressing complex health determinants such as behaviors, cultural beliefs, and practices in different environments, including schools, workplaces, markets, and residential areas. By tailoring interventions to these specific settings, health promotion efforts can be more effective in integrating actions into people's social and environmental contexts.

The framework depicted in the figure outlines diverse approaches to health promotion, targeting the needs of the entire population. The population for any given disease can be categorized into four groups: a) healthy individuals, b) individuals with risk factors, c) individuals showing symptoms, and d) individuals with a diagnosed disease or disorder. Each group requires targeted interventions to ensure a comprehensive approach to health promotion. This approach includes primordial prevention for healthy individuals and curative and rehabilitative care for those affected by disease. Primordial prevention focuses on preventing the development of risk factors by creating and maintaining environments that minimize health hazards. It involves actions and measures designed to prevent the emergence of environmental, social, economic, and cultural conditions known to contribute to the development of disease. (Kumar & Preetha, 2012)



*Fig 3: Conceptual framework for health promotion.*

Modified and adapted from "Health Promotion: An Effective Tool for Global Health" published in the Indian Journal of Community Medicine (Vol. 37, Issue 1, pp. 5-12, January-March 2012).

### 2.2.3 Strategies for Equity

Over the past few decades, health equity has been a central focus of the Healthy People initiative. The most recent guidance, outlined in Healthy People 2030, aims to "eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all." The development of Healthy People's overarching goals reflects a growing awareness of health inequities throughout the life course and a better understanding of the factors that drive these inequities, including the social determinants of health.

Healthy People's dedication to data reporting has been instrumental in identifying health disparities and promoting health equity. By addressing the social determinants of health within the Healthy People framework and setting measurable objectives, Healthy People emphasizes how the conditions in which individuals are born, live, learn, work, play, worship, and age significantly impact their health.

The concept of health equity began to be defined more clearly in the literature around the early 2000s.. One of the early definitions described health equity as "the absence of systematic disparities in health (or in the major social determinants of health) between social groups who have different levels of underlying social advantage/disadvantage." (Hoyer et al., 2022). The CDC defines health equity as a state in which every individual has the opportunity to achieve their full health potential. It emphasizes that no one should be at a disadvantage in reaching this potential due to their social position or other circumstances determined by society. (Alarcon, 2022)

A pivotal report from the World Health Organization in 2006 stated that "equity in health means that ideally, everyone should be able to reach their full health potential, and no one should be at a disadvantage in achieving this potential due to their social position or other socially determined circumstances. (WHO,2006)

Public health is a powerful transformative tool and a vital profession dedicated to creating policies that significantly improve societal outcomes. Despite ongoing efforts, health inequities continue to thrive, driven by deep-rooted structural inequities, including systemic racism. It is unacceptable that true health equity has never been realized in the United States, underscoring an urgent need for sustained commitment to health equity science as both a moral obligation and a practical necessity. (Griffith et al., 2023).

Health equity is a clear "wicked problem," defined by complex issues that lack straightforward solutions due to the intricate interplay of historical, social, and economic determinants of health. The emergence of challenges such as infectious disease outbreaks and climate-related disasters exacerbates this crisis. Effectively communicating the urgency of health equity to policymakers is not just necessary; it is imperative. Nearly four decades after the Heckler Report highlighted health disparities, there is an undeniable lack of a cohesive strategy to address these inequities. While significant resources have been allocated, much of the research has ineffectively focused on merely identifying health inequities rather than implementing robust, antiracist interventions. In response, the CDC has launched a bold strategy to reimagine health equity efforts, guided by the objectives of Healthy People 2030. This strategy aims to eliminate health disparities, foster supportive environments, and galvanize leadership across sectors. The CDC's CORE Health Equity Science and Intervention Strategy unequivocally emphasizes the need to advance health equity science and optimize interventions, reflecting a steadfast commitment to ensuring that everyone can achieve their highest level of health and well-being (Griffith et al., 2023).

These principles emphasize universal health coverage, social inclusion, and equity in health outcomes as part of a global response to migrant health needs.

### **2.3 Healthcare policies and multisectoral approaches**

Finland's healthcare system is a robust and highly decentralized structure characterized by effective collaboration among various entities responsible for delivering, funding, and regulating health services. This intricate network of responsibilities includes municipalities, the private sector, the National Health Insurance (NHI) system, and employers, with the state serving as the overarching regulator and overseer. Through a combination of legislation, regulations, and information provision, the state ensures that the system operates with exceptional efficiency and fairness, safeguarding the health of its citizens (Keskimäki et al., 2019).

#### **2.3.1 Universal Health Coverage and Finnish Policies**

One of the key achievements of Finland's healthcare system is its unwavering commitment to Universal Health Coverage (UHC), providing comprehensive healthcare services to all residents regardless of their economic status. Public healthcare in Finland is primarily funded through a sophisticated taxation system that ensures healthcare services are accessible to everyone, irrespective of their financial means. The Finnish Constitution enshrines the

right to equal access to healthcare, affirming that “everyone is equal before the law” and explicitly prohibiting any form of discrimination based on sex, age, origin, language, religion, conviction, opinion, health, disability, or other personal characteristics (Constitution of Finland, 1999/731).

In addition to its comprehensive public healthcare offerings, Finland's dual system is further complemented by a diverse network of private healthcare providers, expanding the reach of the public system. This dynamic dual structure not only offers patients increased flexibility but also reduces waiting times and provides specialized care when needed. The synergy between public and private services contributes to Finland's reputation as a leader in healthcare provision, offering residents an unparalleled level of access and quality (Finnish National Agency for Education, 2023).

Equal access to healthcare is vital for timely and appropriate treatment. Studies show that migrants often feel less satisfied with healthcare services and find them less accessible than the general population. In Finland, nearly 421,000 foreign-born individuals represented 7.6% of the population in 2020, with the largest groups coming from the former Soviet Union, Russia, Estonia, Sweden, Iraq, China, Somalia, and Thailand. The diverse healthcare needs of these migrants require tailored strategies within the Finnish healthcare system. Finland offers public, private, and occupational healthcare. While public healthcare is affordable and accessible, disparities exist in waiting times, user fees, and services. Many migrants report poorer health and less frequent healthcare utilization, indicating possible barriers to care. Research indicates that migrants and ethnic minorities, including Somali women, face challenges such as language barriers, long waiting times, and negative attitudes from healthcare professionals, which can affect satisfaction. A recent study found that migrants, especially from the Middle East and Africa, are less satisfied with healthcare access compared to the general population. This dissatisfaction stems from limited knowledge of services, language difficulties, and cultural differences. To improve healthcare accessibility and satisfaction for diverse groups, targeted interventions and further research are needed to address these disparities. (Kieseppä et al., 2022)

Immigrant students face unique health challenges as they transition to a new country and adapt to a new healthcare system. Language barriers, cultural differences, and unfamiliarity with the healthcare system can impede their access to necessary services and affect their overall well-being. Studies have shown that immigrants often experience higher levels of stress and mental health issues due to the challenges of integration, discrimination, and potential socio-economic disadvantages (Marmot, 2005; Derose, Escarce, & Lurie, 2007).

The number of immigrant students in Finnish higher education institutions has significantly increased in recent years. In 2010, 8500 students in Finnish higher education institutions were not Finnish citizens, whereas in 2022, the number was approximately 17500. The number of students born abroad also saw a significant increase during the same period (Finnish National Agency for Education, 2023). This growing demographic necessitates targeted interventions to address their specific health needs and ensure they can fully utilize the Finnish healthcare system.

To understand the legal framework that governs healthcare services for all residents, including immigrant students, it is important to examine key provisions of the Act on the Organization of Social and Health Care (2010). The following table summarizes the main sections of the Act, highlighting the critical components of

Finland's healthcare services, their delivery methods, and their impact on various population groups. This framework ensures that immigrant students, as part of the broader population, receive equitable access to health services that address their unique needs as they integrate into Finnish society.

Table 2: Summary of Key Provisions from the Act on the Organization of Social and Health Care (2010)

Section	Key Points	Description
Section 1	Health Care Services	Defines healthcare services, including health promotion, primary care, and specialized medical care, to be provided according to national health standards.
Section 2	Purpose of the Act	Aims to promote and maintain the health, well-being, work ability, and social security of the population, reduce health disparities, and ensure equal service availability.
Section 3	Definitions	Defines health promotion, primary care, and specialized care, highlighting the various healthcare services covered under each.
Section 7	Ministry's Responsibilities	Assigns responsibility for implementing uniform medical and dental care principles, creating treatment criteria, and ensuring effective collaboration across welfare areas.
Section 8	Evidence-Based Healthcare	Requires healthcare operations to be evidence-based, high quality, and properly implemented, with coordination between health and social services.
Section 13 & 14	Health Counseling & Health Checks	Describes services aimed at health promotion, disease prevention, and mental health support, including screenings as part of the national program.
Section 15 & 16	Student Care Services	Specifies health and psychological support services for students, including mental health services and promoting a safe school environment.
Section 17	Higher Education Student Services	Mandates the provision of student healthcare services to

		monitor health, support academic performance, and provide mental health services.
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Source: modified and adapted from Act on the Organization of Social and Health Care (2010/1326).

### Practical Implications for Immigrant Students

The Act on the Organization of Social and Health Care (2010) plays a vital role in ensuring that immigrant students in Finland have access to a wide range of healthcare services. Several key provisions of the Act specifically address the healthcare needs of this group, providing both legal frameworks and practical solutions to combat health disparities faced by immigrant students. (Act on the Organization of Social and Health Care, 2010)

**Health Promotion and Access to Services (Sections 1 & 2):** Immigrant students often encounter language barriers and cultural challenges. The Act emphasizes health promotion and equal access to healthcare, ensuring that immigrant students receive the same high-quality services as Finnish nationals. This is essential for addressing gaps in access that they might experience due to their demographic status. (Act on the Organization of Social and Health Care, 2010)

**Comprehensive Healthcare Services (Sections 3 & 8):** Access to primary healthcare services, including mental health support, is crucial as immigrant students adjust to their new environment. The Act ensures that these students receive comprehensive healthcare, ranging from general health counseling to specialized treatments, all based on evidence-based practices. This is particularly important for mental health care since immigrant students are often more vulnerable to stress and mental health issues stemming from integration challenges. (Act on the Organization of Social and Health Care, 2010)

**Student Health Services (Sections 15-17):** The Act mandates student health services, which are essential for supporting students' well-being in educational institutions. These services encompass not only physical health but also psychological support, which is especially critical for immigrant students facing adaptation stress, discrimination, or socio-economic hurdles. By providing specialized health services in higher education institutions, the Act ensures that immigrant students receive the necessary resources to thrive both academically and personally. (Act on the Organization of Social and Health Care, 2010)

**Health Counseling and Preventative Services (Sections 13 & 14):** Immigrant students can benefit from health counseling and preventive services outlined in the Act. These services focus on disease prevention, health checks, and overall well-being, which are crucial for ensuring that immigrant students remain healthy and are not disadvantaged by preventable health issues. Additionally, health checks can help identify and address health problems that may otherwise be neglected due to unfamiliarity with the healthcare system. (Act on the Organization of Social and Health Care, 2010)

In conclusion, the legal framework established by the Act on the Organization of Social and Health Care (2010) guarantees comprehensive healthcare services for all residents. It includes specific provisions aimed at meeting

the healthcare needs of immigrant students. By providing clear guidelines on service delivery, promoting health equity, and mandating student health services, the Act supports the integration and well-being of immigrant students in Finland, ultimately helping them succeed both academically and socially. (Act on the Organization of Social and Health Care, 2010)

### 2.3.2 Finnish Healthcare System and Wellbeing Services Counties

The healthcare system in Finland is designed to maintain and enhance the health, well-being, and functional capacity of individuals while reducing health inequalities. It operates on a foundation of preventive, corrective, and rehabilitative health services that are accessible to all. The Ministry of Social Affairs and Health oversees health and social policy, drafting relevant legislation, and ensuring service delivery through public, private, and collaborative mechanisms. Public healthcare, organized by 21 self-governing wellbeing services counties and other entities such as the City of Helsinki and the HUS Group, guarantees access to primary and specialized healthcare. Primary care services include health monitoring, disease prevention, and treatment, with a focus on public health issues. These services are typically delivered through health centers. Specialized care encompasses advanced diagnostic and treatment procedures, predominantly provided in hospitals. Legal frameworks ensure patient rights and set timelines for accessing care. (Ministry of Social Affairs and Health, n.d.)

Employers contribute to the system by providing occupational healthcare for preventive purposes and, in some cases, medical care. The private sector supplements public healthcare services, financed largely by patients or insurance, and collaborates with counties to enhance service delivery. Supporting this framework, institutions like the Finnish Institute for Health and Welfare (THL) and Valvira contribute expertise, research, and regulatory oversight. THL focuses on public health development, infection prevention, and specialized tasks like prison healthcare. Valvira supervises healthcare operations and manages licensing. Additionally, the Finnish Medicines Agency (Fimea) regulates pharmaceuticals, ensuring safe and effective medication use. In January 2023, a significant reform transferred responsibility for healthcare, social welfare, and rescue services from municipalities to wellbeing services counties. This restructuring aims to standardize services, enhance accessibility, and control costs. Counties, primarily funded by the central government, have tailored budgets based on regional needs. Alongside healthcare, counties oversee diverse services, including mental health, substance abuse treatment, and emergency medical care. Collaborative efforts between counties and municipalities focus on promoting health and reducing healthcare demand. Governance within wellbeing services counties involves elected county councils, with elections held every four years. Residents can influence decisions through youth councils, councils for older people, and disability councils. This decentralized approach, supported by public-private partnerships, ensures comprehensive, equitable healthcare for all citizens. (Ministry of Social Affairs and Health, n.d.)

Municipalities play a vital role in organizing Finland's healthcare system, with the option to manage services directly or delegate responsibilities to other municipalities or joint authorities. Their key responsibilities include defining and monitoring the quality and volume of healthcare services, assessing and adapting to the evolving healthcare needs of the population, ensuring equitable access to services, and determining the most efficient methods of service provision, such as municipality management, purchased services, or client vouchers. In

addition to providing primary care, municipalities also finance healthcare services delivered by others, while specialized care is coordinated by 20 regional hospital districts, ensuring a flexible system that effectively meets the diverse healthcare needs of Finland's population. In addition to the public healthcare system, residents of Finland have access to a wide array of private healthcare options. Although these services are primarily financed through out-of-pocket payments, residents can benefit from NHI reimbursement for certain services. Employers also play a vital role in healthcare provision, as they are legally required to offer preventive occupational health services for their employees. Many larger employers provide their employees with access to outpatient medical care, further enhancing the accessibility and quality of healthcare in the country. (Keskimäki et al., 2019).

The Finnish healthcare system is underpinned by a legal framework ensuring its operation is efficient and equitable. The regulation of health services is primarily governed by three cornerstone laws: the Primary Health Care Act (1972), the Act on Specialized Medical Care (1991), and the Health Care Act (2010). The Health Care Act mainly focuses on service delivery, while the other two acts establish the administrative structures for governing primary and specialized care. Long-term care and services for the elderly are managed under social care legislation, which is regulated by the Social Welfare Act (1982) and other related laws (Keskimäki et al., 2019).

### **2.3.3 Immigrant Students and the Finnish Education System**

In 2022, Finland recorded an unprecedented increase in immigration, with 49,998 individuals moving to the country, a significant rise compared to the 29,000 to 36,000 arrivals in previous years, according to Statistics Finland. This surge was driven primarily by migration from Russia, the Philippines, and Turkey. Notably, Ukrainians residing in Finland under the Temporary Protection Directive were excluded from these figures. Net immigration was strongly positive, with a surplus of 34,363 individuals, highlighting Finland's growing appeal as a destination. (Finnish Immigration Service, 2022)

The number of international students moving to Finland significantly increased in 2022, with 7,060 first-time residence permits for studies issued to non-EU applicants by the end of October, compared to 4,595 during the same period in 2021. This marked a 54% rise in permits, surpassing even pre-pandemic levels and the previous record of 6,348 permits set in 2016. The Finnish Immigration Service noted that most international students come to Finland for higher education and typically apply for residence permits after receiving admission to academic programs. Importantly, approximately 95% of study-based residence permit applications are approved. Legislative changes implemented in 2022 have contributed to this growth by allowing residence permits for the entire duration of studies, compared to the previous two-year limit. These changes also facilitate post-graduation job searches, making Finland more attractive to international students. Additionally, a growing number of students' family members are now applying for residence permits alongside them. Most international students in 2022 came from Russia, China, Bangladesh, India, and Vietnam (Finnish Immigration Service, 2022).

Education is a cornerstone of Finnish welfare society, providing equal opportunities for all. Finland's education system is free of charge from pre-primary to higher education and is supported by highly educated, committed teachers. The system includes early childhood education and care for children before compulsory education (typically starting at age seven), pre-primary education for the year preceding compulsory schooling, and a nine-year comprehensive school program that is mandatory for all. After this, students can pursue upper secondary

education, which offers general or vocational pathways, followed by higher education through universities and universities of applied sciences. (Ministry of Education and Culture, 2023).

In addition to formal education, Finland emphasizes lifelong learning with adult education available at all levels and liberal adult education offering non-formal studies. Basic education in the arts provides structured, goal-oriented instruction across various artistic disciplines (Ministry of Education and Culture, 2023).

No education system is effective unless it promotes the health and well-being of its students, staff, and community. These strong links have never been more visible and compelling than in the context of the COVID-19 pandemic. A health-promoting school (HPS) approach was introduced over 25 years ago and has been promoted globally since; however, the aspiration of a fully embedded, sustainable HPS system has not yet been achieved, and very few countries have implemented and sustained the approach at scale. (World Health Organization [WHO], 2021)

Recently, the promotion of well-being in university education has received significant attention. Kaukinen (2022) emphasizes that the effectiveness of any educational system is closely linked to the well-being of students, educators, and the broader academic community. A report by UNESCO, titled “Making Every School a Health-Promoting School - Implementation Guidance,” encourages us to consider how the university community can enhance students’ study skills, well-being, and resilience. At the heart of well-being initiatives within universities are instruction, support, and the promotion of a multidisciplinary environment. (Savonia University of Applied Sciences, n.d.)

### 3. Aims and Objectives

This thesis aims to enhance health literacy among immigrant students at Laurea University of Applied Sciences in Finland with a customized health information package. It helps the immigrant students at Laurea University of Applied Sciences to understand the Finnish healthcare system. Immigrant students often encounter unique challenges when navigating healthcare services due to language barriers, cultural differences, and unfamiliarity with the system. Recognizing and addressing these challenges is crucial for promoting health equity and supporting the integration and well-being of this vulnerable group.

The outcome of this research is to enhance health literacy among immigrant students by developing a customized health information package that addresses their specific needs. This thesis work seeks to empower them with the knowledge and resources necessary to make informed decisions about their health and to effectively utilize healthcare services.

To achieve this aim, the study has outlined the following objectives:

- I. Examine the Health Information Needs and Challenges Faced by Immigrant Students.
- II. Identify Gaps and Obstacles in Access to Healthcare Services.
- III. Develop a Customized Health Information Package.

By achieving these objectives, this research will benefit immigrant students and contribute to broader efforts to enhance health equity in Finland. The findings can inform strategies for improving healthcare access for other immigrant groups, fostering inclusivity, and supporting public health initiatives at national and global levels.

#### 4. STUDY METHODS

This study was conducted at Laurea University of Applied Sciences, a multidisciplinary higher education institution located in the Uusimaa region of Finland. The university has six campuses: Hyvinkää, Leppävaara, Lohja, Otaniemi, Porvoo, and Tikkurila. With a total student population of 9921, Laurea serves a diverse group of students, including a significant number of international students. system (Laurea University of Applied Sciences, n.d.). This makes it an ideal setting for exploring the challenges faced by immigrant students as they navigate the Finnish healthcare system.

##### 4.1 Study Design

This thesis is an action research design to investigate the health literacy challenges faced by immigrant students at Laurea University of Applied Sciences. Action research is a methodological approach that bridges the gap between academic inquiry and practical application, requiring active engagement in both fields. It involves systematically oscillating between taking action in a specific area of practice and conducting an inquiry into the effects of those actions. Through this iterative process, practitioners aim to improve their practices while gaining a deeper understanding of the dynamics involved. This method integrates the routine aspects of practice with the systematic rigor of academic research. At its core, action research involves planning, implementing, describing, and evaluating changes designed to improve a given practice. By continuously reflecting on and adapting these changes, the process facilitates both practical improvements and theoretical insights into the methodology of action inquiry (Tripp, 2005).

The data collection instrument for this research was an online survey questionnaire created using an electronic form platform. It was designed to collect comprehensive information in four key areas. The first area, Background Information, included questions about participants' living situations prior to starting their studies and their prior knowledge of the Finnish healthcare system. The second area, Healthcare Experiences, focused on the use of healthcare services, the challenges participants faced, and the barriers they encountered when accessing these services. In the third area, Healthcare Information Needs, the questionnaire explored the types of healthcare services for which participants felt they needed better information, as well as their preferred methods for receiving health-related information. Lastly, the fourth area, Suggestions for Improvement, included open-ended questions that provided participants the opportunity to share their insights, suggestions, or additional feedback regarding the health services available to migrant students in Finland.

##### 4.2 Data collection:

The first step in initiating the data collection process was to apply for a research permit from Laurea University of Applied Sciences. This involved submitting all the required documentation to the university's research permit department, including the survey questionnaire, a detailed thesis plan, ethical considerations, an invitation poster, and the informed consent form for participants. These documents outlined the study's objectives, methodology, and the measures in place to ensure ethical compliance, such as maintaining participant anonymity and voluntary participation.

Once the application was reviewed and approved by the research permit department, the author received formal authorization to proceed with the study. This approval granted access to conduct the survey online and distribute promotional materials, such as posters containing QR codes, to recruit participants. With the research permit in place, the author was able to launch the survey using the online electronic form, ensuring that the data collection adhered to both institutional guidelines and ethical standards. (Nayak, Mudavath, & Narayan, 2019)

The survey was distributed across all campuses of Laurea University of Applied Sciences, ensuring representation from a diverse range of students. A QR code was generated for the survey, enabling participants to access it easily via their smartphones or other digital devices. This method maximizes convenience and participation, accommodating respondents regardless of their location or schedule.

To reach the target audience effectively, the QR code was disseminated through multiple channels:

- Invitation posters placed strategically around all the campuses of the Laurea University of Applied Sciences.
- Student Intra, Laurea's internal communication platform, ensuring visibility to degree students.
- Hard copies of posters are distributed to a few immigrant students at the Tikkurila campus.

The criteria for the target population were the following:

Number	Target Population
1.	Respondents must be over 18 years old.
2.	Respondents are migrant students.
3.	Respondents are degree students at Laurea University of Applied Sciences.
4.	Respondents understand English.
5.	Respondents are voluntarily participating and understanding the anonymity, sensitivity, and ethics of the study and reporting.
6.	Respondents have given their informed consent in the electronic form.

The online survey method used in this study offered several advantages that significantly improved the quality and reach of data collection. The flexible survey format encouraged broad participation, allowing students from various campuses and living situations to share their experiences and perspectives. Its anonymous nature promoted honest responses, reducing social desirability bias and fostering a more authentic understanding of the challenges faced by immigrant students. (Nayak, Mudavath, & Narayan, 2019)

The inclusion of a QR code and the digital format ensured accessibility by eliminating physical and logistical barriers, enabling participants to respond conveniently from any location. Additionally, the online electronic form streamlined data collection and management, allowing for efficient organization and analysis of responses. By employing this carefully designed and ethically grounded survey method, the study successfully gathered rich, reliable, and meaningful data. This provides a solid foundation for developing strategies to enhance health literacy and improve access to the Finnish healthcare system for immigrant students. (Nayak, Mudavath, & Narayan, 2019)

#### 4.3 Data analysis

To analyze the data collected from the online survey, Microsoft Excel was employed as a versatile and efficient tool for organizing, processing, and interpreting the information. The survey data, initially gathered in an electronic format, was systematically transferred into Excel for comprehensive analysis. Each survey response was carefully recorded and categorized in separate columns and rows, ensuring accurate data input and minimizing the risk of errors.

Once the data was fully organized, Excel's built-in features were utilized to perform various analytical tasks. These included sorting, filtering, and summarizing the responses to identify patterns and trends within the dataset. To visualize the findings effectively, I created important graphs and charts highlighting the most significant data points, making it easier to interpret and communicate the outcomes. These visual representations provided a clear and concise overview of the data, facilitating a deeper understanding of the participant's responses and their implications for the research objectives. Overall, the use of Microsoft Excel proved instrumental in transforming raw survey data into meaningful insights, supporting the analysis process and contributing to the overall validity and reliability of the research findings. (Divisi et al., 2017)

### 5. Results

This section presents the findings of a survey conducted among immigrant students at Laurea University of Applied Sciences to assess their health information needs, challenges in accessing healthcare, and preferences for receiving healthcare-related information. The survey received 29 responses, offering valuable insights into the obstacles faced by immigrant students when navigating the Finnish healthcare system and highlighting areas where tailored interventions could enhance their access to healthcare services.

#### 5.1 Health Information Needs and Challenges

The survey results reveal a significant lack of knowledge about the Finnish healthcare system among immigrant students. Of the 29 respondents, nearly half (45%) reported having no prior knowledge of the healthcare system, while another 45% indicated they possessed only basic knowledge. Alarming, only three respondents claimed to have detailed information about healthcare services in Finland. When asked about specific aspects of pre-arrival information, twelve participants stated they did not know about healthcare services available in the country. Those with some awareness were primarily familiar with the availability of services (eight respondents), student health payments (five respondents), and healthcare coverage for students (three respondents). However, none of the participants knew the processes involved in accessing these services, such as registration and eligibility criteria.

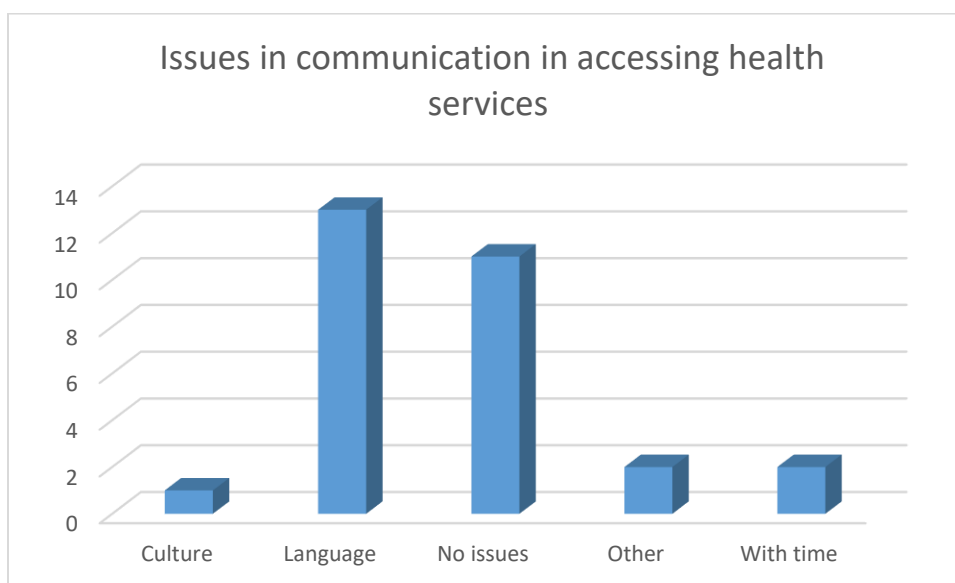


Chart 1: Challenges faced by immigrant students.

The bar graph above illustrates the challenges that immigrant students face in accessing health services. According to the graph, 13 students identified language barriers as a significant issue. Additionally, 2 students reported facing time-related difficulties in obtaining healthcare, while 1 student noted cultural challenges in interacting with healthcare providers.

The responses underscore a critical knowledge gap regarding the logistical and structural aspects of the Finnish healthcare system. This lack of information can hinder students from effectively utilizing available healthcare services. In open-ended responses, students described challenges such as navigating online appointment systems, distinguishing between public and private healthcare providers, and accessing services without being covered by Finland's social security system (Kela). One student emphasized the lack of attentiveness from healthcare providers, particularly in addressing chronic health issues like sleep disturbances and ineffective prescriptions.

## 5.2 Healthcare Access Gaps

In addition to knowledge-related challenges, the survey explored gaps in healthcare service accessibility. The responses varied, reflecting a spectrum of experiences among the participants. The chart below shows nine

respondents identified a lack of sufficient information as a significant barrier to accessing healthcare, while another nine pointed to systemic challenges, such as complex administrative procedures and inadequate institutional support. Interestingly, an equal number of respondents (nine) reported facing no major issues in accessing healthcare services, indicating that some students are able to navigate the system more effectively. Two respondents mentioned other concerns but did not provide further details.

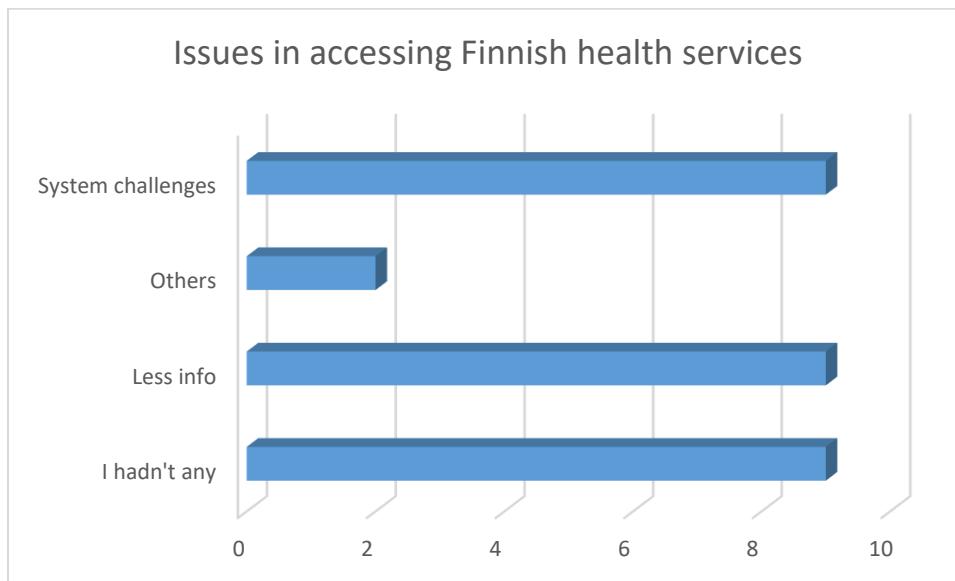


Chart 2: Issues faced by immigrant students in accessing Finnish health services

The survey also asked participants to identify specific healthcare services that require more attention. Mental health and emergency services emerged as the most critical areas, with 27 out of 29 respondents highlighting these as priorities for improved information and access. Dental care was another frequently mentioned service, with 26 respondents emphasizing its importance. Similarly, medications, vaccinations, child health services, sexual health services, and pregnancy care were identified by 23 participants as essential but insufficiently addressed in existing healthcare resources. In the open-ended responses, some students suggested expanding healthcare information to include specialized services such as infertility treatments, surgical procedures, and enhanced vaccination programs. These responses reflect a diverse range of healthcare needs, emphasizing the importance of comprehensive and accessible information for immigrant students.

### 5.3 Preferred Method of Receiving Health Information:

The survey also explored students' preferences for receiving healthcare-related information. The bar chart below highlights the students' preferences for receiving healthcare information. It indicates a clear demand for in-person interactions, complemented by digital and print media for greater accessibility. Face-to-face communication emerged as the most favored method, preferred by ten respondents. Email communication was the second most popular option, with nine respondents indicating it as their preferred channel. Printed brochures were chosen by six participants, while social media was preferred by three. Two respondents emphasized the importance of a multi-channel communication approach, suggesting that healthcare information should be disseminated through a combination of digital and face-to-face methods to accommodate diverse preferences.

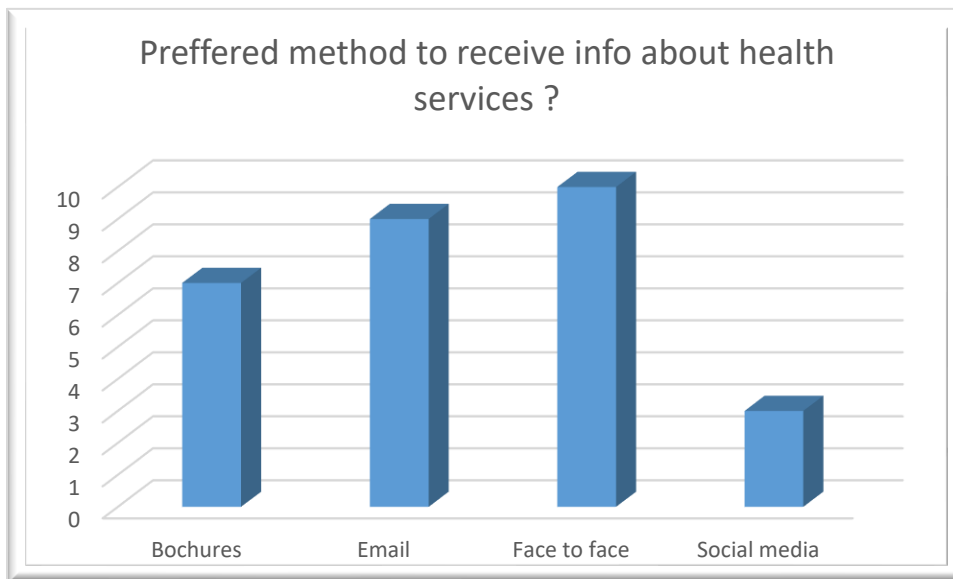


Chart 3: Preferred method to receive information about health services.

The bar chart above highlights the students' preferences for receiving healthcare information. It indicates a clear demand for in-person interactions, complemented by digital and print media for greater accessibility. Face-to-face communication emerged as the most favored method, preferred by ten respondents. Email communication was the second most popular option, with nine respondents indicating it as their preferred channel. Printed brochures were chosen by six participants, while social media was preferred by three. Two respondents emphasized the importance of a multi-channel communication approach, suggesting that healthcare information should be disseminated through a combination of digital and face-to-face methods to accommodate diverse preferences.

The open-ended feedback provided additional insights into how healthcare information could be better tailored to meet students' needs. Several respondents recommended that universities organize integration sessions to help new students familiarize themselves with the Finnish healthcare system. These sessions could include clear instructions on registering with healthcare providers, such as polyclinics, and provide step-by-step guidance on navigating the healthcare process. Another common suggestion was to increase the availability of public healthcare information, making it easier for students to identify the appropriate contact points for specific healthcare needs. One respondent emphasized the importance of educating students about the healthcare system to reduce confusion and ensure timely access to necessary services.

Overall, the survey findings highlight the critical need for a tailored healthcare information package that addresses the unique challenges faced by immigrant students. By improving information dissemination, addressing language and cultural barriers, and enhancing institutional support, educational institutions and healthcare providers can better equip students to navigate the Finnish healthcare system. The feedback also underscores the value of integrating multi-channel communication strategies and organizing targeted orientation sessions to

ensure that students receive the information they need in a format that is accessible and relevant to their specific circumstances.

#### 5.4: Outcome (Health Information Package)

The outcome of the thesis is a highly practical and user-friendly brochure designed to serve as a vital guide for immigrant students at Laurea University of Applied Sciences and beyond. This brochure provides essential information on accessing public and private healthcare services in Finland, with a focus on areas such as sexual and reproductive health, mental health, substance abuse support, and dental care. Tailored to address the unique needs of immigrant students, it offers clear guidance on navigating the healthcare system, understanding service eligibility, and accessing key resources. By enhancing health literacy, this brochure empowers students to make informed decisions about their health and well-being, making it a valuable and handy resource for their academic journey and daily life in Finland.

**"Health and Wellness Guide for Immigrant Students at Laurea University Of Applied Sciences, Finland"**



Access the Care and Support You Need



**Insurance & Healthcare Fees for Students**

Student Healthcare Fee

- If enrolled in a Finnish higher education program, students must pay a healthcare fee to Kela (the Finnish social insurance institution).
- The fee applies to each academic term and must be paid through Kela's e-service, OmaKela (available in Finnish and Swedish).
- More info: Healthcare Fee for Students - Kela

Finnish Student Health Service (FSHS)

- Provides healthcare services for Bachelor's and Master's degree students.

Services include:

1. Health and safety checks in study environments
2. Health monitoring and promotion
3. Mental health and substance abuse services
4. Oral health care and sexual health promotion
5. Early identification of special needs
6. More info: Finnish Student Health Service - FSHS

Public vs. Private Healthcare

- Public Healthcare: Affordable, requires a Finnish social security number and registration.
- Contact: Local health centre (Terveysasema) or [InfoFinland](#).
- Private Healthcare: Faster access but more expensive. Kela card holders may get partial reimbursement.
- Contact: Mehiläinen, Terveystalo, Pihlajalinna.
- Medical Helpline: Dial 116 117 for medical advice.
- Use Omaolo for symptom surveys and guidance.
- Website for Health Information: Finnish Institute for Health and Welfare (THL)

Well-being Services at Laurea

- Laurea University of Applied Sciences offers various well-being services to support students:
- Student Counseling & Support Services
- Academic guidance, mental health support, and personal counseling.
- Contact: [studentservices@laurea.fi](mailto:studentservices@laurea.fi)

Dental Services

- Public Dental Care: Affordable, long waiting times. Book through local health centres.
- Contact: Hammashoito (Dental Care Info).
- Private Dental Clinics: Immediate appointments, higher costs.
- Contact: Oral Hammaslääkärit, Mehiläinen Dental Care.
- Students with valid health insurance can receive reimbursements from Kela for private dental care.

Emergency Services in Finland

For Emergencies

- Dial 112 (free of charge) for medical, fire, or police emergencies.
- Important information to Provide: Your name, the situation, municipality, and address.
- Emergency Medical Help: Available through both public and private healthcare services.

Medications in Finland

- Medicines are available from pharmacies only (apteekki), and some can be purchased over-the-counter.
- Kela Reimbursement: Available for many prescription medications (after an initial €50 deductible).
- Fimea Website: Finnish Medicines Agency
- Website: [www.apteekkariliitto.fi](http://www.apteekkariliitto.fi)

Vaccinations in Finland

- Children's Vaccinations: Free vaccines for diseases like polio, measles, and mumps.
- Adult Vaccinations: Flu vaccines are free for those in high-risk groups.
- Vaccinations for Newcomers: Immigrants are entitled to missing vaccinations at no cost.
- COVID-19 Vaccination: Free for all individuals 12 years and older.
- More info on Vaccines: THL - Finnish Institute for Health and Welfare. [www.thl.fi](http://www.thl.fi)

<p><b>Pregnancy &amp; Childbirth</b></p> <p><b>Maternity Services</b></p> <ul style="list-style-type: none"> <li>• Book an Appointment: Visit a maternity clinic (äitiysneuvola) or family center (perhekeskus) after confirming pregnancy.</li> <li>• Pregnancy Certificate: Issued after 154 days of pregnancy, required for Kela benefits and leave.</li> </ul> <p><b>Maternity Clinic Services</b></p> <ul style="list-style-type: none"> <li>• Free for residents with a municipality of residence.</li> <li>• Services include health monitoring, nutritional guidance, checkups, medications, and family service information.</li> </ul> <p><b>Childbirth</b></p> <ul style="list-style-type: none"> <li>• Most births take place in hospitals, with minimal costs for residents.</li> <li>• Fear of childbirth? Specialized outpatient clinics offer support.</li> <li>• website: <a href="https://omaperhe.fi/">https://omaperhe.fi/</a></li> </ul> <p><b>Sexual &amp; Reproductive Health</b></p> <ul style="list-style-type: none"> <li>• Public and private health centers offer services for contraception, gynecology, early cancer detection, male sexual health, and infertility.</li> </ul> <p><b>Screenings</b></p> <p>Breast Cancer: Women aged 50–69, every 2 years. Cervical Cancer: Women aged 30–65, every 5 years. Infertility</p> <p><b>Sexually Transmitted Diseases (STDs)</b></p> <ul style="list-style-type: none"> <li>• Testing and treatment are available at health centers and family planning clinics.</li> </ul> <p><b>Abortion</b></p> <ul style="list-style-type: none"> <li>• Legal and available through health centers or private clinics.</li> </ul>	<p><b>Substance Abuse Support for Immigrant Students</b></p> <ul style="list-style-type: none"> <li>• Health and Social Services Centres: Free counseling and referrals for residents.</li> <li>• A-Clinics (A-klinikka): Specialized outpatient care for substance use disorders.</li> <li>• Website: <a href="http://www.a-klinikka.fi">www.a-klinikka.fi</a></li> <li>• AddictionLink (Päihdelinkki): Online self-help tools and information.</li> <li>• Website: <a href="http://www.paihdelinkki.fi">www.paihdelinkki.fi</a></li> <li>• Finnish Student Health Service (FSHS): Support for students.</li> <li>• Website: <a href="http://www.yths.fi">www.yths.fi</a></li> <li>• Poison Information Centre: 24/7 emergency help for substance-related issues.</li> <li>• Phone: 0800 147 111</li> <li>• Emergency: Call 112 for life-threatening situations.</li> <li>• AA Finland: Peer support for alcohol addiction.</li> <li>• Website: <a href="http://www.aa.fi">www.aa.fi</a></li> <li>• NA Finland: Peer support for drug addiction.</li> <li>• Website: <a href="http://www.na.fi">www.na.fi</a></li> </ul> <p><b>Support Services for Disabled Individuals</b></p> <p><b>Disability Rights &amp; Services</b></p> <ul style="list-style-type: none"> <li>• Equal rights for individuals with disabilities, including access to education, employment, and family life.</li> <li>• Support Organizations</li> <li>• Hilma (Support for disabled immigrants and chronic conditions)</li> <li>• Website: <a href="http://www.hilma.fi">www.hilma.fi</a></li> <li>• Vammaisfoorumi (Platform for disability organizations)</li> <li>• Website: <a href="http://www.vammaisfoorumi.fi">www.vammaisfoorumi.fi</a></li> </ul>	<p><b>Vitamin D</b></p> <ul style="list-style-type: none"> <li>• In Finland, a daily Vitamin D supplement is recommended year-round, especially for those who are pregnant, breastfeeding, under 18, or do not consume vitamin D-fortified foods or fish regularly.</li> <li>• Recommended Intake:       <ul style="list-style-type: none"> <li>• 10 µg/day for most people.</li> <li>• 20 µg/day for older adults or those with limited sun exposure.</li> </ul> </li> </ul> <p><i>Daily dose of Vitamin D</i></p> <p><b>Mental Health Support</b></p> <p><b>Free and Confidential Services:</b></p> <ul style="list-style-type: none"> <li>• Student Health Services (FSHS): Provides mental health counseling, therapy sessions, and psychiatric support.</li> <li>• FSHS - Finnish Student Health Service</li> <li>• Crisis Helpline: Immediate support in multiple languages for emotional crises.</li> <li>• Number: 09 2525 0111 (24/7)</li> <li>• Mental Health Finland</li> <li>• Online Support:</li> <li>• Nyyti ry: Promotes student mental health through online peer support groups and resources.</li> <li>• Nyyti ry</li> </ul> <p>Compiled by: Arooj Ansari, Master's in Global Health and Crisis Management Dedicated to the well-being of immigrant students in Finland</p>
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## 6. Discussions

This study explored the health literacy challenges immigrant students at Laurea University of Applied Sciences face. It highlighted their limited understanding of the Finnish healthcare system, barriers to accessing care, and their preferred methods for receiving healthcare information. The findings reveal critical gaps in health literacy and systemic support, underscoring the need for targeted interventions to improve healthcare accessibility and equity for this vulnerable population.

The results align with global research that emphasizes health literacy as a key determinant of health outcomes and access to healthcare. Sørensen et al. (2012) define health literacy as the ability to access, understand, appraise, and apply health information—skills essential for navigating healthcare systems effectively. However, survey results indicated that nearly 90% of respondents had little to no knowledge of the Finnish healthcare system, emphasizing the urgent need to enhance these skills among immigrant students. This finding matches studies showing that migrants often have lower health literacy levels than native populations due to language barriers, cultural differences, and limited exposure to the healthcare systems of their host countries (Lebano et al., 2020; Coughlin et al., 2020).

The survey's significant focus on mental health and emergency services reflects concerns regarding access to mental healthcare for migrant populations. According to Cuevas Barron et al. (2023), many migrants underutilize mental health services due to stigma, cultural differences, and a lack of information. Additionally, the need for better information on dental care and vaccinations aligns with broader trends observed in migrant health studies, where preventive care is often neglected due to systemic barriers and a lack of culturally tailored information (Maharma et al., 2019).

One notable difference between the findings of this study and existing literature is the preference for face-to-face communication as the primary method for receiving healthcare information. While digital communication is

increasingly emphasized in health literacy interventions globally, the preference for in-person interactions among the respondents highlights the importance of culturally sensitive, personalized communication strategies in improving health literacy for immigrant students. The study also identified systemic and institutional barriers hindering immigrant students' healthcare access. Despite Finland's commitment to Universal Health Coverage (UHC) and health equity, as outlined in the Finnish Constitution (1999/731), the respondents reported challenges in accessing healthcare services due to language barriers, complex administrative procedures, and unfamiliarity with public and private healthcare systems. These findings are consistent with research highlighting similar barriers faced by migrant populations across Europe (Kieseppä et al., 2022; Keskimäki et al., 2019). The lack of orientation sessions and limited institutional support further exacerbate these challenges, emphasizing the need for universities to play a more active role in facilitating healthcare access for immigrant students.

The findings of this study align with the World Health Organization's (WHO) framework for improving the health and well-being of refugees and migrants, particularly regarding equitable access to healthcare and cultural sensitivity. The survey identified significant barriers to healthcare access among immigrant students, including language difficulties and limited awareness of the Finnish healthcare system. These challenges highlight the WHO's emphasis on providing quality healthcare regardless of legal or social status (WHO, 2017). The lack of culturally tailored orientation programs underscores the need for integrating cultural competence into health systems to bridge gaps in understanding and accessibility. Additionally, respondents' preference for in-person communication stresses the importance of structured support from educational institutions. This emphasizes the critical role of universities in promoting health literacy and facilitating healthcare access to improve health outcomes for immigrant students. (WHO, 2017)

### 6.1 Strengths and Limitations

The study was conducted within a single organization, allowing for an in-depth examination of health literacy challenges faced by a specific demographic. By employing an action research design, the study not only analyzed the issues but also proposed practical solutions, which directly benefited participants and contributed to the university's efforts to enhance student well-being. The survey included both structured and open-ended questions, providing a mix of quantitative data and qualitative insights, ensuring a well-rounded understanding of the participants' experiences. The study adhered to strict ethical standards, ensuring participants' anonymity, confidentiality, and informed consent. While sufficient for exploratory research, the limited number of participants may not fully represent the diversity of immigrant students at Laurea. Conducting the study at just one university limits the generalizability of the findings to other institutions or immigrant populations.

By acknowledging these limitations and leveraging the study's strengths, the research makes a significant contribution to addressing health literacy gaps among immigrant students, while also highlighting areas for future exploration.

### 6.2 Ethical consideration

In conducting this research, ethical considerations were prioritized to ensure compliance with Laurea University of Applied Sciences' guidelines (2020) for maintaining academic integrity and preventing fraudulent activity. The

research adhered to the ethical principles outlined by the Finnish Advisory Board on Research Integrity (TENK), which operates under the Ministry of Education and Culture in Finland. The TENK guidelines, titled *Responsible Conduct of Research and Procedures for Handling Allegations of Misconduct in Finland (2012)*, were strictly followed throughout the research process. These guidelines emphasize honesty, transparency, and respect for all participants in the research process.

The first step involved applying for a research permit from Laurea University of Applied Sciences. The author submitted all required documents, including the research plan, survey questionnaire, informed consent form, ethical considerations, and a data management plan, as attachments to the application. These documents detailed the purpose and scope of the study, the methods for data collection, and the ethical measures in place to safeguard participant rights and confidentiality. Following a thorough review, the research permit was approved, granting authorization to proceed with data collection.

Recruitment of participants was conducted in alignment with ethical guidelines. The inclusion criteria specified that respondents had to be at least 18 years old, enrolled as degree-seeking immigrant students at Laurea University of Applied Sciences, and proficient in English. Participation was entirely voluntary, and informed consent was obtained anonymously through the online electronic survey platform. The participants were clearly informed that the survey was anonymous and that they should not include any identifying information about themselves or others in their responses.

To ensure the privacy and confidentiality of participants, no personal or sensitive data were collected. The survey was designed to focus solely on participants' experiences and perceptions of accessing the Finnish healthcare system. The collected data were securely stored and managed per Laurea University's data protection protocols and were solely accessible to the researcher.

This thesis did not require funding, as the research was conducted using existing institutional resources. The Finnish National Board on Research Integrity's (TENK) criteria for reliability and validity were followed to maintain the credibility of the research. Upon completion, the thesis will be published on the Theseus platform, making the results available to participants and the public. The collected data will be analyzed, reported, and disseminated in compliance with Laurea UAS Thesis Guidelines, ensuring that the research process and outcomes reflect the highest standards of ethical and academic integrity.

### 6.3 Recommendations

Based on the findings, several recommendations can be made to improve health literacy and healthcare access for immigrant students at Laurea University of Applied Sciences and beyond:

Universities should organize comprehensive orientation sessions for new immigrant students, focusing on navigating the Finnish healthcare system, understanding healthcare entitlements, and accessing available services. These sessions should be conducted in multiple languages to accommodate diverse linguistic backgrounds (Finnish National Agency for Education, 2023).

Developing multilingual health information packages tailored to the specific needs of immigrant students can bridge knowledge gaps and enhance their ability to access healthcare services. These packages should include practical guidance on registering with healthcare providers, understanding patient rights, and utilizing both public and private healthcare services (Sørensen et al., 2012).

Given the diverse preferences for receiving healthcare information, a multi-channel communication approach should be adopted. This includes face-to-face interactions, digital communication (emails, websites), and print media (brochures) to ensure that information is accessible and engaging for all students (Coughlin et al., 2020). Healthcare providers should receive training in cultural competency to better understand and address the unique health needs of immigrant students. This includes recognizing cultural differences in health beliefs, practices, and communication styles to foster trust and improve patient-provider interactions (Kumar & Preetha, 2012). Collaborative efforts between educational institutions and healthcare providers are essential to create a supportive environment for immigrant students. Universities can partner with local healthcare providers to offer on-campus health services and workshops, ensuring that students have easy access to healthcare resources (Griffith et al., 2023).

By implementing these recommendations, educational institutions and healthcare providers can enhance health literacy, reduce healthcare disparities, and promote equitable access to healthcare for immigrant students, contributing to their overall well-being and integration into Finnish society.

## 7. Conclusion

This study identifies significant gaps in health literacy, systemic support, and institutional engagement that impact the healthcare experiences of immigrant students at Laurea University of Applied Sciences. The majority of the immigrant students lack knowledge about the Finnish healthcare system and available services, making navigation difficult due to barriers like language difficulties and cultural differences. Key areas needing support include mental health, emergency care, and dental services, highlighting the need for targeted interventions. The preference for face-to-face communication suggests that information dissemination should adapt to diverse student needs to enhance engagement and trust. The lack of orientation programs indicates that educational institutions could play a crucial role. By providing structured guidance on registering with healthcare providers and navigating payment systems, they can improve health literacy for immigrant students. Collaborative efforts among universities, healthcare providers, and policymakers are essential for creating culturally sensitive solutions. These findings also emphasize the ongoing challenges of achieving accessible and inclusive healthcare, underlining the importance of migrant-sensitive policies that promote equity. Addressing the barriers identified in this study can improve healthcare outcomes and contribute to a more equitable system. The outcome of this thesis is a customized healthcare information package designed to address the specific needs of immigrant students at Laurea University of Applied Sciences. By providing clear, culturally relevant guidance on navigating the Finnish healthcare system, it aims to bridge knowledge gaps, improve access to essential services, and empower students to make informed healthcare decisions. Delivered through a multi-channel approach, this

package enhances health literacy, fosters integration, and supports equitable healthcare access for this vulnerable population.

Overall, the study offers insights into the challenges faced by immigrant students and suggests that prioritizing health literacy and institutional support can help healthcare systems better serve diverse populations, advancing both individual well-being and health equity goals.

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## Appendix 1: Participation invitation poster

## **PARTICIPATION INVITATION**

**ARE YOU AN IMMIGRANT STUDENT AT LAUREA UNIVERSITY OF APPLIED SCIENCES?  
DID YOU FACE OR ARE STILL FACING CHALLENGES IN UNDERSTANDING THE FINNISH  
HEALTHCARE SYSTEM?**

**THIS RESEARCH IS FOCUSED ON ENHANCING ACCESS TO AND UNDERSTANDING THE  
FINNISH HEALTHCARE SYSTEM FOR IMMIGRANT STUDENTS AT LAUREA UNIVERSITY OF  
APPLIED SCIENCES. IF YOU ARE INTERESTED AND WILLING TO CONTRIBUTE TO THIS  
RESEARCH, PLEASE SHARE YOUR EXPERIENCES BY PARTICIPATING IN AN ANONYMOUS  
SURVEY.**

**SCAN THE QR CODE BELOW TO ACCESS THE SURVEY LINK.**



**THANK YOU FOR YOUR TIME AND CONTRIBUTION!**

**HEALTH  
FOR ALL**

## Appendix 2: Appendix to the Participant Information:

- 1.1 The data controller of the study and a contact person for matters related to the not processing of personal data:

Data controller: Arooj Ansari

Organization: Laurea University of Applied Sciences

Telephone: +358 41 7206023

Email: [Arooj.Ansari@student.laurea.fi](mailto:Arooj.Ansari@student.laurea.fi)

- 1.2 Types of personal data that will not be collected:

No collection of name, date, address, sex, occupation, voice, IP address of the computer, or any personal data. Additionally, no sensitive data such as race, ethnic origin, political opinions, or religious or philosophical beliefs will be collected. Your anonymous participation is entirely voluntary, and there is no requirement, whether voluntary, statutory, or contractual, to provide your personal data as mentioned above.

- 1.3 Personal data will not be collected from other sources. Personal data protection principles:

The personal data will not be collected so there is no need to process or protect the following personal data in the information systems:

user ID  password  user registration  access control (physical location) is not needed in e-lomake with anonymous access.

X other methods are not used.

**No personal data will be processed.**

1.4 Legal basis of processing personal data is not relevant to defined for the anonymous data.

In this Masters' Thesis, the legal basis for processing the personal data is not relevant to define for the anonymous data. The informed consent is granted only for the participation in the anonymous e-lomake survey by the participant.

1.5 Nature and duration of the research (no personal data exists to be processed):

One-time research  Follow-up research

1.6 Duration of the research:

The time frame needed for collecting and analyzing the data and for the publication of the study is 6 months (plus two years for possible reclamations about the research integrity, results and time needed to respond to them).

1.7 Data transfer outside of the research registry:

No personal data will be collected and transferred outside of the research registry. Any published results will be made available through the university's repository, Theseus.

1.8 Your data will not be transferred outside of the EU or the EEA. Your rights as a data subject:

You can exercise your rights by contacting the data controller of the study.

- 1.9** No personal data will be collected in this study so there is no personal data to be used for automated decision-making.

**Pseudonymization and anonymization:**

All information collected from you will be handled confidentially and according to the legislation. Individual participants will not be recognized because no personal data is available. Individuals can't be identified. The qualitative data will not be given to people outside the research group. The final research results will be reported in aggregate form, and it will be impossible to identify individual participants.

Appendix 3: PARTICIPANT'S INFORMED CONSENT FORM

**Title of the study:** "Assessing and Enhancing Health Literacy among Immigrant Students at Laurea University of Applied Sciences, Finland.

**Location of the study University:** Laurea University of Applied Sciences,  
Master's Thesis

**Researcher:** Arooj Ansari

**Phone:** +358 41 7206023

**Email:** [Arooj.Ansari@student.laurea.fi](mailto:Arooj.Ansari@student.laurea.fi)

- I have been invited to participate in the above research study.
- This research is focused on enhancing access to and understanding of the Finnish healthcare system for immigrant students at Laurea University of Applied Sciences. The primary objective is to develop a tailored health information package specifically designed to benefit these students, ensuring they have the necessary resources and knowledge to navigate the healthcare services available in Finland.
- I have read and understood the written participant information. The information has provided me with sufficient information about the above study, the purpose and execution of the study, my rights as well as about the benefits and risks involved in it.
- My personal data will not be collected during the study.
- I voluntarily consent to participate in this study. I have not been pressured or persuaded into participation.

**Supervisor:** Teija-Kaisa Aholaakko, [teija-kaisa.aholaakko@laurea.fi](mailto:teija-kaisa.aholaakko@laurea.fi)

- I have had enough time to consider my participation in the study.
- I have had sufficient information on the collection, processing, and transfer of the study data. I understand that my participation is entirely voluntary and that I am not able to withdraw my data after sending the electronic form, because the survey is **completely anonymous**, and my answers cannot be connected to me anymore.

#### 1.10 The informed consent

\*I have read the participant information and privacy notice documents above. Yes / No

\*I am 18 or older and I confirm that I voluntarily consent to participate in this study. Yes / No

Please note, that if you choose "No" and proceed to answer, your answers cannot be used in this research and will be deleted immediately.

Appendix 4:

## **HEALTHCARE USER SURVEY FOR LAUREA'S MIGRANT DEGREE STUDENTS**

This research is focused on enhancing access to and understanding of the Finnish healthcare system for immigrant students at Laurea University of Applied Sciences. The primary objective is to develop a tailored health information package specifically designed to benefit these students, ensuring they have the necessary resources and knowledge to navigate the healthcare services available in Finland.

If you are interested and willing to contribute to this important research, please share your experiences and challenges with health literacy by participating in an anonymous survey. Scan the QR code below to access the survey link.

Thank you for your time and contribution!

## **PARTICIPANT INFORMATION SHEET**

**Study title:** "Assessing and Enhancing Health Literacy among Immigrant Students at Laurea University of Applied Sciences, Finland."

### **Invitation to participate in research study**

You are cordially invited to participate in this research study. It is a master's thesis that forms part of the author's studies at Laurea University of Applied Sciences in a degree program called Global Health and Crisis Management.

This document provides details about the study and your role in it. Before deciding, you need to understand the purpose of the research and what your involvement would entail. Take the time to read through this information and feel free to discuss it with others if you'd like. If anything is unclear, please reconsider your participation. After reviewing this information, please provide your consent to participate in the study on the e-form. Your active consent is required in order for you to proceed with the e-form survey.

### **Voluntary nature of participation**

Participation in this study is voluntary.

### **Purpose of the study**

The purpose of this study is to examine the health information needs and challenges faced in accessing and understanding the Finnish healthcare system by immigrant students at Laurea University of Applied Sciences, Finland, during their transition. It seeks to identify gaps in health information availability and barriers to accessing information about healthcare services. The study intends to develop a tailored health information package to address these needs, enhancing the understanding and use of the Finnish healthcare system. Ultimately, the goal is to promote health equality, improve wellness, and support better integration experiences for immigrant students through the implementation and dissemination of the research findings.

### **Who is organizing and funding the research?**

1.11 The responsible researcher and organizer is Arooj Ansari. The study is her Master's thesis in a degree program called Global Health and Crisis Management in Laurea University of Applied Sciences. This thesis is supervised by PhD Teija-Kaisa Aholaakko. No funding is needed, since there are no expected expenses. Neither there are any financial gains of this study.

### **What will the participation involve?**

Your participation in this research study involves completing a single anonymous online survey. The study will be completed in September and end by October 2024. All survey responses will be anonymous and kept highly confidential. Six months after the publication of the study, all survey data will be securely destroyed by overriding the texts and deleting the online survey data from Laurea's e-lomake digital data collection tool. The responsible researcher and the supervisor will handle the raw data within Laurea's digital e-lomake tool and the responsible researcher will manage, handle, and save the research data on her personal computer with personal access code and password ensuring the safety of the data management. The researcher is proficient in English, so there is no need for translators as she will be the only one handling the research data. The supervisor of the study (T-KA) will also be able to see the collected data in the e-lomake tool.

### **Possible benefits of taking part**

By participating in this survey, you will gain access to various healthcare-related information that could benefit you. Additionally, the insights you provide will contribute to the development of a healthcare information package, which can further assist you and others in the future use of Finnish healthcare services.

### **Possible disadvantages and risks of taking part**

There are no known disadvantages or risks associated with participating in this survey.

**Financial information**

Participation in this study will involve no cost to you. You will receive no payment for your participation.

**Informing about the research results**

The research will be published in the thesis database Theseus when it is ready and information about the study is shared through a press release. The study results are anonymous, and you cannot be identified from any report or publication placed in the public domain.

**Termination of the study**

The researcher conducting the study can also terminate the study if an acute personal or national crisis happens.

**Further information**

Further information related to the study can be requested from the researcher/person in charge of the study.

**Contact details of the researchers**

Researcher/Student Name: Arooj Ansari

Mobile number:+358417206023

Email: [Arooj.Ansari@student.laurea.fi](mailto:Arooj.Ansari@student.laurea.fi)

Thesis Supervisor: Teija-Kaisa Aholaakko

Email: [teija-kaisa.aholaakko@laurea.fi](mailto:teija-kaisa.aholaakko@laurea.fi)

Name of the organization/Faculty: Laurea University of Applied Sciences

Appendix 5: Survey questions:

1.11.1 Background Information

**Place of living before the beginning of the studies?**

- I moved for studies.
- I lived in Finland already.

1.11.2 Pre-Arrival Knowledge of Healthcare

**How much information did you have about Finnish healthcare before arriving in Finland?**

- None
- Basic information
- Detailed information

**What kind of information did you have about Finnish healthcare services before arriving in Finland?**

- None
- About availability of different services
- About expenses
- About accessibility to care
- About coverage of the student health care
- About student health payment
- I stayed already in Finland.

1.11.3 Accessibility and Barriers

**Healthcare information**

Did your educational institution conduct any orientation sessions related to healthcare facilities?

- Yes
- No

**Were there issues in communication in accessing health services?**

- With language
- With culture

- With time
- No issues
- Other

**Please specify what issues you had:**

**Were there issues in accessing Finnish health services?**

- Less info
- System challenges
- Cultural differences
- I hadn't any
- Others

#### 1.11.4 Types of Healthcare Services Needing More Attention

**Which health services do you think need better information for migrant students?**

- Emergency services
- Child health services (Neuvola)
- Mental health services
- Pregnancy and childcare
- Substance abuse services
- Vaccinations
- Dental services
- Sexual health services
- Medications
- Others

**Please specify what other services:**

#### 1.11.5 Preferred Methods for Receiving Health Information

**How do you want to receive info about health services?**

- Brochures
- Email
- Social media
- Face-to-face info
- Other way

**Please specify what other methods:**

**1.11.6 Suggestions for Improving Information**

**As a migrant student, is there anything more you would like to share or comment about the health services in Finland?**

Appendix 6: Research table

Name of Paper	Publication year	Country	Methodology (Study design)	Main Results
Health Literacy in Diverse Populations: Addressing the Social Determinants of Health	2020	USA	Literature review	The article concludes that low health literacy impedes disease prevention and management, and interventions to improve literacy can enhance health decision-making and reduce health disparities.
What is the meaning of health literacy? A systematic review and qualitative synthesis	2020	Multiple	A systematic review and qualitative synthesis	The study found that health literacy is a complex, multi-dimensional concept that involves not only basic reading skills but also the ability to process, understand, and apply health information to make informed health decisions.
The Migrant Crisis and Access to Health Care	2022	USA	conceptual analysis	The study concludes that migrants experience significant barriers to healthcare access, including legal, economic, and language-related obstacles, which contribute to poor health outcomes and disparities in healthcare services.
Migrants' and refugees' health status	2020	Europe	Literature review	The article highlights that despite efforts to

and healthcare in Europe: a scoping literature review				ensure equitable healthcare, significant inequalities persist between migrants and non-migrants in Europe, with barriers including legal, economic, linguistic, and cultural factors, and a need for improved data on migrants' health and access to care.
Satisfaction with access to health services among foreign-born population in Finland: a survey-based study	2022	Finland	a cross-sectional analysis using survey data	foreign-born individuals, particularly those from the Middle East and Africa, reported lower satisfaction with healthcare access compared to the general population, indicating potential areas for improvement in Finland's healthcare system.

<p>Promoting Health Equity Through the Power of Place, Perspective, and Partnership</p>	<p>2023</p>	<p>USA</p>	<p>Conceptual framework/Theoretical paper</p>	<p>The article emphasizes that promoting health equity requires collaboration across sectors and recognizing the role of geographic location, community perspectives, and partnerships in effectively addressing health disparities. (Fairness and justness)</p>
<p>Promoting migrant health literacy in adult education, from research to practice</p>	<p>2022</p>	<p>Europe</p>	<p>Ethnographic research, participant observation, interviews, analysis of 24 textbooks, and teacher training in two adult education classes.</p>	<p>The study found that various factors, including teachers, course conditions, and diverse student needs shape health literacy in adult education. Ethnographic research revealed the complexity of HL practices and led to the development of sustainable, participatory approaches to improve HL in educational programs.</p>

<p>Predicted Health Literacy Disparities Between Immigrant and US-Born Racial/Ethnic Minorities: a Nationwide Study</p>	<p>2023</p>	<p>USA</p>	<p>Cross-sectional study</p>	<p>Immigrant racial/ethnic minorities report lower health literacy proficiency than U.S.-born minorities, highlighting inequities in social determinants and health policies. Policymakers should prioritize improving access to equitable health services for these groups to address health literacy gaps and reduce disparities.</p>
<p>Low health literacy and health outcomes: an updated systematic review</p>	<p>2011</p>	<p>USA</p>	<p>Systematic review</p>	<p>Low health literacy is consistently linked to poorer healthcare access, higher hospitalizations, lower screening rates, and worse health outcomes, including higher mortality rates among the elderly. Poor health literacy also contributes to racial disparities in some outcomes.</p>

<p>Migrant-sensitive healthcare in Europe: advancing health equity through accessibility, acceptability, quality, and trust</p>	<p>2024</p>	<p>Europe</p>	<p>Policy analysis/ Literature review</p>	<p>The main result of the study emphasizes the need for migrant-sensitive healthcare systems that prioritize accessibility, quality, and trust, urging governments and healthcare systems to adopt a human rights-based approach to ensure equitable access to healthcare for migrants across Europe.</p>
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Appendix 7: Health Information Brochure

**“ Health and Wellness Guide for Immigrant Students at Laurea University Of Applied Sciences, Finland”**



Access the Care and Support You Need



Insurance & Healthcare Fees for Students

**Student Healthcare Fee**

- If enrolled in a Finnish higher education program, students must pay a healthcare fee to Kela (the Finnish social insurance institution).
- The fee applies to each academic term and must be paid through Kela's e-service, OmaKela (available in Finnish and Swedish).
- More info: [Healthcare Fee for Students - Kela](#)

Finnish Student Health Service (FSHS)

- Provides healthcare services for Bachelor's and Master's degree students.

Services include:

1. Health and safety checks in study environments
2. Health monitoring and promotion
3. Mental health and substance abuse services
4. Oral health care and sexual health promotion
5. Early identification of special needs
6. More info: Finnish Student Health Service - FSHS

Public vs. Private Healthcare

- Public Healthcare: Affordable, requires a Finnish social security number and registration.
- Contact: Local health centre (Terveysasema) or [InfoFinland](#).
- Private Healthcare: Faster access but more expensive. Kela card holders may get partial reimbursement.
- Contact: Mehiläinen, Terveystalo, Pihlajalinna.
- Medical Helpline: Dial 116 117 for medical advice.
- Use Omaolo for symptom surveys and guidance.
- Website for Health Information: Finnish Institute for Health and Welfare (THL)

Well-being Services at Laurea

- Laurea University of Applied Sciences offers various well-being services to support students:
- Student Counseling & Support Services
- Academic guidance, mental health support, and personal counseling.
- Contact: [studentservices@laurea.fi](mailto:studentservices@laurea.fi)

Dental Services

- Public Dental Care: Affordable, long waiting times. Book through local health centres.
- Contact: Hammashoito (Dental Care Info).
- Private Dental Clinics: Immediate appointments, higher costs.
- Contact: Oral Hammastääkärit, Mehiläinen Dental Care.
- Students with valid health insurance can receive reimbursements from Kela for private dental care.

Emergency Services in Finland

For Emergencies

- Dial 112 (free of charge) for medical, fire, or police emergencies.
- Important Information to Provide: Your name, the situation, municipality, and address.
- Emergency Medical Help: Available through both public and private healthcare services.

Medications in Finland

- Medicines are available from pharmacies only (apteekki), and some can be purchased over-the-counter.
- Kela Reimbursement: Available for many prescription medications (after an initial €50 deductible).
- Fimea Website: Finnish Medicines Agency
- Website: [www.apteekkariliitto.fi](http://www.apteekkariliitto.fi)

Vaccinations in Finland

- Children's Vaccinations: Free vaccines for diseases like polio, measles, and mumps.
- Adult Vaccinations: Flu vaccines are free for those in high-risk groups.
- Vaccinations for Newcomers: Immigrants are entitled to missing vaccinations at no cost.
- COVID-19 Vaccination: Free for all individuals 12 years and older.
- More info on Vaccines: THL - Finnish Institute for Health and Welfare. [www.thl.fi](http://www.thl.fi)

### Pregnancy & Childbirth



#### Maternity Services

- Book an Appointment: Visit a maternity clinic (äitiysneuvola) or family center (perhekeskus) after confirming pregnancy.
- Pregnancy Certificate: Issued after 154 days of pregnancy, required for Kela benefits and leave.

#### Maternity Clinic Services

- Free for residents with a municipality of residence.
- Services include health monitoring, nutritional guidance, checkups, medications, and family service information.

#### Childbirth

- Most births take place in hospitals, with minimal costs for residents.
- Fear of childbirth? Specialized outpatient clinics offer support.
- website: <https://omaperhe.fi/>

#### Sexual & Reproductive Health

- Public and private health centers offer services for contraception, gynecology, early cancer detection, male sexual health, and infertility.

#### Screenings

Breast Cancer: Women aged 50–69, every 2 years.  
Cervical Cancer: Women aged 30–65, every 5 years.  
Infertility



#### Sexually Transmitted Diseases (STDs)

- Testing and treatment are available at health centers and family planning clinics.

#### Abortion

- Legal and available through health centers or private clinics.

### Substance Abuse Support

- Health and Social Services Centres: Free counseling and referrals for residents.
- A-Clinics (A-klinikka): Specialized outpatient care for substance use disorders.
  - Website: [www.a-klinikka.fi](http://www.a-klinikka.fi)
- AddictionLink (Päihdelinkki): Online self-help tools and information.
  - Website: [www.paihdelinkki.fi](http://www.paihdelinkki.fi)
- Finnish Student Health Service (FSHS): Support for students.
  - Website: [www.yths.fi](http://www.yths.fi)
- Poison Information Centre: 24/7 emergency help for substance-related issues.
  - Phone: 0800 147 111
- Emergency: Call 112 for life-threatening situations.
- AA Finland: Peer support for alcohol addiction.
  - Website: [www.aa.fi](http://www.aa.fi)
- NA Finland: Peer support for drug addiction.
  - Website: [www.na.fi](http://www.na.fi)



#### Support Services for Disabled Individuals

##### Disability Rights & Services

- Equal rights for individuals with disabilities, including access to education, employment, and family life.
- Support Organizations
  - Hilma (Support for disabled immigrants and chronic conditions)
    - Website: [www.hilma.fi](http://www.hilma.fi)
  - Vammaisfoorumi (Platform for disability organizations)
    - Website: [www.vammaisfoorumi.fi](http://www.vammaisfoorumi.fi)



### Vitamin D

- In Finland, a daily Vitamin D supplement is recommended year-round, especially for those who are pregnant, breastfeeding, under 18, or do not consume vitamin D-fortified foods or fish regularly.
- Recommended intake:
  - 10 µg/day for most people.
  - 20 µg/day for older adults or those with limited sun exposure.



### Mental Health Support

#### Free and Confidential Services:

- Student Health Services (FSHS): Provides mental health counseling, therapy sessions, and psychiatric support.
- FSHS - Finnish Student Health Service
- Crisis Helpline: Immediate support in multiple languages for emotional crises.
  - Number: 09 2525 0111 (24/7)
- Mental Health Finland
- Online Support:
  - Nyyti ry: Promotes student mental health through online peer support groups and resources.
  - Nyyti ry



Compiled by:

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