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Promoting healthy pregnancy for first-time pregnant immigrant women - creating health promotion material

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Promoting healthy pregnancy for first-time pregnant
immigrant women

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Gerhard, Lidia & Yusuf, Suleqo
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Abstract

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- creating health promotion material**

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The purpose of this thesis was to promote healthy pregnancy by creating health promotion material. In order to carry out this purpose, an informative booklet was planned and produced.

According to the recent statistics the number of immigrants is growing annually in Finland. In particular, there is a great number of immigrants originated from Russia and Somalia. Therefore, the need for health promotion materials is increasing in different forms and languages. Thus, in order to partly fulfill this need the booklet was translated to Russian and Somali.

The aim of the booklet was to provoke the interest of first-time pregnant immigrant women to start learning about pregnancy. In favor of providing relevant and beneficial information, the data was compiled from social media sites and maternity forums, after which it was analyzed. From these findings a variety of most frequently asked questions were selected. The focus areas included: a healthy pregnancy, nutrition, weight fluctuations, physical activity, symptoms of pregnancy, movements of the baby, medications, sleeping, traveling and the Finnish maternity clinic system. Subsequently, evidence-based sources were used to establish answers for the questions by focusing on Finnish health care recommendations and governmental resources.

In the thesis a comprehensive literature review methodology was used. The resulting data was analyzed by using inductive method, which was then applied in the booklet. The thesis also emphasizes on factors such as perceptions of pregnancy in different cultures, health promotion and the significance of social media in this context.

For a possible future evaluation of the effectiveness of the booklet, as a means of health promotion, a questionnaire was created to assess the content, outlook and the translation. If it is found helpful, the booklet can be further translated to other languages to accommodate the needs of other immigrants as well.

Keywords: health promotion, first-time pregnant women, immigrant women, health promotion booklet

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Tiivistelmä

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**Ensimmäistä kertaa raskaana olevien maahanmuuttajanaisten terveellisen raskauden edistäminen
 -terveyttä edistävän materiaalin luominen**

Vuosi	2015	Sivumäärä	56
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Opinnäytetyömme tarkoituksena oli edistää terveellistä raskautta ja samalla luoda hyvinvointia kohentavaa aineistoa. Tämän tavoitteen saavuttamiseksi, syntyi informatiivinen teos.

Tilastojen mukaan maahanmuuttajien lukumäärä kasvaa vuosittain Suomessa. Erityisesti, Somaliasta ja Venäjältä peräisin oleva maahanmuutto on lisääntynyt. Tämän vuoksi terveyttä edistävän aineiston tarve eri kielillä on kasvanut huomattavasti. Vastataksemme tähän kasvavaan kysyntään tämä teos käännettiin venäjän - ja somalian kielille.

Teoksen tavoitteena oli herättää ensimmäistä kertaa raskaana olevien maahanmuuttajanaisten kiinnostus raskautta kohtaan. Voidaksemme tarjota merkityksellistä ja hyödyllistä tietoa, keräsimme aineistoa sosiaalisen median sivustoilta ja äitiysfoorumeilta. Tämä aineisto koottiin yhteen ja analysoitiin ja näistä löydöksistä valittiin useimmin kysytyt kysymykset. Valitut kysymykset liittyivät seuraaviin aihealueisiin: terveellinen raskaus, ravitsemus, painonmuutos, vauvan liikkeet, lääkkeet, nukkuminen, matkustaminen ja Suomen neuvolajärjestelmä. Tässä teoksessa käytettiin näyttöön perustuvia lähteitä vastausten luomiseen ja teoksessa eritoten keskityttiin Suomen terveydenhuollon suosituksiin ja valtion luomiin lähteisiin.

Opinnäytetyössä käytettiin kattavan kirjallisuuskatsauksen menetelmää ja saatu aineisto analysoitiin induktiivisella menetelmällä, jonka pohjalta luotiin tämä teos. Opinnäytetyömme tavoitteena on korostaa mm. raskauden merkitystä eri kulttuureissa, hyvinvoinnin edistämistä sekä sosiaalisen median asemaa tässä tehtävässä.

Kyselylomake kehitettiin arvioimaan kirjasen sisältöä, ulkoasua ja käännöstä, jotta teoksen tehokkuutta terveyttä edistävänä työkaluna voidaan tulevaisuudessa arvioida. Jos kirjanen osoittautuu hyödylliseksi voidaan se kääntää muille kielille, jotta muiden maahanmuuttajien tarpeet voitaisiin täyttää.

Asiasanat: terveyden edistäminen, ensimmäistä kertaa raskaana oleva nainen, maahanmuuttajanainen, terveyttä edistävä teos

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1 Introduction

It is clear that progression of healthy pregnancy is important for every expecting woman. To ensure that women have a sufficient knowledge base of pregnancy, it is essential to provide them with the correct information. According to Singh, Newburn, Smith and Wiggling (2001) the demand for information of first-time pregnant women is increasing. To meet this growing need for information health care professionals should emphasize on providing clear and relevant information to first-time pregnant women.

There are some similarities of perceptions of pregnancy between various cultures. However, there do exist differences and specific aspects related to each ethnic group. The type of seeking and receiving information varies according to cultural background of women. In the aspect of health care every woman needs to feel that her individual characteristics are met.

Our thesis process consists of both a theoretical component and a production of a booklet. The thesis is focused on first-time pregnant immigrant women with additional information about the perceptions of pregnancy in Somali and Russian cultures. According to the statistics, our chosen ethnic minorities are one of the biggest in Finland since they account for a great percentage of immigrants in the country (Tilastokeskus, väestötilastot 2014). This is the reason why we decided to emphasize on these specific groups.

The main purpose of the thesis is to create an evidence-based health promotion booklet, which is relevant and sufficient for every pregnant woman. Especially for those who are pregnant for the first time, regardless of their nationality and cultural beliefs.

While promoting healthy pregnancy, information should be handed to women in an easily understandable manner. Perkins, Simnett and Wright (1999) pointed out: “effective health promotion is a process of giving advice in such a way that it will encourage healthy behavior, rather than fall on stony ground or even be counter-productive”.

Comprehensive literature review methodology is used in the thesis followed by an inductive content analysis, which is applied as the method of information process. While developing the content of the booklet frequently asked questions of pregnant women are collected from popular maternity forums. Thereby we ensure that recommendations and topics about pregnancy are relevant for all pregnant women. Content analysis from existing written evidence-based sources is made in order to include the proven information to the booklet. The booklet is also translated into Russian and Somali.

2 The background and purpose of the thesis

Nowadays, it is quite easy to find new information. Instead of going to the nearest library to find books on subjects you are interested about, all you need to do is to go online and find the information you need. With the growing speed of the new technology finding information is becoming easier and faster. According to Singh et al. (2001) “the desire for more information comes at a time when there is greater access to information than ever before”. Consequently, interest of first-time pregnant women about pregnancy seems to have increased over decades. Many pregnant women are inadequately informed about pregnancy and therefore informed decision-making is problematic. As a result, more information needs to be provided to meet women’s individual needs. First-time pregnant women have to be more aware about available resources to make informed choices (Singh et al. 2001).

“In 2004, a Non-Discrimination Act (21/2004) was passed and obliges the authorities to pay more attention to the ethnic minorities and immigrants’ equal access to social welfare and health care services” (Oras & Raunio 2013). To cater to the individual needs of immigrant women it is vital to understand their cultural background and provide information according to it. Since there are a growing number of immigrants, especially from Somalia and Russia, it is essential to understand the culture and the background of these nations.

Moreover, first-time pregnant immigrant women are often unfamiliar with the Finnish maternity clinic services and with the Finnish recommendations for healthy pregnancy. Therefore, it is extremely important to provide the required guidance and information during pregnancy and integrate first-time pregnant immigrant women to the newest recommendations of Finnish health care professionals. Thus, it will uplift their confidence and understanding of the pregnancy.

Our thesis consists of two parts, which are the thesis and the product of the thesis: a health promotion booklet that is targeted for first-time pregnant immigrant women. Since our thesis is about promoting healthy pregnancy, we decided to use a booklet as a method of health promotion. There are studies, which prove that a good booklet can be a helpful tool for providing information.

3 First-time pregnancy of immigrant women

3.1 Pregnancy in different cultures

Culture is described as wholeness including several aspects, such as: people's adoption of knowledge, beliefs, values, morals, codes, habits and skills (Koski 2007). According to Rakichevikj, Strezoska, Najdeska (2010) "culture is learned behavior, which depends on the conviction, values, attitudes, habits, customs, traditions".

Tuominen & Söderström (1997) mentioned that within any culture there are varieties of sub-cultures, which include individuals, who interpret their culture and traditions, values and obligations, according to personal premises. Representatives of any culture are individuals, who have unique ways of action and way of thinking. It is good to remember that concerning the concept of immigration, immigrants are not a homogeneous group, but their approach and success in life depend on the culture and social conditions of their home country. Every family has own family-specific requirements, which are learned in accordance with own cultural structure (Koski 2007).

We emphasized on perceptions of pregnancy in Russian and Somali cultures in our thesis due to the fact that in Finland there is a great proportion of immigrants who are originally from these countries, and due to the fact that both authors represent each of these cultures. By describing perceptions of pregnancy and concerns of women from Somali and Russian origins, we took into consideration the fact that every person is an individual and might have completely unique point of view towards any of the phenomenon. Perceptions and concerns of pregnancy that were described in this thesis were generalized and should not be taken personally by anybody.

Koski (2007) stated that regardless of the culture, all parents waiting to have a baby, or already having small children, have nearly similar concerns and wishes about the pregnancy, labor and childcare. "In modern cultures, normal pregnancy is a health event that is anticipated and enjoyed, usually with a positive outcome" (Morling, Kitayama & Miyamoto 2003).

Children are our future. The early stage of pregnancy already creates the foundation for baby's health. For all humans it is essential to have a strong and successful generation, hence the approach towards pregnancy should be serious and well-structured. Some countries define criteria and guidelines for healthy pregnancy adhering traditional customs. However, other countries have strict guidelines for healthy pregnancy, which are based on medical recommendations. Undoubtedly, in every country there are people who have different cultural

views and in every community there are families that support both of the mentioned approaches towards pregnancy.

As already mentioned above, there are existing similarities in the perceptions of pregnancy between different countries and cultures. On the other hand, there are also some individual features arising from certain cultures. In some cultures, pregnancy can be viewed as a gift from God, something sacred, whereas some might perceive it as a usual process, created by evolution. Understanding these differences and mindsets can help with providing the proper information in the appropriate way to the right people.

For instance, “in Iran, as an Islamic society, pregnancy is regarded as a gift from God. Mothers believe that they have been qualified enough to have a baby” (Heidari, Ziaei, Ahmadi, Mohammadi & Hall 2014). Pregnant women esteem it and to “appreciate this gift they try to follow a low-stress lifestyle and provide a sinfree environment for the growth and development of the unborn child” (Heidari et al. 2014). Moreover, the responsibility of motherhood is defined as relaxing and calming. In a recent research made by Heidari, et al. (2014) about Iranian women and their spiritual associations influencing their unborn child, it was demonstrated that there are certain beliefs that are strongly followed during the pregnancy. First of all, pregnant women tend to reject foods, which are offered by people that have either negative character or emotions. It is believed that such a negative impact will transmit to their unborn child leaving a negative effect on his/her religious and moral future. Avoiding religiously forbidden foods also has a direct and fundamental effect on the unborn child’s moral future. In addition, Iranian pregnant women try being positive for as much as possible, since they believe it has a straight effect on the future life of a child. Being negative is linked with the child possibly becoming emotionally unstable and nervous (Heidari et al. 2014).

In the Romani social structure, oldest people of the community are considered to be on the “highest” social level, thus they are perceived as the “cleanest” and are respected, whereas women of fertile age are defined to be on the “lowest” social level (Viljanen, Hagert & Blomerus 2010). Specific aspects of the Romani culture are widely discussed by Luttinen, Pasma, Huttu, Lieppinen, Vihtkari, Pääkkönen, Lindberg & Lindgren (2007). In the Romani culture, pregnancy is associated with modesty. Pregnant women try to hide their pregnancy for as long as possible, especially from the elders of the community. The women hide their pregnancy by wearing special clothes or aprons. As the pregnancy proceeds and the abdomen grows, becoming harder to hide, pregnant women avoid going to places where there is a risk of meeting Romani elders. After the childbirth the mother is prohibited to move around the kitchen for a period of one month and to touch family’s mutual kitchen utensils. These traditional rules are derived from notions that woman’s fertility, pregnancy and menstruation are considered to bring impurity and to be dirty (Luttinen et al. 2007). It might be sometimes

challenging for Romani pregnant women to go to maternity clinic, since there is a probability to walk past older members of the Romani community (Viljanen et al. 2010).

Callister, Semenic & Foster (1999) described the meaning of childbirth from the perspectives of Orthodox Jewish and Mormon women. The notion to “be fruitful and multiply” regards to be “one of the most sacred” religious obligations to be executed. Reproduction is the main part of a family and society in the Jewish tradition. “The soul requires a physical body, and thus the raising of many children ensures descendants to continue the worship of God. Children are viewed as a divine trust, an inheritance from the Lord” (Callister et al. 1999). For Mormon women, motherhood is perceived as one of the essential roles of life and “pregnancy creates eternal, spiritual relationships and follows the example of divine motherhood” (Callister et al. 1999).

In a research about childbearing in China, Kartchner & Callister (2003) emphasized that childbirth in the Chinese culture is considered “the meaning of human existence”. “The purpose of marriage is to produce a new life” (Kartchner & Callister 2003). Due to the socioeconomic phenomena of population growth, the government stimulates couples to marry and have children later in life. In the Chinese culture traditionally a male child is more preferable than a female, due to the fact that the male child is believed to “continue ancestral rites that care for the soul after death” (Kartchner & Callister 2003). Traditionally males have the main obligation to take care of the elders of the family. Daughters generally leave their family to join their husband’s family. Therefore, elderly people tend to worry “about who will take care of them if they do not have a son” (Kartchner & Callister 2003).

Concerning the attitudes towards pregnancy in the Chinese culture, Chinese women emphasize on the significance of elaborating good habits, such as: “going to bed early, eating nutritiously, and maintaining positive moods”. According to traditional and modern beliefs, the emotional condition of the pregnant woman affects her unborn child. With regard to physical health, the condition of the pregnant woman may be examined as often as necessary by the health care professional or mothers (Kartchner & Callister 2003).

According to the Ministry of Social Affairs and Health (2014), Finnish population relies on the Finnish health care services in the public sector. Whereas Russians are often wary of the Finnish health care organizations, due to the reason that in Russia people habitually distrust health care systems, such as kindergarten and unfamiliar health care professionals (Reijonen 2014). People make decisions about selected health care organizations by relying on their own social relations and connections. Accordingly, Russians are used to relying on family or experienced acquaintances (Reijonen 2014). Another qualitative descriptive study made by

Corbett & Callister (2012) revealed that women living in Tamil Nadu, India more preferably “follow the advice of mothers-in-law and other “wise” women”.

Kartchner & Callister (2003) pointed out that in the Chinese traditional culture mothers or mothers-in-law are the main source of information in maternal-newborn care. Traditionally, family members seek support from each other and have a moral obligation to take care of their sick loved ones.

Throughout the pregnancy, pregnant women may experience in addition to positive feelings also some unpleasant emotional and physical symptoms. Every woman tries to find coping strategies that suits her best. Moreover, preferable coping strategies may vary between different cultures. The research made by Morling et al. (2003) demonstrated that American women from individualistic subcultures have a greater probability to use coping strategies that are based on their own thoughts and feelings. Whereas, Japanese pregnant women that are from collectivistic subcultures, rely on social support and assurance. Moreover, current research proved that “social support has a direct effect on personal happiness in Japan but not in the United States” (Morling et al. 2003). “In the United States, acceptance or personal influence would be most frequent and beneficial, whereas in Japan, social assurance and acceptance would be most frequent and beneficial” (Morling et al. 2003).

3.1.1 Perceptions of pregnancy in Russian culture

Russia is one of the largest countries in the world and it is home to approximately 140 million people, living in diverse environments and areas. There are about 160 ethnic groups living within the borders of Russia. Hence, discussions about structure in Russian families are hard to generalize, because there are several aspects influencing family structure and functions. Such varied aspects include: history of the country, traditions and also modern-Russian socio-political, economic and family policy customs (Novitsky 2013).

Due to the high mortality rate and low birth rate, the growth in the Russian population has been in a negative direction. By political influencing ways and supporting systems there have been attempts to increase the low birth rate. As a result, during the past years there has been a slight growth in the fertility rate. There are around 1-2 children in a typical Russian family and in families with more children, mothers are perceived as “heroes” (Novitsky 2013). The average age of first-time pregnant women in Russia is around 21-23 years old.

Novitsky (2013) described, that usually grandparents, siblings and cousins are included into the mutual family. It is quite common that several generations live together or at least grandparents live nearby. Grandmother’s role in taking care of grandchildren is very im-

portant. When Russian woman gives birth, taking care of a newborn is the duty of the mother and the grandmother. It is quite common that a grandmother moves in with the family for a period of time when the child is born in order to help the newly mother. Motherhood in the Russian culture is highly valued. Thereby it is essential for women to have children from the perspective of family relations. Family members usually have great expectations for their child's success, partly due to the reason that usually the amount of children in a family is small. Children are seen as the wealth of the family. Since there are several relatives included in one family, children usually get a lot of love and protection from all family members (Novitsky 2013).

Pregnancy in Russian culture is seen as an extremely important process and the transition of a woman becoming a mother starts from the beginning of the pregnancy. Pregnancy is perceived as a period of serious preparation to motherhood and a time for women to gain sufficient knowledge about pregnancy and childbirth. Verification of this statement is found also in the qualitative study of Russian women made by Callister, Getmanenko, Garvrish, Eugenevna, Vladimirova, Lassetter & Turkina (2007). In the study, participants informed that they had read extensive amount of literature and searched through Internet-based sources for information about childbirth during their pregnancy.

In a research conducted by Novikova & Filistovich (2014), Russian women's perceptions of pregnancy were analyzed. The findings revealed that as the pregnancy progresses, women embody the idea that pregnancy brings self-assurance, femininity and even meaning of life. The findings also confirmed that when a woman's body changes, the body is perceived as socially desirable, which increases the woman's social status. Moreover, it gives a woman a sense "of comfort and self-integrity" (Novikova & Filistovich 2014).

Udalich (2011) broadly described perceptions of motherhood and childhood in Russia within the context of old traditional, Soviet Union and modern culture. The author of the research mentioned that in the past in Russia, it was believed that pregnancy was a special mystery, arisen in a woman and people approached her with significant attention and care. The pregnant woman was perceived as a human being of special nature, in whom a mysterious process of conceiving was generated. The highest manifestation of such mystery was a newborn that was seen as the most wonderful creature.

As stated by Udalich (2011), religious Russian families perceived children as a gift from God. Such families rejoiced the birth of each child. According to the belief of traditional Russian Orthodox families, childbearing was a way for the married woman to save her life and get an eternal life. Being a mother was seen as a precious gift from God. Family, marriage, motherhood and childhood were considered sacred in the old traditional Russian culture. However,

when the Soviet Union started governing, comprehension of family, motherhood and childhood was globally transformed. The role of the woman, since the Soviet Union, has changed. Following the transformation, the woman had two main roles: being a mother and a worker.

Pregnancy and motherhood was treated during the Soviet Union as a productive activity, which existed together with other duties in the woman's life. Pregnancy and childbearing was described as intense work and a parturient woman spent a lot of energy and strength on such work (Udalich 2011). Before the Revolution, pregnancy and motherhood derived from religious and spiritual meaning. However, in the Soviet time, meaning of motherhood was defined from sphere of functional activity. In the 1930^s, concepts of motherhood and pregnancy entered into a sphere of biology and were described in strictly medical terminology. The childbearing was not a mystery anymore. The pregnancy was treated not from the perspective of physical work, but rather in terms of biological norms or anomalies. During this period of time, it was believed that after the labor, the society takes part in the responsibility of taking care of a newborn child. It was due to the reason that women had also their own work duties and didn't have enough time and resources for rearing their children. Women also had a duty for active participation in functional, working activities of the society without losing the possibility of motherhood (Udalich 2011).

The concept of family during the Soviet Union was morally deformed. It was thought that family is something that suppresses the freedom of the individual. During this time, variety of organizations arranged for children were opened and considered as fundamental for every child. Such organizations were: nursery, kindergartens, school, Octobrists, Pioneers and Kom-somols. It was inevitable for every child to be part of each of organization. As a result, children of the Soviet Union were slightly detached from their own parents (Udalich 2011).

According to Udalich (2010), nowadays people seek excessive consumption and comfort. The author also highlighted that there is a trend among modern Russian women to provide everything for their child, such as toys, games and education. It was stated that in the modern Russian society, women spend more time at work instead of devoting this time to their children. After the Soviet Union ambition of self-realization and achieving personal success became evident. However, despite the appearance of these new concepts, emancipation of women is not as popular in Russia as in other countries. Women are still regarded as the main child caretakers and keepers of hearth and home.

3.1.2 Perceptions of pregnancy in Somali culture

Somalia, officially the Federal republic of Somalia, is located in the Horn of Africa. It is neighbored by Djibouti, Ethiopia and Kenya. Somalia has a population of 10 million, majority of the population being ethnic-Somalis (90%) and the rest being other ethnic minorities. Somalis share the same language, culture and religion with around 99% of the population being Muslims.

Family is viewed as being extremely important in the Somali community. The focus of Somali culture is on the family; family is more important than the individual in all aspects of life (Missal, Clark & Kovaleva 2015). Somalis live with their parents until they get married and once their parents get old most Somalis are willing to live with their parents and grandparents. Therefore, it is not abnormal to have many generations living together in one house. Institutions such as elderly houses are not a part of the Somali culture and people that send their parents to such places are seen as irresponsible and neglecting their duties as a child.

In the Somali family tradition, men are usually the head of the household whereas women manage the finances and take care of the children. Since Somalis tend to have many children, the responsibility of raising them is shared with the husband, the wife and the extended family members (Degni, Pöntinen & Mölsä 2006). Children are raised with much love, but are also disciplined and expected to help out with the chores. Especially the daughters have to learn how to run a family, since in the Somali culture women tend to get married at a relatively young age.

Families with many children are favored in the Somali culture and it is common for a family to have 6-10 children. New mothers are extremely honored and traditionally receive support from female relatives during the early postpartum period. During the first 40 days following birth, called *afatanbah*, the new mother rests at home and her female relatives fully take care of her, the baby and the household (Missal et al. 2015).

In the Somali culture, women marry young and value the ability to have many children. Pregnancy in general is considered a normal process not requiring medical interventions. "Many women question the relevance of prenatal care and feel unfamiliarized with the health care system" (Hill, Hunt & Hyrkäs 2012). Somali women rely on the advice from older women in the community who have previously given birth. According to the research, due to immigration and the lack of family members, Somali women rely more and more on nurses when it comes to concerns about pregnancy (Hill et al. 2012).

Since Somalia is a Muslim country, most Somalis are practicing Muslims and in Islam pregnancy and children are viewed as a gift from God and as a blessing. Religion plays a big role in the Somali culture. Having a big family represents happiness and success in life. “Children are highly valued in the society and giving birth to many children enhances a woman’s status” (Herrel, Olevitch, DuBois, Terry, Thorp, Kind & Said 2004).

For a long time, Somalia has had one of the highest birthrates in the world. According to The World Bank (2014) Somalia was the nation with the highest birth rate, which was 6.7 children per woman, whereas in Finland it was 1.8 and in Russia 1.6 (The World Bank, Fertility rate, total (births per woman)). The birthrate of Somali women in Finland is 4.0, which is getting lower, but it is still much higher than the birthrate among Finnish and other immigrant women living in Finland (Markkanen 2013). According to Markkanen (2013), the reason behind the birthrate getting lower among Somalis, is young women getting more educated and working. The absence of close relatives that would normally help with taking care of the children also plays a role in the lower birthrate.

3.2 Pregnancy of an immigrant woman

Nowadays the topic of immigration is relevant in Finland, since the number of immigrants grows annually (Tilastokeskus, Väestötilastot 2014). Generally, immigrants are defined as people that are either refugees, asylum seekers, returnees, persons whose mother tongue is other than Finnish or those with a foreign background (Tilastokeskus 2011; Koski 2007).

Immigrants often encounter specific challenges while moving to another country, where the national language, policies and patterns can greatly vary from their home country. Respectively, there are several sources of stress for any immigrant, regardless of cultural background or age. In a research conducted by Resick (2008), the author explored the meaning of health amongst Russian-speaking immigrant women living in the United States. The results revealed, that the meaning of health was considered to be as highly valued, however, it was less important during immigration. According to opinions of immigrated participants, while moving to another country, there were many stressors to be concerned. Hence, taking care of own health was in the second place. Participants also mentioned other challenges of being an immigrant, such as: “being a stranger and seeking the familiar; grieving and loss and building a new life; experiencing changes and transitions; trusting self; and the importance of hope” (Resick 2008).

In the thesis the concept of an immigrant woman is described, because the subject of the thesis is promoting healthy pregnancy for first-time pregnant immigrant women. In terms of our thesis the concept of an immigrant woman is described as a person who moved to Finland

temporarily or permanently. Immigrant women have their own cultural, religious values and their own disciplinary background stems from other than Finnish ethnicity.

Immigrants migrate to a foreign country either together with their families, spouse, friends or alone. It brings additional challenges, if an immigrant pregnant woman has migrated alone and is staying without any social support of her loved ones. Indeed, it is extremely important for a pregnant woman to have social support and possibility to get help concerning any problems.

Immigrant women often have special needs, such as linguistic support, additional economical support and acceptance of uniqueness from health care professionals. Immigrant pregnant women tend to require more information regarding not only the pregnancy, but concerning the overall health care system of the new country. Despite the probability of inadequate family and social support during the pregnancy, there are several other problems, which may be experienced by immigrant women. Such problems include the pregnant women who have a fear of childbirth often lack trust in treatments and the health care personnel (Saisto 2014). Cultural misunderstanding experienced in the maternity clinic might be one of the challenges as well. They may also face problems in finding personal identity (Koski 2007). Immigrant women also experience stress for being foreign in the country and being unfamiliar with certain practices and customs.

All childbearing families and pregnant women, who live in Finland, have a right to get consultations and support from maternity clinics in order to integrate into the new life situation: having a baby. Such types of integration are promoted through family preparing sessions (Koski 2007).

According to Tuominen & Söderström (1997) immigrants and their descendants try to preserve their mother tongue and culture, while adopting the new language and integrating into the Finnish society and culture. For immigrants, it is good to remember that integration into Finnish society is greatly supported and welcomed, especially by the Ministry of Education and Culture (2009). Integration into the Finnish society is flexible and effective as it enables immigrants “to maintain their own cultures and cultural identities (Ministry of Education and Culture 2009).

It is vital to remember that there are also positive aspects for being an immigrant. Immigrants add richness and novelty to a country and respectively to the original population. Immigrants have their own cultural background, own mother tongue, knowledge, personal experiences, worldview, specific traditions and values. These bring variety and vividness to the society. Moreover, according to the Ministry of Education and Culture (2009), cultures of im-

migrants strengthen cultural life of the natives. Such diversity gives a possibility for the native population to learn something new and to broaden their minds and knowledge.

There is an existing Finnish program created for immigrant mothers. The program is organized by Mannerheim League for Child Welfare and it is called “Friend for an immigrant mum”. The aim of the program is “to promote immigrant mother’s integration and learning of the Finnish language” (Mannerheim League for Child Welfare 2011). The program organizes meetings with volunteer Finnish-speaking women, who are interested in communicating with immigrant women in order to help them integrate into the Finnish society and give a possibility to practice the Finnish language. Immigrant women, especially those who are raising their children, are often left alone and do not have enough information about different activities and places created for families such as: family cafes, playgrounds, etc. Therefore, it is valuable to have a female Finnish-speaking friend that might also have her own children, similar hobbies, interests and lives nearby. Meetings could be arranged in “everyday activities for instance playgrounds, walks together, shopping or in one or the other’s home” (Mannerheim League for Child Welfare 2011). Each friendship begins with a mutual meeting where the immigrant woman, volunteer and a coordinator of Mannerheim League for Child Welfare are present.

4 Health promotion to promote healthy pregnancy

4.1 Health promotion

Promotion of health is the main type of promotion that is addressed to the whole population and it is based on the Public Health Act (Sosiaali- ja terveystieteiden ministeriö 2014). Health promotion is behavior motivated by the desire to increase well-being and actualize human health potential (Pender, Murdaugh & Parsons 2011). It is important not to mix health promotion and disease prevention, also called health protection, together when talking about health promotion. “Health promotion is defined as the process of enabling people to increase control over, and to improve their health” (Röing, Hederberg & Holmström 2014), whereas disease prevention is according to Pender et al. (2011) the act of avoiding and detecting illness or maintaining functioning within the constraints of illness.

In order to provide effective health promotion it is vital to understand what the term health means. According to Vertio (2003) it is hard to determine health, since it depends on the individual and his/her perception of health. Green and Tones (2010) stated that it is difficult to provide precise definition for health because it is an abstract word, like love and beauty, meaning different things for different people. Factors like culture, religion and social community can also affect the perception of health. This being said, it is clear that health is and always has been a significant value in people’s lives (Green & Tones 2010).

As mentioned by Pender et al. (2011) the role of culture underlines the effectiveness of health promotion efforts and must be emphasized to achieve individual, family, community and societal goals. It is said that without understanding the role of culture and linguistic competence in health promotion programs, these programs will not be successful. "Everyone must be treated as an individual within a cultural framework and health promotion activities must be tailored accordingly" (Pender et al. 2011).

There are different methods to promote health, such as health education programs, economic and regulatory activities, healthy public policies and some community-based works (Ewels & Simnett 2004). Health education is viewed as a key element in health promotion. By educating people about health, people develop self-esteem and self-empowerment to be able to take action about their own health. A health promotion booklet can be defined as a supportive tool for learning, in which information is reflexed in a clear way. Booklets are usually implied towards a specific aspect and describe certain phenomenon in a shorter form. It is proven by different research findings that there is a great benefit from educative booklets, which are usually distributed to people in order to promote health. For instance, according to Brandon, Simmons, Meade, Quinn, Lopez Khoury, Sutton & Lee (2012), as a result of the research, self-help booklets appeared to be efficacious and useful for offering information.

According to Solomon, Eberl-Lefko, Michaels, Macario, Tesauro & Rowland (2005) booklet can be a good tool for providing information to a target audience. In our case, our target group is first-time pregnant immigrant women. To promote health to this target group, utilizing a booklet is an effective way of providing the required information. Instead of looking for information from many different sources it is better to have everything in one place.

4.2 Supporting healthy pregnancy

Healthy pregnancy is the main core for every pregnant woman. Every pregnant woman is willing to have a healthy pregnancy, which makes supporting healthy pregnancy an important area in health promotion.

To support healthy pregnancy, education and information about pregnancy must be made available for first-time pregnant women. According to MacDonald, Williamson, Shenker, Weiler, Berry and Sharma (2014) "When speaking about the determinants of a healthy pregnancy, 3 major topics emerged: food selection, unhealthy life style choices and the need to support traditional community values".

Food selection has always been a commonly discussed topic when talking about pregnancy. There is so much mixed information on what you can and cannot eat, that it comes as no surprise why many women get concerned about their meals. Food recommendations vary according to cultural and religious backgrounds, therefore it is vital to focus on informing what is a healthy and a safe diet while taking into consideration woman's background. According to Metland, Allen-Mills, Hunter, Nolan, Fletcher & Green-Armytage (2004) eating a full and balanced diet is one of the most vital contributions a woman can do for her baby during pregnancy.

To support healthy pregnancy expecting women need to be informed of how some unhealthy lifestyle choices, such as smoking and alcohol, can affect their unborn baby and overall pregnancy. As stated by Metland et al. (2004) understanding the reason behind what can and cannot be done during pregnancy is crucial in making decisions. Instead of lecturing, we have to provide enough information, so that the women can make better lifestyle choices for themselves.

Traditional community values also known, as family values, are important in health promotion, since they have a direct impact on the effectiveness of health promotion. Almost every culture has its own traditional values that can vary within the culture itself. As more people from diverse backgrounds live in proximity, traditional customs and cultures start to overlap. Since there are many different practices and commitments among people it is important to carefully assess cultural diversity in any health-related encounter (Montgomery & Schubart 2010).

Taking into consideration the background of women is crucial when it comes to supporting healthy pregnancy. One must understand the individual needs of women to provide them with the support and information they need. The special needs such as linguistic support, and acceptance of uniqueness has to also be taken into consideration. By providing information equally to all first-time pregnant women we can support their decision-making, raise their confidence and encourage healthier lifestyle choices. By doing so, we will promote health by supporting healthy pregnancy.

4.3 Health promotion methods

Nowadays products can have different meanings, it can be either goods or services, or it can be a combination of both (Jämsä & Manninen 2001). Well-being products contribute directly or indirectly to both national and international health care objectives, also following the ethical guidelines of the specific field. Jussila, Ojanen & Tuominen (2006) stated that literature

as a guidebook is an extensive and multiform type of literature and it is very important from the perspective of practical life.

As described previously, there are versatile ways of health promotion and one of the methods is promotion through various materials. Such materials can be in a form of a booklet, a leaflet, a brochure or a guidebook, since they usually are figurative and informative (Torppa 2014). Booklets usually include informational data and pictorial materials, photos, drawings or infographics and are handy to use.

The main aim of health promotion materials is to support and maintain self-empowerment and health of the individuals (Ruovinen-Wilenius 2008). Moreover, it can be used as a helpful tool for learning, or attractive source for revealing interest towards learning. Jussila et al. (2006) mentioned that a booklet is the author's gift to a reader.

According to Ruovinen-Wilenius (2008) health care material affirms the perceptions of the importance of life. For instance, it strengthens already existing positive development of one's health. The product of the thesis aims to reinforce first-time pregnant women for positive development of healthy pregnancy. Health promotion material should also encourage critical thinking. Critical thinking has to be used while doing literature review concerning recommendations for healthy pregnancy. Especially in the Internet service area, health concerning advices must be rigorously scrutinized, due to possibilities of encountering inaccurate information.

Health care material motivates individuals for salutary health care decision-making and it encourages maintenance of health. Individuals in virtue of material have to discover new health supporting possibilities and resources (Ruovinen-Wilenius 2008). Usually people make their own decisions according to the resources they have. With enough resources there is a greater probability of reinforcing healthy living. Health promotion material is one that endeavors to produce beneficial changes in behavioral or living conditions (Ruovinen-Wilenius 2008). The product of this thesis prompts first-time pregnant women to make such healthy decisions while pregnant.

4.3.1 Principles of qualified health promotion booklet

Jämsä & Manninen (2001) pointed out, that all products must be clearly definable and specific by context. The context of a product has to be consistent with the health care objectives and during its development specific features of the target groups' demands have to be taken into account. While creating health care material, the client is the main character of the whole process.

The central principle of the health promotion material is resource orientation. For instance, health promotion booklet ought to support and strengthen resources of an individual or community. It may also have a risk preventive purpose. In this case its target is to prevent disease or health suppressing conditions (Ruovinen-Wilenius 2008).

Ruovinen-Wilenius (2008) mentioned criteria concerning presentation of health promotion aspect. For instance, the product should have clear and concrete well-being objective and the material must convey information about health factors. The same author also described criteria regarding suitability of the material for the target group. It has to serve users' needs, it must be interest provoking and reliable. Moreover, it should generate a positive feeling. The publication formats, shape of the material and content requirements have to be taken into account.

Jussila et al. (2006) outlined the characteristics of proper guidance literature being appropriate in terms of time, comprehensible, reliable, practical, up to date and user centered. It is advisable to write an attractive introductory text in a form of a verse, followed by the table of contents in order to make finding certain chapter easier. Vilkkä & Airaksinen (2004) described that it is good to use short, precise and informative writing style when creating the material. Each of the chapter has to be unique and elucidate designed meaning. The text, in the informational material, ought to signal aspects of culture, values and human perceptions of the profession (Jämsä & Manninen 2001). Jussila et al. (2006) recommended that the style of writing has to be as close as possible to the natural writing style of the author. The simpler the better. Applying clear language, on a general level, is a writing style that suits all readers (Torppa 2014). It is preferable to not have many complex elements in the text.

The structure of text must be logical and serving. It is advisable to add proven facts to the content, however they have to be included in contrast. For instance, it is good to first describe points, which were previously unknown, alleged, unbelievable ideas, and only after that include reliable facts. By this manner, the text will be more vivid and intriguing (Jussila et al. 2006). According to Torppa (2014) when it comes to writing about facts, the writing style must be informative or advising.

The most important aim of the outlook is to facilitate comprehension. The booklet can consist mostly of pictures, with some text added, or it can comprise only the text without any pictures. It can also contain both, the pictures and the text. The proper way must be decided upon the expediency. Pictures included in health promotion booklets are typically symbolic, therefore the main text ought to represent the pictures. Moreover, the content has to be reflected attractively, at the same time carrying concrete benefit to the reader.

While creating illustrations for the booklet, instead of making pictures that just decorate or confirm the text, Torppa (2014) recommended generating images, which are perceived as foundation for an informational idea. Jussila et al. (2006) stated that images are never text decorations or stimulants, but their application has to be justified. It is quite common for the reader to pay attention first to animations and if it provokes an interest, the reader continues to read the information. The message of the content arises to the reader from the whole package, including the text and its surroundings (Torppa 2014).

4.3.2 Assessment of the need for the booklet

Nowadays more people tend to rely on the Internet as their only source of information to find data on health related issues. This can create many problems, since there are great threats in using the Internet for health-related purposes, because there is a vast amount of inaccurate and unreliable information. According to Kouri (2006), it is hard to evaluate the quality of information provided online, therefore creating a booklet with accurate and evidence-based information is important.

By conducting a research on already existing data and materials for pregnant women, we were able to find some booklets and guidelines targeted at pregnant women. Most of the existing booklets were intended for pregnant women in general, but not specifically for first-time pregnant immigrant women. All the materials were mostly available in Finnish and only a few of them were translated to Swedish. According to Kitamura, Ng, Chung, Bezjak, Garraway, Mclean, Nyhof-Young & Wong (2011) booklets can be an effective way of providing knowledge and new information to its readers. But the effectiveness of the material depends on the design and on whether it is used in the right way.

Since the amount of immigrants from various countries is growing annually (Tlastokeskus 2014), the need for an informative booklet provided in different languages is becoming more relevant. The information provided in the booklet should be based on the needs and concerns of immigrant women and it also has to contain basic information about the Finnish health care system. Indeed providing information in one's own language is important, because understanding the content will be easier and this way we can provide better care for each individual. It is also important that provided information is culturally relevant to its audience (Solomon et al. 2005).

According to Solomon et al. (2005) currently there are no existing theoretical models to translate already existing booklets, therefore the best practice is to develop new material in the required language. Since there are no other informative booklets that are targeted at first-time pregnant immigrant women, our booklet is needed and relevant.

4.3.3 Reasons for using social media in research

In recent years there has been a rapid increase in the use of social-media sites, which has led to the creation of more sites and forums (Lynch 2011). Since we live in a time where the social-media platform is growing, more and more people tend to look for information from these different sources. Existing Internet forums are called reflection of “new media” in modern life and “in this “new media” environment, both news and entertainment messages are increasingly personalized, offering audiences new degrees of selectivity and choice” (Priest 2012). These sites provide information and interact with its users by making it possible to ask questions and get answers quickly and easily. Especially in the western world, the use of social media is becoming more present in everyday life, therefore it is a useful tool and a platform to gather different types of material for research (Laaksonen, Matikainen & Tikka 2013).

There are certain advantages unique to these online sites and forums that can explain their popularity: they offer people an opportunity to receive advice and social support whenever they need it regardless of the time of day. People with a connection to the Internet can also access these sites from the comfort and security of their own homes, removing geographical and mobility barriers (Lynch 2011). It makes it easier for people to ask health-related questions and search for answers from online without consulting a health care professional. Therefore, there is an endless amount of material that can be made use of while conducting research about a certain phenomenon.

Different research have found that the online context encourages people to reveal more personal information compared to traditional methods such as interviews or focus groups (Lynch 2011). Therefore it allows researchers to observe people’s opinions, questions and concerns in a more “natural” environment, thus eliminating possible research biases (Lynch 2011).

By making use of social-media sites and forums and their valuable amount of data, we can get a good viewpoint on what first-time pregnant women ask most frequently and what their concerns are related to the pregnancy and the Finnish maternity clinics. By utilizing the material collected, we can cater to the individual needs of first-time pregnant immigrant women.

4.3.4 Nulliparous woman

A nulliparous woman is defined as a woman, who has never given birth to a child (MedicineNet 2014; U.S. National library of medicine 2012), whereas primiparous is “a woman who is giving birth for the first time” (U.S. National library of medicine 2012; Oxford concise medical dictionary 2010). Thus, definitions are connected.

Transformation into motherhood is a global and significant period for every woman. Such transformation entails great changes in life. Furthermore, there are even greater changes experienced by primiparous women. The changes start to emerge in the very onset of the pregnancy and become to be even more evident after the baby is born.

It is common for the first-time pregnant women to have a lack of experience, which might lead to additional concerns and worries throughout the pregnancy, labor and childrearing. However, for a nulliparous woman it is good to consider both the positive feelings and also reflect negative emotions she is experiencing during the pregnancy. This will help to control her own healthy emotional state and family members will have a clear picture of her well-being.

Kalinowski, Favero, Carraro, Wall & Lacerda (2012) emphasized on the importance of special attention and support that has to be provided to primiparous women. Some of the issues faced by primiparous women according to the study are: coping with basic practices of childcare, feeling insecure, experiencing new emotions, changes in the perceptions of self and being in a new role.

It is typical, that primiparous women may feel unprepared to take care of their baby after birth. Promoting coping strategies during the pregnancy are important, as they will help mothers in managing with childcare more firmly. Coping strategies also provide recommendations for women on how to deal with possible physical challenges during their pregnancy. For instance, coping with daily routines depend on personal habits of the woman. Hence, during the period of pregnancy, nulliparous women should develop such habits that will be helpful while taking care of their baby. Practices of a pregnant woman should be adjusted as if her baby was already born. For example, it is recommended for pregnant women to have a healthy lifestyle and have sufficient time to rest, since the behavior and habits of the women reflect on the fetus.

It is proved by the qualitative research conducted by Kalinowski et al. (2012) that the woman's "feeling of unsure" depends on the amount of knowledge she has. The more knowledge pregnant women have, especially first-time pregnant women, the more confident and secure they will feel, thus providing better care for their child.

One of the most common fears of first-time pregnant women is the fear of labor. According to study of 2206 women, with intended vaginal delivery, between 5 to 20% of pregnant women fear childbirth (Adams, Eberhard-Gran & Eskild 2012). There is another research conducted by Kjærgaard, Wijma, Dykes & Alehagen (2008) about the concept of fear of childbirth. It was stated that the reasons behind the fear of childbirth are: "fear of pain, fear of losing control,

fear of rupturing, fear of operative delivery, and of having an impaired or stillborn child” (Kjærgaard et al. 2008). The research composed of 165 participants and it explored comparison of fear of childbirth among Danish and Swedish nulliparous women. In accordance with clinical experience, it is usually positively stimulating for women in delivery to meet a familiar face at the labor ward. However, as a result of the research, there were no differences between both groups of women concerning reduction of fear of delivery, whether they have or have not previously met the same midwife in antenatal visits. Findings revealed that 10% of the participants, from both countries, had severe fear of childbirth. This fear seriously affects the pregnant women’s daily lives. The results also showed that the level of the fear of childbirth is similar among Danish and Swedish nulliparous women.

The fear of childbirth can also appear because of the lack of trust in health care personnel (Saisto 2014; Kjærgaard et al. 2008). The research implemented by Salmela-Aro, Read, Rouhe, Halmesmäki, Toivanen, Tokola, & Saisto (2011) has proven that the benefit of interventions arranged in a form of psycho-educational group sessions have a significant improvement in the nulliparous pregnant women regarding their readiness for labor; thereby increasing the preparedness for positive motherhood.

5 Providing knowledge through promoting healthy pregnancy

“By promoting healthy pregnancy we can develop the knowledge, values and skills required to decision-making and empower first-time pregnant mothers” (Green & Tones 2010). In order to provide the right type of information to promote healthy pregnancy it is crucial to understand that first-time pregnant women face different type of concerns and fears during their pregnancy. In the first stage of pregnancy many women feel shocked by the mixed emotions they experience. There is joy, but there is also the feeling of anxiety, panic and fear. Having mixed feelings is normal and most women experience them during their pregnancy. There are hormonal changes in the body and it takes its time for it to adjust to these changes.

“By providing information we can support mothers’ decisions making and evaluating of their own actions” (Torkkala 2002). To provide the right information healthy pregnancy should be the main area of discussion. It is important to highlight what a healthy pregnancy process is and what types of stages are included in it. By promoting healthy pregnancy we can ensure that first-time pregnant women are getting the required information that leads to a healthy pregnancy, thus understanding the pregnancy process better. While promoting healthy pregnancy, it is vital to start with such themes as: food recommendations, sleep and rest, moments of relaxation and preparation to become a future mother.

Unless first-time pregnant women are informed about their concerns and fears being normal, these concerns can lead to future problems and complications during the pregnancy. Being worried over little issues can hide actual hidden health problems during the pregnancy. Therefore, it is important to make sure that enough information is given to these women in order to support them during the pregnancy. It was stated by Metland et al. (2004), that finding out all you can about having a baby is a really useful way of dealing with fears and worries about pregnancy.

Provision of knowledge can be implemented through educative sessions, guidance through phone calls or guidance through educative references. Usually, first-time pregnant women are stressed at the beginning of their pregnancy, which can be caused due to the fact that there is enormous variety of information about pregnancy and numerous amounts of recommendations. This leads to a problem in which pregnant women do not know where to look for the desired information. Martin, Bulmer and Pettker (2013) mentioned: “the potential side effects of medical misinformation vary. During the prenatal period, for instance, an uninformed woman may make unnecessary visits to the clinic or hospital because of concern for something that is normal in pregnancy” (Martin et al. 2013). In order to minimize the stress of pregnant women, health care providers should recommend some evidence-based sources of information from which it is easy for the women to start their educative process. These sources must be very clear and informative and make the learning process a good experience for the women. They should also guide women into which subjects to pay special attention throughout the study process.

6 Methods of collecting and analysing data

Literature review is determined as a part of empirical research, however, literature review methodology exists as an individual type of methodology and it involves the same processes as in designing empirical research (Siu & Comerasamy 2013). The main differentiation principles between literature review methodology and empirical research design is that in literature review methodology, the literature is seen as a population from which the sample is taken and during the entire process different databases and books are utilized for collecting, and the data is the literature itself. The analysis is based on clear predefined evaluative criteria. In empirical research people or objects of the study are seen as a population from which the sample is taken and data collection is made through observations and questionnaires (Siu & Comerasamy 2013). Johansson, Axelin, Stolt & Ääri (2007) stated that literature review enables to figure out the wholeness of existing research. A wide research entity might mean literature review, whereas even joint processing of two research papers could also be defined as literature review (Johansson et al. 2007).

The main idea of non-empirical research is that the researcher deals with readymade data that someone else has previously combined and presented in his/her research report. Thus, as a comparison to primary research, secondary sources of data are the stronghold of the non-empirical research. From existing four types of non-empirical research, mentioned by Siu & Comerasamy (2013), the literature review methodology is defined as the most suitable and valuable type of research for undergraduate and postgraduate students in health and social care.

Siu and Comerasamy (2013) specified that in order to solve research problems, literature review methodology has long been applied as an essential methodological approach. Comprehensive literature review method is beneficial while explaining backgrounds and developments of problematic situations, while reflecting theoretical or conceptual basis or while connecting different research areas (Johansson 2007). The great strength of the comprehensive literature review is that it allows for using a wide range of literature, from multiple sources, which include: qualitative, quantitative and mixed methodology research as well as grey literature. Thus, we applied the comprehensive literature review methodology throughout our research process in order to obtain broader and efficient results for fulfilling the research purpose. Aveyard (2010) pointed out that in literature review all research about a certain topic is joined together. In the thesis, we aimed to collect and summarize various researches concerning our research topic.

In order to prove that used literature review methodology is comprehensive, certain set of criteria should be applied (Aveyard 2010). According to Siu & Comerasamy (2013) there are four main principles that support the theoretical framework of the comprehensive literature review methodology. First of all, “the researcher’s ontological and epistemological stance needs to be explicit”. Secondly, “data are generated through the pluralistic approach”. Thirdly, “there is a formal process of critique for data analysis”. And lastly, “the researcher must be ethically aware of the need for rigor throughout the whole research process”. Throughout the process of designing the thesis, we have tried to adhere to all these principles.

With regard to the first principle, as Siu & Comerasamy (2013) highlighted that all researchers have to determine exact “philosophical framework” in order to find the issue they are ought to find, as the philosophical foundation is the “backbone” of any research process and it helps researches by guiding them during the entire process. Examination of our philosophical point of view helped us to formulate the purpose of the research. We referred the subject of the study to be based on interpretivism. “Interpretivism is not concerned with facts, but with meaning and how people construe it” (Siu & Comerasamy 2013). Such kind of notion provides the foundation for qualitative methodology.

Aveyard (2010) mentioned that first of all there is a need to identify the type of literature of the target population and then between different types of literature the sample should be picked out. With regard to the second principle, we decided what kind of evidence will be relevant in order to fulfill our research purpose and will be useful for producing the knowledge into our research task. Our target population includes qualitative, quantitative research papers as well as grey literature. Following the target population, our identified literature sample was narrowed to a specific list of literature, from which we obtained the data. Our literature review includes studies of mixed methodologies, which were collected at the same time. Therefore, we were using concurrent design of data collection during the writing process of the thesis.

As Siu & Comerasamy (2013) identified, there are four existing variations of different types of literature sample, and according to this classification, “representative sampling” was used in our data generating process. This means, that selection of literature from the whole population is in itself its representative. That is, most of the selected samples were targeted exactly for providing the necessary data in order to answer our research question. Throughout the research process, we constantly referred back to the literature sampling procedure, as data searching is an iterative process.

Another significant point of the data generating process is identifying inclusion and exclusion criteria. The main point of creating inclusion and exclusion criteria is to give explicit information about the review and to mainstream literature searching (Aveyard 2010). As Whittemore and Knafl (2005) proved, the quality of research or grey literature should be sufficient in order to answer the research task.

According to Siu & Comerasamy (2013), the findings of a research are affected by the method of data collection, which is vital in any research process. The following table shows the log, which is the summary of literature types, used in our data collection process. The log includes inclusion and exclusion criteria, keywords and sources of information.

Table 6.1 Record of literature searching during data collection process

Inclusion criteria	Exclusion criteria
Professional literature	Non-professional literature
Time frame-literature published between 1997-2015	Time frame- literature published before 1997
Studies written in English, Finnish, Russian languages	Studies written in other languages
Qualitative, quantitative research, grey lit-	

erature	
Key	
NE= non-empirical or grey literature Searching engines= G: Google, GS: Google Scholar, Cinahl, PubMed, Sage, Ebsco, Emerald, BJM, Taylor & Francis Group, Lääkärilehti, ProQuest, MCN, NIH	
Keywords	
'pregnancy', 'healthy pregnancy', 'pregnant women'	1 book, 2 articles from PubMed, 2 articles from Sage
'nulliparous woman', 'primiparous', 'first-time pregnant women'	1 article from BJM, 3 NE, 1 article from Ebsco, 1 Article from Taylor & Francis Group, 1 article from Lääkärilehti, 1 article from Sage
'health promotion booklet', 'product', 'guidebook', 'health promotion material', 'booklet', 'healthcare material', 'criteria of health promotion material', 'principles of booklet', 'writing method', 'writing style', 'booklet for immigrants'	5 books, 3 NE, 1 article from Sage
'health promotion', 'providing knowledge', 'health'	8 books, 2 NE, 2 articles from Ebsco, 1 article from Sage, 1 article from PubMed
'immigrant women', 'immigrants in Finland', 'immigrant mother', 'immigrants'	7 NE, 2 books, 1 article from Lääkärilehti
'culture', 'pregnancy in different cultures', 'perceptions of pregnancy', 'meaning of reproduction', 'cultures', 'sources of information in cultures', 'pregnancy, Russian culture', 'Russian culture', 'Russian family', 'pregnancy, Somali culture', 'Somalia', 'fertility', 'Somali immigrants'	3 books, 1 article from ProQuest, 5 articles from Sage, 8 NE, 1 article from MCN, 2 articles from PubMed, 1 article from GS
'functional format thesis', 'planning of a product', 'implementation of a product', 'headings'	2 NE, 4 books
'literature review methodology', 'comprehensive literature review method', 'principles of literature review methodology', 'method of data collection', 'ethical concepts', 'ethical criteria', 'inductive	6 books, 1 article from GS, 1 article from Sage, 1 article from Ebsco, 1 NE

content analysis', 'content analysis', 'qualitative content analysis in research'	
'social media', 'social media in research'	2 books, 2 articles from Sage
'ethical guidelines', 'ethics in research', 'trustworthiness', 'rigor in research'	2 books, 4 articles from Sage, 1 article from NIH

In our thesis grey literature consists of various articles from governmental Internet-sources, educative electronic booklets made by health care professionals, expert opinions from articles, guidelines, theoretical literature in a form of existing theses and dissertations.

The third principle of comprehensive literature review framework is about critique in data analysis. As Siu & Comerasamy (2013) pointed out, the primary review in literature-based information is the assessment of data's trustworthiness. In the process of data analysis and critique we performed certain procedures, such as: identification of specified themes, emerging from all the collected and relevant literature, also, we implemented structured reading of the written materials numerous times. Moreover, we utilized a number of questions in order to lead our reading, which constitutes a part of the data analysis and the process of elicitation.

The last principle is about the ethical awareness of the researcher for rigor during the research process. In this chapter compliance with principles of ethicality is not described, as ethical issues concerning our thesis process are thoroughly described in the further separate section. However, some of the related points are mentioned here as well. According to Armstrong (2005) there are three ethical concepts acknowledged by the United Nations and they constitute a part of fundamental regulations of public administration. The concepts are: integrity, accountability, transparency. Armstrong (2005) claimed that these concepts have to be used in research process as it has to seek issues that are in the interest of client care. These ethical criteria can be used in order to show the rigor in the comprehensive literature review.

As we used literature-based methodology, all data that was used in our thesis, is already situated in the public domain, therefore issues of confidentiality and consent do not apply to such method the same way as they do for instance, to empirical research. In the research design process, rigor is reflected with regard to the set of ethical criteria and the quality of the research itself is evaluated according to the criteria's implementation (Siu & Comerasamy 2013).

"Qualitative content analysis involves a process designed to condense raw data into categories or themes based on valid inference and interpretation. This process uses inductive reasoning,

by which themes and categories emerge from the data through the researcher's careful examination and constant comparison" (Zhang & Wildemuth 2008). "Qualitative content analysis is one of the several qualitative methods currently available for analyzing data and interpreting its meaning. As a research method, it represents a systematic and objective means of describing and quantifying phenomena" (Elo, Kääriäinen, Kanste, Pölkki, Utriainen & Kyngäs 2014).

"The general inductive approach provides an easily used and systematic set of procedures for analyzing qualitative data that can produce reliable and valid findings" (Thomas 2006). Inductive reasoning draws conclusions from evidences in a simple and straightforward way. In an inductive approach to research, one begins by collecting data that is relevant to his or her topic of interest. Once a substantial amount of data have been collected, the researcher shall take a break from data collection and read and re-read the collected data to look for patterns in the text (Bell 2005). After these patterns are found the researcher begins to develop a theory that could explain those patterns. In other words, in inductive data analysis the researcher moves from data to theory (Thomas 2006).

The research method applied in our thesis is from qualitative research traditions and the analysis of the data was implemented using inductive approach. Use of inductive data analysis is a vital point in creating the thesis product, the health promotion booklet. As mentioned before, inductive approach gave us required tools to research online forums and social-media sites.

"Inductive approaches are intended to aid the understanding of meaning in complex data through the development of summary themes or categories from the raw data ("data reduction")" (Thomas 2003). In general, in inductive content analysis you first gather information, therefore in our case we collected data from various social media sites and forums to identify what are the most frequently asked questions amongst first-time pregnant women. After collecting the needed data, the material was reviewed and analyzed. During this period the content was read several times to identify patterns and themes that occurred frequently. These patterns and themes were categorized according to their relevance.

7 Planning, implementing and evaluating health promotion booklet

7.1 Planning health promotion booklet

Our thesis is referred to functional thesis type. According to the Guidelines for Bachelor's thesis of Laurea University of Applied Sciences (2011), examples of functional theses are product development or product design project. Product can be in a form of learning material, instruction folder, publication or video. The product of the thesis was created in a form of

learning material, specifically health promotion booklet for first-time pregnant immigrant women.

Vilkka & Airaksinen (2004) stated that purposes of functional type of thesis are developing instructions for practical functioning, guidance, organization of activities or rationalization in certain professional field. It is important to combine both practical implementation and reporting by means of research communication. Jokinen (2001) outlined on a general level, that if the planning process of a product is done correctly, it reduces costs, shortens delivery times and produces more competitive product than before.

The idea of creating the health promotion booklet for pregnant immigrant women arose in spring 2014 and the planning and implementation stages of the thesis were executed during autumn 2014 and spring 2015. While planning the text it is important to consider the possible age of the target group members, knowledge about the topic, purpose of utilization and certain specifics (Vilkka & Airaksinen 2004). First of all, the target group was designated and the need for creation of such material was extensively assessed according to existing research findings. Jämsä & Manninen (2001) highlighted, that creation of products in social and health care area, promotes compliance with functional quality requirements.

The choice for the content was made upon the target group of potential users of the booklet, the purpose of the material and concerned scope of the reported information. Therefore, the target group of our product is first-time pregnant immigrant women. There is no specific age range for our target group, since first-time pregnant women can be of any age and recommendations are relevant to all of them. The purpose of the material was to promote healthy pregnancy by providing knowledge and recommendations about it. The scope of reported information about pregnancy could be very extensive. However, it was limited to specific themes, which were collected according to the analysis of the most frequent concerns of pregnant women. Due to the reason that the booklet is intended for individual reading without guidance of health care professionals, the structure and content was made to be clear and understandable for any pregnant woman. Jämsä & Manninen (2001) pointed out that the content of text should be disclosed from the first reading.

In order to develop the booklet, it was important to find ways on how to systematize great amount of information for analysis to implement future categorization and description of data. The analysis was done using inductive approach. Questions and concerns of pregnant women were taken from different sources, such as: international forum about pregnancy, named as "Babycenter"; Finnish forums used among native Finnish pregnant women, such as "Vau", "Vauva", "Kaksplus", "Libero" and forum titled as pregnant immigrant women living in Finland, which is a part of "Finlandforum" webpage. The total number of analyzed ques-

tions used during inductive analysis was approximately 140. Single questions, met only once or twice, were excluded from insertion into the booklet.

7.2 Implementing health promotion booklet

Implementation process of the material includes making final decisions about the content, order of the content and outlook of the product (Jämsä & Manninen 2001). During the development of a product, attempts should be made for fulfilling objectives as much as it is technically and economically possible and appropriate (Jokinen 2001). Thus, while creating the booklet as a product of the thesis, principles of qualified health promotion material were followed.

According to Jokinen (2001) generally, development of a product is process comprising multiple steps such as: searching for idea of a product, prospect of development, marketing, sketching of the actual product, designing details, optimization, making working drawings, compiling guidelines for utilization and development of production methods.

To get the needed insight to identify the concerns and questions of first-time pregnant women, we started by going through different social-media sites and forums to collect data and information on what first-time pregnant women commented and asked frequently. According to Maxwell (2005) using a variety of sources reduces the risk of biases and allows the researcher to gain a broader and more secure understanding of the research subject. Hence, we have gone through extensive amount of diverse social media sources. After collecting the required data we started to look for patterns and themes from questions by conducting close reading and analyzing of the text. During the analysis, certain themes emerged from the text. We found that there were similar questions and concerns mentioned on each site quite frequently.

The following table shows the examples of questions and concerns grouped according to their main themes. Used sources are also mentioned. The themes and questions in the table are in no particular order.

Table 7.1 Most frequent questions and concerns of pregnant women

1. Main theme: Dietary recommendations during pregnancy	Sources: Vau.fi, Finlandforum.org, Babycenter.com, Vauva.fi, Kaksplus.fi, Libero.fi
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<p>Examples of questions:</p> <p>Should supplements be used?</p> <p>What does a healthy, balanced diet consist of?</p> <p>What are healthy snacks?</p> <p>Diet for vegetarians?</p> <p>Is dieting safe?</p> <p>Consumption of sweet and spicy food?</p> <p>What foods should be avoided?</p>	
<p>2. Main theme: Physical activity during pregnancy</p>	<p>Sources: Finlandforum.org and Babycenter.com, Vauva.fi, Kaksplus.fi, Libero.fi, Vau.fi</p>
<p>Examples of questions:</p> <p>Can I work during pregnancy?</p> <p>What is the time to go on maternity leave?</p> <p>What type of sports can be practiced?</p> <p>Until what stage can sports be practiced?</p> <p>Are there risks in exercising?</p> <p>What are the benefits of doing sports?</p>	
<p>3. Main theme: Questions of immigrant pregnant women concerning the Finnish maternity clinic services</p>	<p>Sources: Finlandforum.org, Vau.fi, Vauva.fi, Kaksplus.fi</p>
<p>Examples of questions:</p> <p>How does the Finnish maternity health care system work?</p> <p>Where to book an appointment for pregnancy scanning and examinations?</p> <p>What examinations are done in maternity clinics in Finland and how often?</p> <p>Are there any antenatal courses for pregnant women?</p> <p>What kind of support do immigrant pregnant women get from Kela?</p> <p>When to call to Neuvola?</p> <p>When is the first ultrasound?</p> <p>When is the first appointment to maternity clinic?</p>	
<p>4. Main theme: Movements of the baby</p>	<p>Sources: Vau.fi, Babycenter.com, Vauva.fi, Kaksplus.fi</p>
<p>Examples of questions:</p> <p>When it is normal to feel baby's first movements?</p> <p>What if suddenly there are no movements felt by</p>	

the woman?	
5. Main theme: Sleeping	Sources: Finlandforum.org and Vau.fi
Examples of questions: Until what pregnancy period it is safe to sleep on the abdomen? What are the recommended sleeping positions during pregnancy?	
6. Main theme: Use of medications and herbs	Sources: Babycenter.com, Libero.fi, Kaksplus.fi, Vauva.fi
Examples of questions: What medications can be used for morning sickness and nausea? What medications are safe to use to relieve pain? Can herbal medications be used? Can medications be harmful for the fetus? How to relieve gas and constipation problems?	
7. Main theme: Unpleasant symptoms during pregnancy	Sources: Babycenter.com, Libero.fi, Kaksplus.fi, Vauva.fi, Vau.fi, Finlandforum.org
Examples of questions: Is it normal to experience morning sickness? When does usually morning sickness start and end? Is it normal to feel lower abdominal pain? Is it normal to have constipation? What are the symptoms of urinary tract infection? Is it normal to have urine incontinence? Is it normal to have vaginal bleeding and discharge? What are the signs of contractions? How frequent they should be? What does it mean if there is leakage of amniotic fluid? Is it common to have gestational acne? Is it usual to have mood swings? When is time to consult a health care professional?	
8. Main theme: Weight related issues	Sources: Babycenter.com, Libero.fi, Kaksplus.fi, Vauva.fi, Vau.fi, Finlandforum.org
Examples of questions:	

<p>What is the normal amount of weight gain? Should I worry if I don't gain any weight? Is it healthy to lose weight during pregnancy? Is it usual to have swelling of the body? What should be done in order to avoid stretch marks on the belly?</p>	
<p>9. Main theme: Travelling during pregnancy</p>	<p>Sources: Finlandforum.org, Baby-center.com</p>
<p>Examples of questions: Is it safe to travel by plane during pregnancy? Until what trimester is it safe to travel by plane?</p>	

During implementation and development of material, it is important to keep in mind what kind of benefit the reader will extract from the text and how his/her life will change through the presented information Jussila et al. (2006).

The health promotion booklet is intended for general use and for readers with different educational, cultural and religious backgrounds. Therefore, the medical terminology and complex explanations of pregnancy were excluded. The booklet is universally applicable and the text is easily understandable.

Compacted theoretical knowledge described in the booklet is precisely directed towards answering questions of pregnant women in a short, clear and pithy form. In this way, it will lure women to read the material and maintain the interest until the end of the booklet. We decided to create the booklet in size A5 format, for the material to be small and handy. This size of the booklet would enable readers to carry it everywhere and revise the data, when needed. For instance, pregnant women can carry it in their bag and easily reach for information or check useful contacts whenever they want.

In order to ensure reliability of the content of the booklet, all information and guidance described in the material was taken from evidence-based Finnish and English literature sources, medical articles, as well as information about the Finnish maternity clinic system from Finnish governmental databases. Some of the newest recommendations about pregnancy from Finnish health care professionals were also included. Informative style was used while writing the text of the product.

Hirsjärvi, Remes & Sajavaara (2013) described that a good heading fulfills two main objectives: it arouses an interest of a reader and it reveals something integral from the text or from the content of the chapter. Moreover, proper heading activates reader's memory and its

capacity. It also awakens questions in reader's mind and suppositions about the content. Simultaneously it contributes to structuring issues before reading the text. Clear and unpretentious name may be perceived as refreshing (Hirsjärvi et al. 2013). Accordingly, during the development of the booklet, it was decided to make most of the headings of the health promotion booklet in a form of thematic questions, while answers to these questions were explained after the heading. As a result of inductive analysis of the questions, main themes were emerged. The following table demonstrates that we created the main categories from each theme, whereas questions used as the headings were developed according to each category.

Table 7.2 Headings as a result of inductive analysis

Categories:	Questions:
1. A healthy pregnancy	<ul style="list-style-type: none"> • What is a healthy pregnancy?
2. Healthy diet	<ul style="list-style-type: none"> • Why is a healthy, balanced diet important during pregnancy? • What does a healthy, balanced diet consist of? • Should supplements be used during pregnancy? • Is it safe to consume sweet and spicy foods? • What foods should be avoided? • What are some examples of healthy snacks?
3. Weight fluctuations	<ul style="list-style-type: none"> • How does your weight fluctuate during pregnancy? • What if there is no weight gain during pregnancy? • Is it normal to lose weight during pregnancy? • How to deal with swelling and stretch marks?
4. Physical activity	<ul style="list-style-type: none"> • What are the benefits of doing sports during pregnancy? • What forms of exercise are safe during pregnancy? • Until what stage can sports be practiced?

	<ul style="list-style-type: none"> • Can I work during pregnancy? • What is the recommended time to go on maternity leave?
5. Symptoms of pregnancy	<ul style="list-style-type: none"> • Is it normal to experience morning sickness? • Is it normal to feel lower abdominal pain? • Is it normal to have constipation? • Is it normal to have urine incontinence? • Is it normal to have vaginal bleeding and discharge? • What does it mean if there is leakage of amniotic fluid? • Is it common to have gestational acne? • Is it usual to have mood swings?
6. Movements of the baby	<ul style="list-style-type: none"> • When it is normal to feel baby's first movements? • What if suddenly there are no movements felt by the woman?
7. Medications	<ul style="list-style-type: none"> • Can medications be used during pregnancy? • Can herbal medications be used?
8. Sleeping during pregnancy	<ul style="list-style-type: none"> • Why is sleeping important during pregnancy? • What are the recommended sleeping positions during pregnancy?
9. Travelling during pregnancy	<ul style="list-style-type: none"> • Are there limitations to travelling while pregnant?
10. Finnish maternity clinic system	<ul style="list-style-type: none"> • How does the Finnish maternity health care system work? • What examinations are done in maternity clinics in Finland and how often? • Are there any antenatal courses for pregnant women?

	<ul style="list-style-type: none"> • What kind of support do immigrant pregnant women get?
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According to previous research findings, immigrants attending the Finnish maternity clinics have wished existing brochures to be in their native language. To partly fulfill this wish, the booklet was translated to Russian and Somali.

7.3 Evaluating health promotion booklet

To evaluate our thesis product, we decided to create a questionnaire. By conducting a questionnaire, we can estimate the effectiveness and the relevance of the booklet. In order to create a good and well-designed questionnaire, it was crucial to determine what exactly we want to evaluate. By choosing the specific areas of evaluation, the questionnaire was designed by writing out possible questions to achieve the objectives (Bell 2005).

When producing a questionnaire, placing attention to the structure of the questions is of great importance. They have to be clear and on point. One should avoid the use of double and leading questions, since they are difficult to answer (Bell 2005). We used the Likert scale with additional open-ended questions with free text answers to achieve the best results in evaluating our booklet (Ogden & Lo 2011). As for the appearance and layout of the questionnaire, we followed the instructions given by Bell (2005).

The aim of the questionnaire is to evaluate the content and the outlook of the booklet as well as the accuracy of the translation to other languages. The questionnaire is attached to the section of appendices. The plan for the evaluation of the booklet is made, but the actual implementation of the evaluation was not integrated to our thesis process. Thus, the evaluation of the booklet can be fulfilled in future projects.

8 Issues of ethics and trustworthiness

“The field of ethics involves systematizing, defending and recommending concepts of right and wrong” (Siu & Comerasamy 2013). Ethics are concerned with analyzing different moral values and trying to understand what people consider to be good, right and just.

When conducting literature-based research, researchers are not required to seek approval from ethical committees, but this does not mean that they are exempt from the codes of ethics. Issues of confidentiality and consent do not apply to literature-based methodology in such a way as they apply to empirical research, since the data used for the research is already

published on the public domain. However, if you were to use data that is not public in your research, permission to consent, anonymity and confidentiality must be acquired. According to Richardson & McMullan (2007) there is not a single framework that can be agreed upon to ensure ethical research and the debate on relative merits of different normative approaches on ethical problems is still going on.

When conducting a research, the researcher must be ethically aware of the need for rigor throughout the whole research process. There are clearly stated codes of ethics when performing research and it is vital to know what they are since ethics is seen as an important component of research (Siu & Comerasamy 2013). "In the context of research, rigor is defined as a set of criteria against which the quality of the research is judged" (Siu & Comerasamy 2013). When conducting literature review these criteria cannot be applied in the same way as in assessing empirical research.

In 2005 the United Nations Educational, Scientific and Cultural Organization UNESCO adopted the Universal Declaration on Bioethics and Human Rights to promote attention to research ethics in the national legislation, regulations and policies of its Member States (Zielinski, Kebede, Mbondji, Sanou, Kouvidila & Lusamba-Dikassa 2014). There are three concepts that are used by the United Nations founding principle of public administration that can be effective when applied to literature review. These principles are: integrity, accountability and transparency.

While describing integrity, three ethical principles arise. These principles are honesty, truthfulness and fairness as stated by Siu & Comerasamy (2013). Indeed, to ensure the integrity of your research it is important to follow them while collecting and analyzing data. One must also stay true to these principles when reporting research findings. To avoid losing integrity there are numerous issues that must be considered: not using own biases and personal opinions when conducting research, reporting all findings honestly without fabricating or misrepresenting data and respecting intellectual property (Resnik 2011). The researcher must strive for honesty in all scientific communications. By considering these issues one can ensure the integrity behind the research process.

Accountability is seen as a very important ethical dimension in literature review, since it recognizes the contribution of research to evidence-based practice. It also uses research evidence to inform policy and practice for the benefit of client care. There are three key principles that are utilized in accountability: decisions, actions and impact on client care/practice (Siu & Comerasamy 2013).

The first key principle is decision and it means taking a conscious decision to provide trustworthy research data. To ensure this, you must decide to treat literature data with scholarly rigor, present the data as featured in the original text and report to an ethical committee if the papers you have examined for research fall short of good ethical conduct (Siu & Comerasamy 2013).

The second key principal is about taking the needed action to gain consent or inform clinical decisions or policy that influences practice via your research. The third is to have an impact on client care or practice through your research paper. To contribute in improving existing practices, it is vital to ensure that the interpretation of your research does not do disservice to anybody. If you have researched an area that lacks evidence or existing evidence is outdated, another action you must take is to spread your research findings to facilitate clinical decision-making (Siu & Comerasamy 2013).

Transparency in research is about being clear and open about the research process and analysis of the gathered data. In other words, it is about exposing the relevant stages of the research process. There are three key principles in transparency as well: accuracy, openness and accessibility. According to Siu & Comerasamy (2013) accuracy is perhaps the core principle in providing transparency, since health care professionals and the public rely on the accuracy of published research. There are some important factors one must consider to ensure accuracy. These factors are establishing transparency between own position, the purpose of the research and the methodology. It is also crucial to expose the link between methodology and methods throughout the research process. Especially, the development of evaluation criteria and analysis of data must be transparent at all times.

Openness in research mostly signifies two subjects that are reporting on the research in a mature manner and acknowledging everybody who has contributed to it. It is important to add that openness also means being open to critique and taking the needed steps to promote ethical practice in research (Siu & Comerasamy 2013). According to Rolfe (2004) openness is sharing data, results, ideas, tools, and resources, being open to new ideas and criticism is also viewed as important. To ensure accessibility, the researcher must make sure that the data used for the research is accurate and accessible at all times. It is vital that the researcher leaves an audit trail whereby the research process can be verified (Rolfe 2004).

Trustworthiness has become an important concept in qualitative research in recent years, since it allows researchers to describe the virtues of qualitative terms outside of the parameters that are typically applied in quantitative research. The terms usually used in quantitative research when discussing trustworthiness are: generalizability, internal validity, reliability, and objectivity. These terms are reconsidered in qualitative terms by alternating the terms

into transferability, credibility, dependability, and confirmability (Given & Saumure 2008). “In essence, trustworthiness can be thought of as the ways in which qualitative researchers ensure that transferability, credibility, dependability, and confirmability are evident in their research” (Given & Saumure 2008). The trustworthiness of the research is dependent on how well the researcher can demonstrate how the research was made. The readers must be able to trust the content of the research and they have to be provided with the needed sources to ensure the veracity of the paper.

When creating the health promotion booklet we ensured that all the information used was accurate and needed references were mentioned. During our thesis process we made sure to follow the given ethical guidelines in conducting research and refrained from using our own beliefs and biases to conflict with the research process. Since we were using literature-based research methodology, we understood that getting approval from an ethical committee was not required, but we also realized the importance of ethics in research. As Rolfe (2004) pointed out “A study is trustworthy if and only if the reader of the research report judges it to be so”.

9 Discussion

The purpose of this thesis was to promote healthy pregnancy for first-time pregnant immigrant women by creating the health promotion booklet. Pregnancy is important for every expecting woman. Every pregnant woman needs to have sufficient amount of information in order to make progression of her pregnancy healthy, thereby ensuring her own wellbeing and normal development of the baby. According to research findings, the demand for information of first-time pregnant women is increasing.

By creating the health promotion booklet about pregnancy, we endeavored to make the process of learning about pregnancy more accessible. The booklet is intended to act as a commencement for pregnant women to start learning and discovering new information about different aspects concerning pregnancy. In order to make the content of the booklet relevant, it consists of some of the most frequently asked questions found in various maternity forums. A multitude of questions were analyzed and sorted according to their prevalence after which main categories emerged and were added to the booklet.

Nowadays there is a huge variety of accessible information about pregnancy, which may be found in various sources. However, not all these sources are evidence-based and present reliable information. Thereby, health care professionals should emphasize on the proper information origins. The product of this thesis presents the information gathered from certified professional literature in order to support healthy pregnancy.

The content in the booklet is relevant for all pregnant women. However, it might be even more suitable for first-time pregnant women due to the fact that it introduces the basic knowledge about pregnancy. Some of the questions found in the booklet were collected from maternal forums intended specifically for first-time pregnant women. Re-parturient women can use the data presented in the booklet to be as a means to revise the knowledge they already have.

Our product also has additional data for immigrant pregnant women. Since the amount of immigrants is growing annually (Tilastokeskus, Väestötilastot 2014), there is an extra need for information provided to them. Every health care client has the right to receive individual approach to him/her by health care professionals. Immigrants present heterogeneous group of people, from various cultural origins. There cultural differences might cause concern for integration. Health care professionals should be aware of these possible problems of immigrants and provide them with appropriate supporting information.

According to Wathen (2007) the terminology and guidance objectives used by nurses during conversations are not always understood by immigrants. In order to support the verbal communication nurses should use versatile guidance tools. It is good to support the verbal guidance by means of handing out written materials to immigrants. Therefore, we found the creation of our product being relevant and appropriate currently in Finland. Nurses have also found that it is a good guidance method to use visual materials for supporting the verbal guidance, but there is a lack of such materials (Wathen 2007). While creating our booklet, we took this point into account. The booklet might be distributed in the future in maternity clinics or be used as an auxiliary tool for health care professionals during guidance sessions.

Our booklet includes a special chapter intended for immigrant pregnant women that contains information about the Finnish maternity clinics. The questions concerning the Finnish maternity clinics were collected from the international forum intended for immigrants in Finland, specifically from the theme of immigrant pregnant women. Answers on these questions were written according to information given by the Finnish governmental sources.

The concept of culture and the perceptions of pregnancy in various cultures were introduced in our thesis in a special chapter. As a result of analysis of various research findings, there were a lot of differences between different cultures regarding pregnancy and motherhood. However, similarities were also discovered. It was especially interesting to explore various cultures, since some details were found to be entirely new and interesting for us. The thesis paper includes sections written in detail about the perceptions of pregnancy in both Russian and Somali cultures, since there is a vast amount of immigrants from both nations (Ti-

lastokeskus, väestötilastot 2014). In the booklet we also added some information regarding the traditional beliefs about pregnancy in both of the cultures.

According to previous research findings, immigrant clients attending maternity clinics in Finland wished for supporting materials provided in the clinics to be written in their native languages. To support this wish, booklet was translated into Russian and Somali.

We generated the booklet according to the principles of qualified health promotion booklet. The criteria were found from various literature sources about proper health promotion and educative materials. The content of the booklet was written in a clear language, in order to be understandable for everyone. The use of professional terminology was eliminated as much as possible.

As a result of inductive content analysis of information from social media sites and maternity forums the main categories of the booklet were emerged. These categories are: a healthy pregnancy, healthy diet, weight fluctuations, physical activity, symptoms of pregnancy, movements of the baby, medications, sleeping during pregnancy, travelling during pregnancy and the Finnish maternity clinic system. The most frequently asked questions were presented in the booklet as titles in each category. Useful contacts for all pregnant women were also listed in the last pages of the booklet. These contacts could be beneficial for both Finnish and immigrant pregnant women.

The outlook was made to be pleasant and attractive. In order to create informative and unique illustrations we cooperated with a web-designer, who created illustrations for each category. The purpose of illustrations in our booklet was to present the right information and to introduce the text. Pictures in the booklet have a certain meaning and were intended to be informing and guiding. The overall booklet was meant to be enjoyable, arouse positive feelings and provoke an interest towards learning about pregnancy.

The concept of health promotion is one of the main concepts described in the thesis. It was important to introduce the reader with the general meaning of health promotion and its implications in health care practices. As we mentioned in the thesis, there are variety of ways to promote health. In our case, we found that creating informative material is a suitable way to promote healthy pregnancy to first-time pregnant immigrant women.

Comprehensive literature review methodology was used according to 4 principles of such tradition of methodology. The analysis of the data was implemented using inductive approach. The processes of literature review, collection, analysis and categorization of the data were

described in details in the chapters of methods of collecting and analyzing data and implementing health promotion booklet.

We made the plan for the evaluation of the booklet in a form of a questionnaire, which is attached to the thesis. However, the actual evaluation was not implemented during the thesis writing process. The translation has also not been evaluated. Therefore, both evaluations could be made in future projects. The questionnaire is created only in English, but it could be translated to Russian and Somali, since the booklet exists in both languages. As a proposition for future students, the booklet could be translated to other languages, in order to accommodate the needs of immigrants from other nations as well.

As the concept of immigration becomes more relevant in Finland, it would be good if the variety of booklets intended for immigrants was wider. In addition, perceptions of pregnancy could be described in further studies, from the perspectives of other cultures. This would be beneficial for both immigrants and the society to have a better understanding of each other, thus leading to improved cooperation and effective communication.

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11 Appendices

11.1 Appendix 1: Evaluation questionnaire

Dear Reader,

We would appreciate if you could answer this questionnaire to help us evaluate the content and outlook of the booklet. It should take you only a few minutes to answer.

To Russian and Somali speakers, we would appreciate if you could answer the additional questions concerning the translations.

Thank you!

1. Outlook of the booklet, answer by ticking the right box

1: strongly disagree, 2: disagree, 3: neither agree nor disagree, 4: agree, 5: strongly agree

		1	2	3	4	5
1	The outlook of the booklet was good					
2	The booklet was easy to read					
3	The pictures and text was well placed					
4	The colors used were not distracting					
5	The booklet was well designed					
6	The overall booklet was enjoyable					

2. Content of the booklet, answer by ticking the right box

1: strongly disagree, 2: disagree, 3: neither agree nor disagree, 4: agree, 5: strongly agree

		1	2	3	4	5
1	I found the content of the booklet helpful					

2	The booklet was informative					
3	The answers to the questions were clear and simple					
4	The booklet provided good information about pregnancy					
5	The booklet made me want to read more about pregnancy					
6	The overall content of the booklet was good					
7	The content of the booklet regarding Russian culture was not culturally disrespectful					
8	The content of the booklet regarding Somali culture was not culturally disrespectful					

3. Informativeness of the booklet, answer by ticking the right box

1: strongly disagree, 2: disagree, 3: neither agree nor disagree, 4: agree, 5: strongly agree

	I became more informed about the following category:	1	2	3	4	5
1	A healthy pregnancy					
2	Healthy diet					
3	Weight fluctuations					
4	Physical activity					
5	Symptoms of pregnancy					
6	Movements of the baby					
7	Medications					
8	Sleeping during pregnancy					

9	Travelling during pregnancy					
10	The Finnish maternity clinic system					
11	Traditional beliefs about pregnancy in Russian and Somali cultures					
12	Useful contacts					

4. Translation of the booklet to Russian and Somali languages, answer only if you are Russian or Somali speaker by ticking the right box

Firstly, pick your language.

I am a Russian speaker	
I am a Somali speaker	

1: strongly disagree, 2: disagree, 3: neither agree nor disagree, 4: agree, 5: strongly agree

		1	2	3	4	5
1	I found having the booklet translated to my own language beneficial					
2	The booklet was well translated					
3	The translation was clear					
4	The language was easy to understand					

5. Answer the following questions by writing a short answer

If you could change something in the booklet what would it be? And why?

Would you recommend the booklet to other pregnant women? Why?