

**IMMIGRANT WOMENS' EXPERIENCE OF FIT4LIFE HEALTH PROMOTION  
PROGRAM**

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Thesis, Spring 2016

Diaconia University of Applied Sciences

Master's Degree in Global Health Care

Master of Social and health care

## ABSTRACT

Appelles Ohanga-Too. Immigrant women's' experience of Fit4life health promotion program 47 pages 5 appendices. Language: English. Fall 2016. Diaconia University of Applied Sciences. Master's Degree in Global Health Care. Degree: Master of Health Care

The fundamental right to the highest attainable standard of health, including physical, mental and social well-being has been recognized in many global, regional and national declarations and charters, Immigrant women being part of the vulnerable group, are socially excluded, and are vulnerable to health problems, due to language barriers, cultural conflicts, limited education, interpersonal isolation and lack of support system.

The aim of this study is to explore the experiences of the women who participated in Fit4life health promotion program and the influence of the program on these immigrant health and wellbeing.

Qualitative research method was used for this study. Eleven (11) immigrant women participating in the Fit4life health promotion program were interviewed on their experiences in the program, and how the program has influence their health and well-being. Thematic data analysis was used to analyze data from the interviews

Wealth of data provided by the participants on their experience in the Fit4life health promotion program indicated that there was a significant positive influence on the participants' health and lifestyle behavior. They were able to adopt healthy lifestyle in terms of being physically active and proper choices of food and cooking techniques. The immigrant mothers appreciated the social and psychological support which helped them get relief from stress.

Key words: Immigrant women, Health promotion, Wellbeing

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## 1 INTRODUCTION

The World Health Organization (WHO) Constitution enshrines the highest attainable standard of health as a fundamental right of every human being. Health as defined by WHO is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The right to health means that States must generate conditions in which everyone can be as healthy as possible. Vulnerable and marginalized groups in societies tend to bear an undue proportion of health problems (WHO, 2015).

Women are usually a vulnerable population in many cultures; they become more vulnerable when they have to move from their homes for reasons such as conflict in their original homes to settle in a foreign country (Bhugra D, 2005, 18-28). Immigrant women being part of the vulnerable group, are socially excluded, and are vulnerable to health problems, due to language barriers, cultural conflicts, limited education, interpersonal isolation and lack of support system. To ensure health for all citizens, the preconditions and needs for specific groups should therefore be explored and taken into consideration so that targeted and holistic initiatives can be applied (Lene, 2012, 355-359).

One of the primary goals outlined in Healthy People 2020 is to eliminate health disparities among different segments of vulnerable populations, such as immigrants (Braveman, 2011, 149-155).

Female migration has been recognized as an important challenge for the public health as increasing evidence indicates that migration can adversely affect the health of migrant. Increasing number of immigrants in Europe poses new challenges to the host countries concerning how to achieve better health and social integration for these populations (Dias 2010, 489-496).

Compared with the population as a whole, the health and wellbeing of immigrants are generally in a poorer state. These may have been weakened by

unemployment and small income, perceived discrimination and difficulties in the use of health care services and social services. The issues of concern include discrimination and violence experienced more commonly than among the general population, psychological symptoms, women's and girls' poorer health and fairly limited opportunities for physical exercise (THL2016).

In various countries that host immigrant women, health promotion programs to promote health and wellbeing of the women have been initiated. Health promoters provide health services in many different cultures and countries, especially among groups that have been denied adequate health care, such as minority and socio-economically disadvantaged populations (Jesus 2009, 90-97.)

Health promotion aims at creating equal conditions for health for the entire population. Vulnerable groups may have limited opportunities for accessing and profiting from health promotion initiatives, with the consequence of increased inequity and inequality in health status (Lene 2012, 355-359). Health promoters are uniquely equipped to reach the vulnerable group because they are able to develop innovative health interventions that respond to their realities (Jesus 2009, 90-97).

Fit4life program is a health promotion program initiated in capital region of Finland which aims to promote health and wellbeing, prevent social seclusion as well as improving the quality of life of the immigrant women. Similar programs as Fit4life have been executed in other countries such as the USA, Canada, Denmark and many others and they all have proved to be a success in improving the health and wellbeing of immigrant women. This study aims to gain a deeper understanding of the perceived benefits and experiences of regular participation in the Fit4life health promotion program with special focus on the immigrants' women health and wellbeing.





## 2 LITERATURE REVIEW

### 2.1 Immigrant women's health promotion and wellbeing

The fundamental right to the highest attainable standard of health, including physical, mental and social wellbeing has been recognized in many global, regional and national declarations and charters. There is now substantial evidence that healthy populations are a foundation for sustainable social, economic and environmental development and for peace and security, and vice versa. However, despite many advances over the previous decades, large numbers of disadvantaged people still suffer ill health, with thousands dying every day from preventable causes. Women and children from underserved communities bear a particularly high burden of preventable disease and death (WHO, 2013).

World health organization (WHO, 2015) defines health promotion as the process of enabling people to increase control over, and to improve, their health. While center for disease control and prevention (CDC, 2016) states that There is no consensus around a single definition of wellbeing, but there is general agreement that at minimum, wellbeing includes the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfillment and positive functioning.

Health education and health promotion are two terms which are sometimes used interchangeably. Health education is about providing health information and knowledge to individuals and communities and providing skills to enable individuals to adopt healthy behaviors voluntarily. It is a combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes, whereas health promotion takes a more comprehensive approach to promoting health by

involving various players and focusing on multisector approaches. Health promotion has a much broader perspective and it is tuned to respond to developments which have a direct or indirect bearing on health such as inequities, changes in the patterns of consumption, environments, cultural beliefs, etc. (Preetha, 2012, 5-12 ).

Health is more than the absence of disease; it is a resource that allows people to realize their aspirations, satisfy their needs and to cope with the environment in order to live a long, productive, and fruitful life. In this sense, health enables social, economic and personal development fundamental to wellbeing. Health promotion is the process of enabling people to increase control over, and to improve their health. Environmental and social resources for health can include: peace, economic security, a stable ecosystem, and safe housing. Individual resources for health can include: physical activity, healthful diet, social ties, resiliency, positive emotions, and autonomy. Health promotion activities aimed at strengthening such individual, environmental and social resources may ultimately improve well-being, (CDC 2016).

Immigrant women health promotion and wellbeing could therefore be described as a process of enabling immigrant women to increase control and improve their health, and to enable them to positive function in the community.

Women health involves women's emotional, social, cultural and spiritual wellbeing and it is determined by social, political and economic context of women's lives as well as biology. This broad definition recognizes the validity of women's life experiences and women's own beliefs about the experiences of health. Although basic good health provides a context for these major life events, the immigration process itself usually entails a new beginning, often including acquisition of a new language and culture, and can be accompanied in changes in social status and income. These stressors have potential negative consequences to the health of an immigrant (Meadows 2001, 1451-1458).

Women's health matters not only to women themselves. It is also crucial to the health of the children they will bear. This underlines an important point: paying due attention to the health of girls and women today is an investment not just for the present but also for future generations. This implies addressing the underlying social and economic determinants of women's health – including education, which directly benefits women and is important for the survival, growth and development of their children (WHO 2009, 3.)

### 2.1.1 Social wellbeing

Social wellbeing is the availability and maintenance of social relationships and the ability of persons to utilize those relationships to manage stressors. (McGene, 2013, 6). When immigrants leave their home country, they sense the loss of important social ties around which they structure their lives. Thus migration is conceptualized as a process of ecological transition in which individuals face challenge of re-building their social support system (Meadows 2001, 1451-1458).

The lack of true friendships, personal relationships, and social support in their host country intensifies their loneliness and social isolation. Social determinants of health such as social exclusion, racism, employment and poverty have been linked to immigrant women's wellbeing (Macdonnell, 2012).

Integration programs for migrants have been instituted by many European countries in the attempt to define the social parameters of social cohesion, national belonging and entitlement. However, such integration measures are sometimes so enmeshed with the structures of systems that support privileged groups that they do not adequately take into account the specific barriers that some migrants face (such as discrimination, racism and low social power) to become incorporated into society (Clarke, 2009, 8-27)

### 2.1.2 Physical wellbeing

Physical health can be defined as an essential part of overall health of an individual, which includes everything from physical fitness to overall wellbeing. Physical wellbeing relates to vigor and vitality, feeling healthy and full of energy. People with higher levels of well-being judge their life as going well. People are satisfied, interested and engaged with their lives.

Physical activity is regarded as vital to the promotion of one's general health and the prevention of illness. An active lifestyle is especially vital to young and middle-aged women, for it helps them improve and maintain general functioning in later life. Unfortunately, recent study shows that, among women aged 18 to 75 years and drawn from diverse populations, only 12% engage in leisure time physical activity at the recommended levels

WHO recognized that physical activity levels worldwide were falling as a result of industrialization, urbanization and economic development. Regular physical activity helps improve your overall health and fitness, and reduces your risk for many chronic diseases (CDC 2016). Physical activity and sport has positive effects on physical health since it reduces the reported incidence of obesity, diabetes, depression and anxiety disorders. These positive health effects are economically relevant because the costs of inactivity are financial burdens for health systems worldwide. Yet, physical activity does not only affect physical health, but also mental health and subjective wellbeing, respectively. Consequently, participation in physical activity is promoted in public health policies across countries (Wicker, 2015).

There are numerous ways to maintain and retain physical health which also improves our overall health and thereby improving health. A lot of health problems are caused by our unhealthy lifestyle such as physical inactivity and bad eating habits. Sometimes we are more interested in employing health in our body as if it is a service, instead of adopting a healthy lifestyle which can improve physical health but also makes one feel better.

### 2.1.3 Mental wellbeing

Mental health is defined as a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (WHO 2015). According to Finnish national institute for health and welfare (THL) 2015, Positive mental health is a resource that aids individuals in achieving and maintaining a sense of leading a meaningful life, in establishing and maintaining social relationships, and in being an active and productive member of their society. Mental health is the foundation for a person's well-being, health and functional capacity. For immigrants, there are additional risk factors related to the different stages of the immigration process. Promoting the mental health of immigrants is an important means of supporting the participation, well-being and health of immigrants. If left untreated, mental health issues will have a negative effect on the everyday life and integration of immigrants.

Finland needs specific measures for the promotion of mental health among people of foreign origin. "Nevertheless, it is positive that people of foreign origin trust the Finnish authorities and the service delivery system as well as other people, even more so than the total population (THL, 2015).

### 2.2 Factors affecting immigrant women health

While women and men share many similar health challenges, women's longer lives are not necessarily healthy lives, this is due to health of girls and women being affected by social and economic factors, such as access to education, household wealth and place of residence (WHO, 2009).

### 2.2.1 Acculturation

Acculturation refers to a process of being accepted into and navigating new cultural components such as language, values, beliefs, customs and social norms. A positive aspect of acculturation is that immigrants are able to learn new cultural perspectives, gain cultural knowledge and develop a sense of cross group friendship. Acculturation is often a stressful process for immigrants because they encounter various adaptation challenges such as differences between two cultures, cultural conflicts, language barriers and interracial tension. These adaptation challenges deteriorate the health and wellbeing of immigrants. While immigrants adapt to and or navigate a new culture, they perceive and cope with acculturative stress as a critical component which creates various psychological symptoms such as depression anxiety and loneliness (Junhyoung, 2014)

Acculturation influences immigrants health and health practices. More specifically immigrant health promotion practices have been connected to immigrants level of acculturation. Health promotion and lifestyle practices are directed towards sustaining or increasing individual level of wellbeing and self-actualization and personal fulfillment (Ahlam, 2015, 15-22).

### 2.2.2 Gender inequalities

In many countries and societies, women and girls are treated as socially inferior. Unequal power relations and gendered norms and values translate into differential access to and control over health resources, both within families and beyond. Gender inequalities in the allocation of resources, such as income, education, health care, nutrition and political voice, are strongly associated with poor health and reduced well-being. Thus, across a range of health problems, girls and women face differential exposures and vulnerabilities that are often poorly recognized (WHO 2009.)

Women play a huge role in the family. Traditionally women were considered to be only in the reproductive and the kitchen areas. Women were described as house keepers and mothers defining disappropriate household distribution. Childcare and work demand may drive a lack of opportunity for immigrant women to engage in health promotion (Mark L. Wieland, 2012). Women who spend more time on housework tend to be more depression, Persons who more equally share household tasks and child-care, are less likely to experience serious life stresses, such as economic hardship and social isolation. (Vijver, 2007, 813-824).

In Finland the unemployment rate of immigrant women is higher than that of men. In particular mothers who arrive in Finland as spouses are taking care of children at home may be left out of intergration programs (Heinonen, 2013)

### 2.2.3 Religion

Religion plays a key role in influencing personal health behavior and practice. Besides indicators such as smoking and drinking behaviors whose association with religious involvement has been well-documented, factors such exercise, dietary behaviors have received less attention in the research about religion and health. Religious communities could have a role in advocating lifestyle changes that have not yet received adequate attention, such as exercising regularly or consuming healthy diets (Elena Salmoirago-Blotcher, 2011, 360-371).

In a study on knowledge and belief about health promotion and preventative health care among Somali women in the United States showed that Islamic religion played in influencing their personal health promotion behaviors and practices and in avoiding risky health habits. One of the respondent illustrated the view that prayers and reading the Koran could help maintain wellbeing and cure illness (Jennifer Carroll, 2007, 360-380). Health was discussed as part of the connectedness to body, mind and spirit. A deep sense of religious and spiritual belief is important in maintaining health. Indian immigrant in Canada

believed that through religious activities like listening to religious tapes and also going to the place of worship expressed responsibility towards their own well-being and that of their family. (Choudhry, 1998, 269-274).

#### 2.2.4 Changes in life behavior

It is widely acknowledged that adopting a healthy lifestyle, including healthy eating, not smoking, limiting alcohol intake and being physically active, is essential in reducing premature morbidity and mortality (Allen, 2014,51-58).

Programs that combine diet, exercise, and behavior modification have been shown to be most effective over the short term. Development of effective strategies for long-term maintenance of any behavior change has proven to be difficult. To develop more effective long-term interventions, it is necessary to understand better what motivates continued adherence to lifestyle change. Aspects of maintenance meriting further attention include the following: the nature and frequency of intervention contact, novel methods of promoting self-monitoring and social support, methods of sequencing or matching treatment to relevant individual characteristics, the level of physical activity that should be recommended, and theoretical constructs that may promote long-term adherence (Wing, 200, 117-123).

Nutrition as a factor that contributes to the loss of healthy immigrant effect is thought to be mediated by dietary acculturation, which is the process by which immigrants adopt the dietary practices of the host country. The impact of acculturation can be more significant than changes in diet or physical activity, and may increase the risk of obesity across generations (Sanou, 2014)

A study by Wieland 2012 on immigrant women showed that they emphasized on the food choice for the family not just individual. Many women expressed the fact that they prepare meals and that they wanted these meals to be as health as possible for their families. They stated that they do not try to change



culturally entrenched food instead, make suggestions for modification of traditional food that may add their nutritional value

Physical health is critical for overall well-being and is the most visible of the various dimensions of health, which also include social, intellectual, emotional, spiritual and environmental health. Some of the most obvious and serious signs that we are unhealthy appear physically. Addressing this dimension is crucial for anyone attempting to sustain overall health and wellness (Glanz *et al*, 2007).

Regular physical activity helps improve your overall health and fitness, and reduces your risk for many chronic diseases (CDC 2016.)

### 2.3 Benefits of Health Promotion Programs for Immigrant Women

The significance of health promotion program is to enabling immigrant women to increase control over, and to improve, their health.

#### 2.3.1 Social bonding and support

Social support refers to the social resources that individuals perceive to be available or that are actually provided to them by nonprofessionals in the context of both formal support groups and informal helping relationships. It is typically defined in terms of several functional domains, that is, the degree to which interpersonal relationships serve particular functions. The functions most often cited are: emotional (having a person express sympathy, caring and acceptance of the individual), instrumental aid or tangible (the provision of financial resources, household goods, transportation, and assistance with cooking, cleaning and shopping), information/advice, companionship (having a person with whom to share activities such as going to movies, eating together and shopping) and validation or a person who gives the individual feedback about him/herself (Sabrina, 2007)

Social support has been recognized as an important resource that offers a beneficial effect on individuals' wellbeing. Immigrant women reported that by attending health promotion program it helped them alleviate their sense of loneliness and facilitate their capacity build social networks in the community. Sharing ethnicities and personal interaction with other participant in the program provided them the opportunity to develop friendship that offered strong emotional support, which reduced their feeling of loneliness and social isolation (Yung-Mei Yang, 2015). Promoting immigrants' women health in a Danish women club through integration showed that the informant enjoyed meeting, talking eating and going out together, and they felt welcomed and being part of the family when attending the meetings (Lene, 2012).

Sharing relationship and building trust among the Latina immigrant women in the USA women was an important component in their health promotion program. Participants reported support because health promoter fostered a sense of companionship that was shared among the women in the program. The program support was multidirectional between promoter and participant as well as between participants themselves. The women expressed the desire to exercise in groups as a way to increase motivation (Cynthia, 2014, 2303-2313). Social bonding amongst immigrant women in a Norwegian sports club was used to strengthen already established friendship and giving social support to each other (Walseth, 2007, 1-17). In Finland immigrants feel that they receive help from their neighbors, and they are also more satisfied with their neighborhoods than the total population (THL, 2015)

### 2.3.2 Women empowerment

Women's empowerment and equality is a fundamental human right and critical to achieve development objectives, including health. Improved health outcomes for women can help to strengthen their own agency and empowerment. Healthy women are more able to actively participate in society and markets and take collective action to advance their own interests. They are likely to have greater

bargaining power and control over resources within the household. Therefore collaborative action between gender and health can help maximize the impact of gender policies on health and vice versa

#### 2.4 The Freirian Model

This study will be based on the Freirian model- health education and health promotion approach. Freire related educational practice and liberation. According to Freire, liberation occurred when the oppressed were able to see the potential for change and utilize that to transform their environment (Ickes, 2011). In this case the immigrant women participating in Fit4life health promotion program were able to utilize the health education and practices provided in the program to improve their health and wellbeing.

This approach has been directly linked to the concept of health promotion; in that health and diseases are socially determinants, therefore collective action and full participation of learners is crucial to educational process (Ickes, 2011). World health organization (WHO, 2015), support empowerment strategies are promising in the ability to produce positive health impacts, consequently depicting community action and empowerment are prerequisites for health promotion strategies.

Freire assumes that the knowledge did not come from expert but rather emerged from a group sharing experiences and then understanding those influences that affect their lives He believed that group dynamic influenced the individual ability to take responsibility of their own health (Ickes, 2011). When women come together, social bonding and support is achieved through discussion of common issues such as settlement difficulty, sharing of information/ ideas and helping those in need. (Joanne Crawford, 2015) states that the benefits of the health promotions program are more than simple learning; rather participation involved gaining much needed social support for

other immigrant women. The sense that women are able to share experiences and views on health or social issues and support each other.

Concepts found within freire's model are often ingrained with other health behavioral theories which attempt to alter adverse behavior by changing individual attitude and providing self-management strategies

### 3 FIT4LIFE HEALTH PROMOTION PROGRAM

Monikansallaiset naisten liikunta ja kulturi (monaliiku) is an organization founded in 2009 with the mission of promoting the well-being of women and girls in sport and culture regardless of religion skin color or nationality. Monaliiku offers a wide range of sports and physical activities free of charge, women have the opportunity to choose the form of exercise or sport which they enjoy. Some of the exercises that the organization offers are handball, football, badminton and mother-child exercises. Recently monaliiku started a new project FIT4LIFE which aims to promote health and well-being, prevent social seclusion as well as improving the quality of life of the immigrant women (MONALIIKU, 2015)

The monaliiku organization recruited women in the cities of Helsinki, Espoo and Vantaa to participate in the fitness pilot The recruitment process happened through posters and pamphlets in English and Finnish languages posted in different areas in the cities of Helsinki Espoo and Vantaa, advertisement in social media to different multicultural groups was also used to recruit the participant. Those who wanted to participate in the project either registered online or contacted the project manager, who informed in greater depth of the nature of the study, and benefits of participation and the right to withdraw at any time, among many other ethical considerations.

A total of five groups were created for the project, with a maximum of 100 immigrant women recruited. Recruitment was random and voluntarily. In all the groups, they had exercise and group discussions one a week, spring 2015 they had 14 session and autumn 2015 they have 16 sessions scheduled. Each session last 3 hours (Nystrand, 2015)

The FIT4LIFE program was able to offer an overall solution to improve immigrant women's health holistically-physically, socially and psychologically. Fit4life is directed to all immigrant women that need support in starting a

healthier life and intends to work with these women in this process every step of the way (MONALIIKU, 2015).

#### 4 PURPOSE, OBJECTIVE RESEARCH AND QUESTIONS

The purpose of this study is to explore the experiences and influence of the women who participated in Fit4life health promotion program with special focus on the immigrant women's health and wellbeing.

Research objectives;

To explore the experiences and to determine how the program has influence of the immigrant women on Fit4life health promotion program on their health and wellbeing

Research questions;

1. What are the experiences of the immigrant women in the fit4life health promotion program?
2. How has Fit4life program influenced your health and wellbeing?

## 5. RESEARCH METHODOLOGY

### 5.1 Research design

According to Kumar, (2014) a research design is a master plan/framework or blue print specifying the methods and procedures for collecting and analyzing the needed information. A qualitative descriptive research design was employed in this study. Qualitative research is a philosophy of empiricism; follows an open, flexible and unstructured approach to enquiries. It emphasized description, narration of feeling, perception and experiences in a descriptive and narrative which puts less emphasis on generalization (Kumar, 2014).

Qualitative research method was used for this study, the researcher used this method to collect data from Immigrant women participating in the FIT4LIFE health promotion program on their experiences after participating in the program or add strength to what is already known though previous research and to attempts to unfold the meaning of these women experience and give them a meaning.

### 5.2 Study settings

This study was done in collaboration with monaliiku organization. Recently monaliiku started a new project FIT4LIFE which aims to promote health and well-being, prevent social seclusion as well as improving the quality of life of the immigrant women (MONALIIKU, 2015)

### 5.3 Sampling and sampling procedure

Sample is smaller subset that actually participates in the research (Leavy, 2007) the immigrants in the Fit 4 Life project are purposively selected because they



are fit to provide the best information to achieve the objectives of this study. Two respondents will then be randomly selected from the five different locations of the fit 4 life project. A list of names of those who have been consistently attending all the sessions will be obtained. The names will be written as per groups on a piece of paper and folded then one respondent will be selected randomly by picking a paper from each group to have ten respondents.

Individuals you think can provide you with the best information, and make contact with them to detail different aspects of the study, to seek their informed consent to their participation, to expect their expected involvement, and to decide when and where to carry out the interviews (Kumar, 2014). The participants who were sampled from the fit for life Project were those who joined the group from its inception and have been consistently attending almost all if not all the sessions. These persons will be able to provide the best information. Those who joined later, those who opted out and those whose attendance has not been consistent will not be recruited.

#### 5.4 Data Collection

The data was collected during January 2016. Samples of 11 eligible immigrant women participating in the FIT4LIFE health promotion were selected by the project coordinator to participate in this study. The selection criteria included those who have been in the project from the time it started and they have been attending regularly and actively.

Interview was conducted in a private room on the respective Fit4life health promotion groups' facilities. The language of communication was either Finnish or English depending on the participants' choice. Before the interviews, participants were explained to the purpose of the study and that their participation is voluntary and free to withdraw from the interview at any point if

they wish to, oral and written consent were obtained from each participant prior to interview (see appendix 2).

The researcher collected primary data with the help of a questionnaire guide which was formulated by the researcher to conduct interviews. The questionnaire guide was divided into two sections: the general information consisted of semi structured questions, to generally have knowledge of the background information of the respondents. The other section had unstructured questions that covered the experiences of participating in Fit4life program. Interview aimed to unfold the meaning of their experiences. Interview questions was formatted in a such a way that it enabled the participant to tell and give deep and rich information about his own experience on their health and wellbeing after participating in the program and also how are they going to use the knowledge they got from the program to improve their health and wellbeing. (See Appendix for interview guide).

To safeguard the confidentiality and identity, participants were assured that no name or their identification number will be used and instead an anonymous code numbers with no names will be used in the interview. During the interview the researcher first read the question to the participant and made sure that the participant understood the question then wait for their response. The interview was estimated to last least 45 to 60 minutes in duration for each participant, a maximum of two participants were interviewed per day. The interviews were organized during their respective group meeting (see table I)

TABLE 1: Fit4life health promotion groups and their locations

<p>Kallahti group Friday. 10:00-13:00 Vuosaari Helsinki</p>	<p>Espoo keskus group Saturday. 10:00-13:00 Espoo Keskus Espoo</p>	<p>Leppävaaran Group Tuesday. 13:00-16:00 Leppävaara Espoo</p>
<p>Kettutie Group Thursday . 11:00-14:00 Herttoniemi Helsinki</p>	<p>Vantaa Group Monday. 10:00-13:00 Tikkurila vantaa</p>	

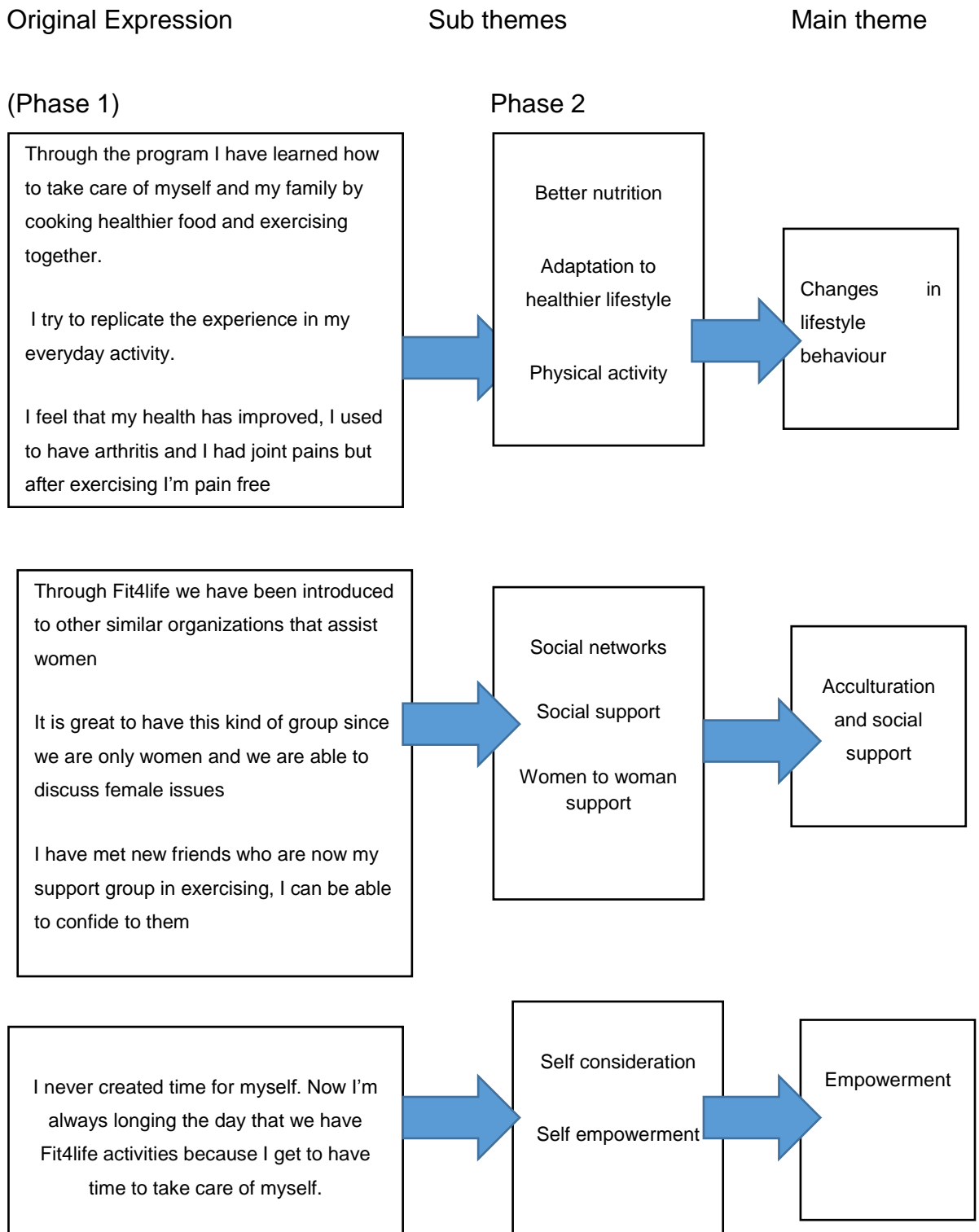
## 5.5 Data Analysis

Thematic Content analysis was used for the primary data collected through interviews. This is a process of analysing the contents of interviews through identifying and analysing the main themes that emerge from the responses given by the respondents (Kumar, 2014). First, transcription of the recorded information was done and verified with the notes taken to ensure accuracy of the information gathered. The notes were read through to identify something that does not make sense, to recall the context and correct the contents (Leavy, 2007).

After the first step above, the main themes were identified by going through descriptive responses given by the respondents to each question. Broad themes were developed. It was important to select the wording of the themes in a way that accurately represents the meaning of the responses categorized under a theme. The second step was to assign codes to the main themes; this was done through identifying these themes from the same question till I have reached a saturation point. The themes were then written and assigned codes

using keyword. After identifying responses that fall within different themes, they were integrated into the text of the report (Kumar, 2014).

TABLE 2: An example of how content analysis themes were attained.



## 6 RESULTS

### 6.1 Demographics

Overall 11 immigrant women participating in the Fit4life health promotion program were interviewed. Each participant was interviewed one-on-one, to get a clear picture of their experience after participating in the Fit4life program. Their socio-demographic characteristics varied (see table 2). The participants were women with a mean age of 33 years. Their average length of living in Finland was 7 years. Majority of participants in the Fit4life health promotion program had come to Finland as refugees settled and live in Finland for several years and even some of them had attained Finnish citizenship.

All the women in our study had moved, as adults, from another country to Finland. The most common reasons given for emigration were those related to political or social factors. The participants came from different African countries, Asia and South America. Over half of the participants were Muslims while the rest were Christians. Majority of the immigrant women in the fit4life program had high school level of education. The main language of communication during the interview was Finnish, but few of the participants preferred to use English.

TABLE 3 SOCIO-DEMOGRAPHIC CHARACTERISTICS  
**VARIABLE** **IMMIGRANT WOMEN**

	<b>Frequency</b>
Age	n=11
26-30	1
31-35	3
36-40	5
41-45	2
Number of year in Finland	n=11
Less than 5 years	3
5-10 years	3
Over 10 years	5
Level of education	n=11
Primary	2
High school	6
College	2
University	1
Countries of origin %	n=11
Kenya	1
Ethiopia	1
Iraq	1
Somalia	5
Nigeria	2
Brazil	1
Religion	n=11
Christian	5
Islam	6
Immigrant status	n=11
Refugee	7
Permanent resident	4

## 6.2 Experiences in FIT4LIFE health promotion program.

Women were asked to describe “their experiences in the Fit4life health promotion program. The domain themes that emerged from content analysis were; social support and management of health and wellbeing

### 6.2.1 Social support

The benefit of Fit4life program was more than the health education and physical activities learning; it also involved gaining much needed social support amongst the immigrant women themselves. Immigrant women in the program were able to share their views and experiences on health and social issues and support each other. Companionship and networking with other immigrant women seemed import among the women in the Fit4life program. Interaction with other participants in the group helped them cope with their own problems and feel accepted. The participants described how they look forward to the meetings and were unhappy if they happened to cancel the meetings for some reason.

*“Participating in this program has enabled me to be more outgoing, I have been able to meet so many friends who act as my support group, and we encourage each other, exercise together outside the normal group meetings.”*

By ensuring that the immigrant women in the Fit4life program have greater participation and integration to the Finnish, the women in the program were introduced to similar organization.

*“Through FIT4LIFE we have been introduced to non-governmental organization that assists women, social places like the Library, employment office, and we have also been instructed where we could go if we want language causes.”*

### 6.2.2 Management of Health and wellbeing

Health concerns and health maintenance were the aspects of most of these immigrant women. Various chronic conditions were prevalent among the members of Fit4life program, for example Obesity, diabetes, arthritis, High blood pressure, hyper-cholesterol, depression. Some women had been unaware that they had health problems until they enrolled in the program and realized that they were overweight, such discovery made the participant motivated to implement lifestyle changes. Some of the women created a concrete goal to improve their health and well-being.

*“I had been diagnosed with rheumatoid arthritis, and I had so much pain in my joints, after exercising in this program I feel that my health has improved. I feel my joints more flexible and pain free.”*

*“I have always been big size for as long as I can remember, back in Africa people considered as being big size was being healthy, I never knew I was overweight until I joined this program. I went to the doctor and they also found out that I had high cholesterol and high blood pressure which were said to have been related to my weight. Being in this program I have been able to lose weight and my blood pressure is better. I thank God for the promoters and the work they are doing for us”*

Another aspect of health that was a silent among these immigrant women was mental aspect of health. Some of the women in the group admitted to having being depressed and anxiety, while others confessed that they had not thought about mental health until they came to the program. By participating in the program, women felt they could spend more time on themselves. It gave them a chance to do something for themselves.



### 6.3 Influence in the Fit4life health promotion program on their wellbeing

Women were asked to describe “the influence in the Fit4life health promotion program on their wellbeing. The domain themes that emerged from content analysis were; changes in lifestyle behavior and women empowerment

#### 6.3.1 Changes in lifestyle behaviors’

The Health Belief Model has been applied to a broad range of health behaviors and subject populations. Three broad areas can be identified (Conner & Norman, 2006): Preventive health behaviors, which include health-promoting (e.g. diet, exercise). The immigrant women embraced learning and taking action to change lifestyle behaviors. Health promotion for the immigrant women in the Fit4life program was the main objective in this program. Immigrant women in Fit4life program realized the changes they had to make in their health behavior since attending the program.

Effective nutritional practices were considered as an important part of maintaining health amongst the immigrant women in the Fit4life program. The immigrant women were motivated to change to a healthier diet and better eating habits.

*“Since attending the program, I’m so cautious with what I’m eating, I check the nutritional contents in what I’m eating and also what I give to my family. I eat small portions regularly and I also eat more fruits and vegetables”*

Participants felt that their physical health improved significantly while participating in the Fit4Life programme. Being active and exercising regularly was considered important for health and wellbeing. One of the women felt that through regular exercising in the program, it has helped her come out of depression. She had been feeling low after she lost her job as a hair dresser

that she did not want to leave her home, after participating in the exercises sessions of the Fit4life program, she began to feel good with energy that she has also introduced her entire family to different forms of physical activity

*“Through the program I have learned how to take care of myself and my family. From the teachings in the program, I have regular exercise with the whole family at least three times a week”.*

Another participant expressed how she felt empowered and took alternative ways to maintain physical wellbeing as expressed as one of the participant.

*“I try to replicate the experience in my everyday activity, for example in order to exercise; I live in an apartment 5<sup>th</sup> floor-instead of taking the elevator, I usually walk up the stairs. Also another form of exercise that I do is that when I’m going to catch the bus, I would rather leave from the house earlier and walk at least 5 bus stops further.”*

### 6.3.2 Women empowerment

The participants in the program felt their health had improved physically, mentally and psychologically. They stated that they are more independent compared to before they started the program. They stated that by gaining the positive energy, it also benefits the rest of the family since they are able to implement what they are taught in the program at home.

Participant experienced empowerment as they participated in the Fit4life program. Their empowerment characteristics encompassed things such as losing weight, being able to engage in activities, gaining a sense of control. They felt empowered through learning from each other, supporting one another.



## 7. DISCUSSION

The overall aim of this study was to explore the experiences and influence of the women who participated in Fit4life health promotion program with special focus on the immigrant women's health and wellbeing. The literature review has demonstrated that, there exists a wide body of literature which indicates that there are health promotion programs aimed at strengthening immigrant women ultimately to improve their well-being.

The goal of health promotion programs for immigrant women should be to help them make good choices in their new environments. Scholars, Povlsen, 2012; Salas, Raine, Vallianatos, & Spence, 2015 have demonstrated that the choices the immigrant women make after attending these programs should put them at low risk for diseases such as cardiovascular diseases and cancer and to reduce any elevated risks. The programs also aid these women integrate into the new society and environment. Fit4life health promotion program engaged immigrant women in promoting their health and wellbeing. Similar programs have been seen to have positive impacts in the lives of immigrant women. This is strongly evidenced in the questionnaire which determined that all the immigrant women who were interviewed reported that participating in the fit for life program had positive impacts in their lives, and of that they had positive outcomes on their health in relation to lifestyle diseases. Thus the findings of the study clearly support the literature insofar as there is a strong positive link between influence of participating in health promotion programs and health outcomes. In addition, the women acknowledged that through the program they were introduced to other institutions which aided them integrate into the society.

Further findings in this study social support came out strongly as a positive link to participating in the health program. According to many researchers, immigrants from conflict-affected areas such as Somalia experience an increased risk of post-traumatic stress and depression (Pavlish, Noor, & Brandt,

2010). Most of the immigrants in the program hailed from countries that were affected by conflicts and war-such as Somali, Democratic Republic of Congo and Iraq. They may have experienced or are at risk of post traumatic stress or depression. There is a large body of evidence that social networks and connections have powerful effects on mental health of immigrant women (Delara, 2016). For example, a study on Immigrant women's clubs in a health-promotion perspective in Denmark, Informants constantly repeated how much they enjoyed meeting, talking, eating, and going out together, and how they felt welcome and like being part of a family when attending the meetings. For some, it also meant being able to provide help to others who experienced problems and/or failed to understand the Danish social/health/welfare systems (Povlsen, 2012). In addition, Lene 2012) describes from a psycho-social perspective whereby immigrant women gather with others from a similar background and thereby have access to company and distraction, as well as the potential to build up social and cultural capital. She states immigrant women in a group are most likely to build up bonding capital, i.e. networks focusing on people inside a group and with a clear demarcation from the outside world. In Fit4life program, social interaction was an important source of support for immigrant women It was important and an eye opener for immigrant women to gather with others from a similar background and thereby have creating friendship, companionship, as well as the potential to build up social, mental and cultural wellbeing. It is therefore important to recognize that in the bringing together immigrant women who have similar backgrounds together to interact provides a positive psychological and social benefits as reported by the respondents. As demonstrated in this study, the immigrant women reported to have companionship and networking which in turn helped them cope with their own problems and feel accepted.

According to Sanou, (2013) there is strong evidence that the burden of nutrition related chronic conditions for immigrants steadily increases after settlement in the host country. This is true in comparison with this study where most respondents were suffering obesity, diabetes, arthritis, High blood pressure,

hyper-cholesterol, depression. Some women had been unaware that they had health problems until they enrolled in the program. In addition, Sanou demonstrates that immigrant's unfamiliarity with grocery stores, lack of awareness of nutrition discourse and lack of learned cooking skills present challenges for immigrants. In attempting to acquire the ingredients necessary for replicating familiar dishes, those immigrants who tend to maintain a traditional diet may be limited to highly processed versions of these foods that are high in fat and sodium; therefore increasing their risk for chronic conditions. The Fit4life program, the immigrant women were educated on good nutritional practices. They reported having better nutritional choices than the ones they had making healthier and better nutritional choices. Nutrition and fitness is a very important component for everybody's health and wellbeing. There are several factors that hinder Majority of immigrant women from achieving a healthy lifestyle. They may not know how to implement healthy behaviors, such as fitness or healthy eating, in the new environment. In many instances, the lifestyle in the native countries often promoted physical activity and healthy diet. A study of a sociocultural responsive fitness program for immigrant and refugee women were highly acceptable to participants who demonstrated significant improvement in healthy behaviors and quality of life, with non-statistically significant trends towards improvement in all remaining measured variables (weight, BMI, waist circumference, blood pressure, self-efficacy. Positive outcomes mirror that of a single published intervention in immigrant and refugee women which demonstrated improved cardiovascular fitness among refugee women in Sweden following a sociocultural tailored health-care based exercise class intervention (Wieland, Weis, Palmer, Goodson, & Loth, 2013). In comparison to the Fit4life program, the results highlighted positive outcomes in terms of healthy choices of food, improved fitness and health. The immigrant women were empowered with information on impact of healthy meals and fitness on their health.

Women empowerment, can be demonstrated from The Freirean model-health education and health promotion liberation occurred when the oppressed were

able to see the potential to change and utilize that to transform their environment. He defines empowerment as a process through which individuals or community gain mastery over their lives (Ickes, 2011). In this case the immigrant women in Fit4life program utilized the resources and education that they were provided with in the program for instance, nutritional education, mental health discussion and physical exercises to improve their own health and the health of their families.

Participant experienced empowerment as they participated in the Fit4life program. Their empowerment characteristics encompassed things such as losing weight, being able to engage in activities, gaining a sense of control. They felt empowered though learning from each other, supporting one another.

#### 7.1 Ethical consideration

Ethics in research refers to taking into consideration the dignity, rights, safety and wellbeing of those participating in the research not just a matter of collecting information (Stuart and Barnes, 2005). When carrying out research it is important to consider ethical issues during the entire research process. Ethical issues should be concerned already during the research planning for example when choosing topic and formulating research questions, it is important for the researcher to ensure that the aims of his/her research is for the general good of the society(Barrett 2006, p 24).

Many ethical issues related to the respondents and the interview sessions should be noticed during the research process. The research should not cause any kind of harm or damage to the participants and especially those already in vulnerable state ( Mäkinen 2006, 77, 80-88) In this study the interviewees came to the study voluntarily, they were allowed to leave at any time and cut the interview short. They were also allowed to pass of the question they did not want to answer

Privacy and confidentiality must also be maintained throughout data collection and beyond. People have a right to protect themselves. Information gathered during research participation could harm a person by violating their right to keep information about themselves private. (Oliver, 2010). Informed consent was sort from the participants where they were informed on the purpose of the study, guarantee of the anonymity and confidentiality, lack of any benefit or compensation (APPENDIX 1). Other than seeking informed consent from the respondents, permission was sort from the management of Fit4life and ethical approval from Diak. There was total confidentiality where all the interviews were conducted in s private room and no information given was shared to anyone. Anonymity was also considered during the audio recording; the respondents did not have to disclose their identity. The scripts were also identified by numbers. In ever discipline it is considered unethical to collect information without the knowledge of participants, and their expressed willingness and informed consent

In all studies where participants are aware that they have taken part in an investigation, after the data have been collected, the participants should be given any information which they might need or request concerning the nature of the study. The researcher should also discuss with the participants their experience of the research process, so that if there are any unintended or unanticipated effects of the research, these can be monitored. Researchers also have a responsibility to ensure that, if any active intervention is required to negate the effects of an investigation upon a participant, such intervention is provided before the participants leave the research setting. Consequently, when drawing up the timetable for the research for the purposes of assessing whether or not the research will be feasible on practical grounds, sufficient time must be built into that timetable to allow for the debriefing of participants after testing, wherever this may be necessary (Barrett 2006, 25 ). Dissemination of the findings of this study was discussed with the participants and also Fit4life employees on 15<sup>th</sup> November 2016.



## 7.2 Reliability, Validity and limitation of the study

Validity is the accuracy and meaningfulness of inferences, which is based on the research results (Mugenda, 2013). Validity is the ability of an instrument to measure what it is designed to measure. 'Credibility involves establishing that the results of qualitative research are credible or believable from the perspective of the participant in the research'. As qualitative research studies explore perceptions, experiences, feelings and beliefs of the people, it is believed that the respondents are the best judge to determine whether or not the research findings have been able to reflect their opinions and feelings accurately (Kumar, 2011). To ensure validity, an appointment has been made to present the results the respondents on 9th November 2016.

Limitations of the study were factors such as cultural differences and practical problems such as language barriers and illiteracy make it rather difficult to reach these groups through health promotion and other preventive services.

The findings were based on a small sample of the women participating in the Fit4life health promotion program; this does not generalize to all immigrant women but may be applicable to women similar to the study participants. It is also possible that we might have lost rich information since the interviews were conducted in Finnish or English which is not their mother tongue, and they were not able to express themselves well in a foreign language.

Unfortunately the issue of trust is one that one has to place under suspicion, especially when the relationship to the respondents/interviewees is relatively superficial and short term.

The participants in this study might have been biased since they only gave positive feedback about their experiences, they might not have felt comfortable or free to critique.

### 7.3 Justification and suggestion for the future

According to Finnish immigration services, the number of asylum seekers arriving in Finland has risen ten times more within the last 3 years. In 2013 there were only 3100 asylum seekers arriving in Finland while in 2015 there were 32000. Due to the increase in number of immigrants in Finland, there is a need for research for more integrations and health promotion programs.

The immigration process entails many changes in the lives of those who emigrate including establishing oneself in a new country. There is continuing interest in what happens to the health of those who undergo this process. Immigrants often have significant language and health literacy difficulties, which are further exacerbated by cultural barriers and economic challenges to accessing and making sense of relevant health information. Research on health promotion on immigrant women aids in evaluating effectiveness of Fit4life program with the aim of improving program and help them understand immigrant perspective.

This research can be used in policy formulation about immigrant women health and wellbeing.

I therefore recommend that the government should formulate a means to recruit more immigrant mothers into this program or similar programs and also for the government to fund these programs in order to reduce the burden of lifestyle diseases among the immigrant women. This also helps them integrate faster into the new environment thus making them self-reliant.

#### 7.4 Conclusion

The overall purpose of this study was explore the experiences and influence of the women who participated in Fit4life health promotion program with special focus on the immigrant women's health and wellbeing. To accomplish this goal, the research sought to answer the question; what are the experiences of the immigrant women in the Fit4life health promotion program? The wealth of data provided by the participants on their experience in the Fit4life health promotion program indicated that there was a significant positive influence on the participants' health and lifestyle behavior. They were able to adopt healthy lifestyle in terms of being physically active and proper choices of food and cooking techniques. The immigrant mothers appreciated the social and psychological support which helped them get relief from stress.

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## APPENDIX 1

### **Informed consent form**

Immigrant women's' perception and experiences of Fit4life program on their health and wellbeing

My name is Appelles Ohanga-Too. I am a Masters degree student in a joint degree program with Diaconia University of Applied Sciences in Helsinki Finland, Arcada university of applied sciences in Helsinki, Finland and Baraton Eastern university in Kenya. I would like to invite you to take part in my research study.

#### **Introduction and purpose**

The purpose of this study is to explore the perceptions and experiences of the women who participated in Fit4life health promotion program, with the aim gaining a deeper understanding of the perceived benefits and experiences of regular participation in the fit4life health promotion program with special focus on the immigrants' health and wellbeing.

#### **Implementation**

Participation involves being interviewed. The interview will last approximately 30-45 minutes. Notes will be written during the interview. The interview session will also be recorded with an audio tape

#### **Confidentiality**

Your participation in this research project is completely voluntary. Refusal to participate will involve no penalty. You are free to withdraw consent and discontinue participation in this project at any time, and you are also free to refuse to answer any question we might ask you. Your responses will remain confidential and anonymous. Data from this research will be kept under lock

and it will only be accessible to me the researcher. No one other than the researchers will know your individual answers to this questionnaire.

**Contact information**

If you have any questions about this research, please feel free to contact me. I can be reached at

Email: apalaceohanga@hotmail.com

Phone: +358443072991

Working life partner:

Claudia Nystrand

Email:claudia.nystrand@bonaverba.fi Phone: +358 50 590 6345

If you wish to participate please sign and date below.

---

Participant's Name (*please print*)

---

Participant's signature

---

Date



## APPENDIX 2

**Interview guide**

## Age group

20-25

26-30

31-35

36-40

41-45

## Nationality

.....

## Religion

Christian

Islam

Hindu

Other

## Immigrant status

Refugee

Legal status

Undocumented status

## Level of education

primary

Secondary

College

University

Length of stay in Finland (years)	<2
	3-5
	6-9
	10-15
	>16

1. How has your experience in Fit4life been?
2. How have you benefited from the program?
3. How has the program changed your life?
4. After the program has ended, how do you intend to continue with the skill learnt during the sessions with the program?

