

“WE DO NOT HAVE TO TALK ABOUT RELIGION...”

Spiritual dimension as a part of the holistic well-being of immigrant women

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ABSTRACT

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This study was made in cooperation with Welfare and Sports for Multicultural Women – Monaliiku association which was the assignor of the study. The main purpose was to explore the Fit4Life project's impacts on immigrant women's physical, mental, social, and spiritual well-being.

The research is a case study using triangulation as a research strategy. Qualitative and quantitative methods were used for gathering data. The survey was done for four Fit4Life groups reaching thirty-three (33) participants and seven (7) of the participants were randomly selected for a focus group interview. For gaining a deeper understanding about the study participatory observation took place during all stages of the study.

The results of the study show that the Fit4Life project had a positive impact on the participants' physical, mental and social well-being. The large majority of the respondents completely agreed that participation in the Fit4Life project had enabled them to get to know new people, decreased their feeling of loneliness, contributed positively to their daily well-being, and the project brought them more information about healthy nutrition and health issues.

The study showed that issues related to religion were well taken into account in the planning and implementation of the Fit4Life -project by considering the need for prayer times, views about music, dietary habits etc. However, most participants did not see the project impacting their spirituality. The participants saw religion as a separate entity in their life.

Key words: Well-being, Spirituality, Immigrant women, Triangulation

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1 INTRODUCTION

1.1 Research background and motivation

The increased immigration from the recent years has challenged Finnish society. According to Statistic Finland in 2016, some 365 000 people with foreign origin were living in Finland, representing 6.6 percent of the total population (Tilastokeskus n.d.). Immigration has usually focused on the metropolitan area and it is estimated that foreign-speaking people in the entire metropolitan area will comprise almost one fourth of the total population in 2030 (Konttinen 2016). Generally, the health of immigrants is poorer than the health and well-being of the majority of the population. In order to plan and evaluate social and health policy, service systems, and health and well-being activities, it is clear that reliable information about the well-being of the immigrant population is needed. (Castaneda, Rask, Koponen, Mölsä & Koskinen 2012, 13.) People who are able to participate fully in activities of the society are a potential asset to Finland. On the other hand, people with lowered well-being are far less able to contribute to a society and improving their well-being can turn into significant cost to the society.

Nowadays well-being is an intensively discussed topic globally, but there is no consensus on a common definition of what well-being means. In this study, well-being is examined using The Flower model of well-being created by the researchers based on two earlier models of holistic well-being: The Scale model and Seven Dimensions of Well-Being. This Flower model consists of physical, mental, social and spiritual aspects of well-being. The first three dimensions were originally defined by Monaliiku Association, which is the assignor of this study. Those dimensions were their main objectives for the project. The fourth dimension - spirituality - was added by the researchers specializing in diaconia for gaining a deeper understanding of project's impact on this aspect of well-being.

This study is implemented in cooperation with Monaliiku association -Welfare and Sports for Multicultural Women- and its project leader Claudia Nystrand. Monaliiku is an association that seeks to provide well-being services on immigrants in Finland. This study examined impacts of the Fit4Life project for immigrant women's well-being because of Monaliiku's need to apply for further funding for the project from the Funding Centre for Social Welfare and Health Organizations (STEA). The data collection was implemented in the spring of 2017. To ensure that future implementations of the project are on a solid base, Monaliiku needed up-to-date information of the project's impacts on its target group. During the thesis process Monaliiku was awarded further funding from STEA to continue the project. The decision was partly based on the results derived from the data collected for this study.

Data for this study was collected using triangulation, meaning data collection by a combination of different research methods. Triangulation can increase credibility of scientific knowledge by combining both quantitative and qualitative methods in the same study. The data collection took place by a survey, a focus group interview and participatory observation.

1.2 Research questions

To reach the targets set by the assignor and to fully contribute to the professional development of researchers as future deacons, the study aims at answering the following research questions:

1. How has the Fit4Life project affected participants' physical, mental and social well-being?
2. How has the Fit4Life project taken into account the religious factors affecting participation and how has it impacted the spiritual well-being of the participants?

Naturally, ideas for further development of the project were studied as expressed by the participants. At the end of the study the researchers themselves also present developmental directions based on their results and conclusions.

2 KNOWLEDGE BASES FOR THE THESIS

2.1 Defining well-being

Despite the popularity of well-being as a discussion and research topic, one final definition seems to be out of reach. The definitions in the literature agree on some common sections, for instance: the presence of positive emotions, moods, satisfactions in life and positive functioning. Well-being is a positive outcome that is meaningful for individuals as well as society, because it is based on the perception that people are functioning well in life. (Centers for Disease Control and Prevention 2016.) Debates around the concepts of well-being traditionally flourished within the philosophy of ethics, particularly around the question of how we should live, and the interest of finding happiness and satisfaction (La Placa, McNaught & Knight 2013, 116).

As early as 1948, the World Health Organization argued that well-being consists of physical, mental and social sections, and it is not merely the absence of disease (WHO 2018). In addition, researchers from various academic disciplines have examined additional aspects of well-being, for instance: economic well-being, development and activity, emotional well-being, life satisfaction and engaging activities and work. (Centers for Disease Control and Prevention 2016.)

Well-being can be divided into objective and subjective issues, and this choice of scope also influences measurement. The objective aspects of well-being are factors such as material well-being and the quality of life: the stability and level of income, the conditions of residence, access to education, quality of environment, safety and security and the opportunity to realize social and civil rights and needs (Alatartseva & Barysheva 2015, 37–38) However, Raijas (2008,1) states that objective well-being indicators are not enough for a comprehensive measurement of well-being, and studies should be conducted closer to people's experiences in everyday life. Therefore, while measuring well-being it is essential to explore how people practice their lives and manage their daily activities as well as how they feel about it.

Subjective well-being includes positive and negative evaluations about one's own well-being. These evaluations concern, for example, life satisfaction, affective reactions to life such as joy or sadness, as well as subjective experiences of career, financial well-being or moral experiences. (La Placa et.al. 2013, 117–119.) One of the difficulties in measuring subjective well-being is that individuals may interpret and use the response categories differently. For example: If Mia says that she is “very satisfied” and Pia says that she is “satisfied,” is Mia really more satisfied than Pia? She could be, but on the other hand, Pia could be a person who rarely uses superlatives to describe herself, either when she is joyful or depressed, while Mia tends to use extremes in her self-descriptions. (Kahneman & Krueger 2006, 18).

2.2 Well-being models

Regardless of the definition used, well-being is always seen as a multifaceted concept. This chapter examines well-being via two different models from the literature: The Scale model and Seven Dimensions of Well-being. By using these above-mentioned models as a theoretical background an additional model, the Flower model was created for this study.

2.2.1 Seven Dimension of Well-being

The model of Seven Dimensions of Well-being is a wide concept with multiple dimensions to be included. Dr. Bill Hettler, co-founder of the National Wellness Institute, originally developed the model of well-being that included six dimensions of health. Later, researchers added environmental health to the model, making it a list of seven dimensions: physical, social, emotional, spiritual, intellectual, occupational, and environmental well-being as visualised in the figure 1. Each of these dimensions contributes to people's quality of life. (Green 2016.)



Figure 1: Seven Dimensions of Well-being
(University of California, Riverside 2014.)

In this model, environmental well-being is understood as an ability to make a positive impact on the quality of our environment, homes, communities which contributes to people's well-being. Occupational well-being could be described as an ability to get personal fulfilment in working life and hence also make a positive impact in society. Intellectual well-being is the ability to open our mind to new ideas and experiences. In addition, it consists of desiring to learn new concepts, improve skills and seek challenges as a part of the lifelong learning. (University of California, Riverside 2014.)

The case for this research was to implement the Flower model for immigrant women organized by Monaliiku association in Helsinki region 2017. The project especially aimed to assess the remaining four dimensions of the Seven Dimension model: physical, mental, social and spiritual well-being. Therefore, these are studied in more detail in the following subchapters.

2.2.2 The Scale model

In the well-being model created by Dodge, Daly, Huyton & Sanders (2012), resources are defined using the same description as in the WHO's definition of physical, mental and social aspects of well-being. Well-being is seen as the balance point between an individual's resources and the challenges faced, as visualised in the figure 2.

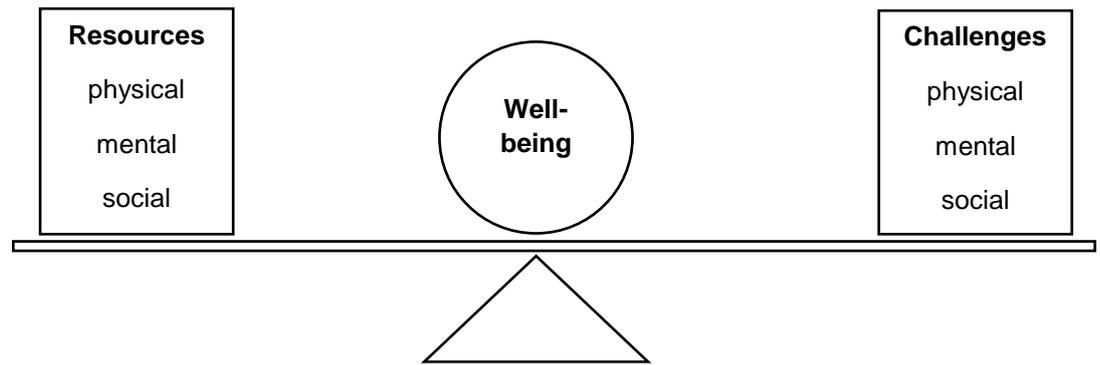


Figure 2: The Scale model
(Dodge, Daly, Huyton & Sanders 2012, 230.)

The researcher decided to use the title of “Scale model” for the framework created by Dodge et al. in this study. The name underlines the principle of balancing resources and challenges. Each time an individual meets a challenge, the system of challenges and resources reaches a state of imbalance. Therefore, the individual is forced to adapt his or her resources to meet this specific challenge. Optimally, stable well-being is reached when individuals have the mental, social and physical resources they need to meet a particular mental, social and/or physical challenge. (Dodge, Daly, Huyton & Sanders 2012, 229–230.)

2.2.3 More thorough analysis of the dimensions in the project scope

The physical well-being consists of different kinds of health-improving behaviours which assist people to maintain a healthy life. Healthy nutrition, sufficient exercise, and adequate and good rest allow people to get through their tasks every day without feeling overly tired and stressed. Furthermore, avoiding the use of tobacco, drugs and excessive alcohol promotes physical well-being. In other words, physical well-being requires the ability to recognise lifestyle choices that have an impact on our well-being. If this ability is insufficient, people may cause harm to themselves with destructive lifestyle choices. It is important to have a wide enough understanding of physical well-being beyond just nutrition and exercise. Healthy physical condition also requires a sufficient amount of sleep as it is essential for recovery from the days’ physical and emotional stresses. (Olson 2016.)

Being physically fit and feeling physically well often leads to the psychological benefits of enhanced self-esteem, self-control and determination. Based on earlier research findings, physical activity is linked to minor but significant positive changes in self-esteem (Biddle & Mutrie 2008, 85). It has also been noted that physical inactivity is one of the most significant public health and social challenges (Castaneda et.al. 2012, 178). According to a global study, physical inactivity is identified as the fourth largest risk factor in global mortality (WHO 2013 7–10, 25). Physical activity has been detected to be decreasing in many countries and it has been discovered to have significant implications for the general health of the population worldwide. Strong evidence indicates that compared to less active adult men and women, individuals who are more active and participate in regular physical activity have lower rates of coronary heart disease, diabetes, hypertension, breast cancer and depression. Moreover, physical activity is an integral part of energy expenditure and thus it balances energy and is an important factor in weight control. (ibid.)

Studies conducted both in Europe and the United States claim that people with immigrant backgrounds move less and their exercise is less in line with the health education recommendations compared to the native population (Castaneda et al. 2012, 178). The physical well-being is not divided evenly within the immigrant population either. There are differences based on gender and country of origin. For example, the Maamu study (2012, 182) revealed that in Finland the physical activity among women with Somali backgrounds was particularly low and excess weight within the group was common. Additionally, the study indicated that Somali women practiced less exercise than Somali men and less than the entire population. These types of phenomena and the current situation in Finland will be discussed in more detail in the chapter 2.3.

Mental well-being is an essential part of overall health and it is one of the most important factors affecting functional ability and other dimensions of well-being like the physical health presented above. Mental health can be considered the foundation for well-being. (WHO 2004, 12.) World Health Organisation WHO (2014) defines mental health as a state of well-being where each individual fulfils their own potential, copes with normal stress in life, can work productively and is

able to contribute to his or her community. In addition, mental well-being consists of the ability to recognise and control emotions like anger, joy, stress, hope, and happiness (University of California, Riverside 2014).

Mental health problems also cause major challenges for public health. Mental health problems affect 10-20% of children and adolescents worldwide and account for a large share of the global burden of disease (Kieling, Baker-Henningham, Belfer, Conti, Ertem, Omigbodun, Rohde, Srinath, Ulkuer, Rahman 2011). In addition, Aalto-Matturi (2017) reported that 35-45% of work absenteeism in developed countries is due to mental health problems and 27% of the EU's working-age population has experienced at least one mental health disorder during the last year studied.

Statistics demonstrate that the Finnish population is also suffering from a wide array of mental health problems. The number of people suffering from mental health problems has not increased in recent years but their severity has. In 2016, 61% of people had encountered mental health problems, 41% fatigue, and 38% depression or anxiety in their own lives or in their close circle. Additionally, 59% of school students experienced a workload which impairs their well-being. (Aalto-Matturi 2017.)

Social well-being is the ability to relate to and connect with other people. Moreover, it embodies the ability to establish and maintain positive relationships with family members, friends and co-workers. It is vital to stay connected to people, form new relationships and participate in social activities. Additionally, social well-being includes showing respect for others, oneself and other cultures. (University of Wisconsin, Stevens Point 2018.)

People who are actively involved in different social activities and who rely on other people feel healthier than those with less social participation and trust. The need of proximity means that people desire to belong to groups, become accepted, and to be loved as well as to give love in return. These attributes belong to basic human needs. A distinctive feature of balanced life is belonging to several groups of people. (Sallinen, Kandolin & Purola 2017.) Furthermore, according to Kawachi

& Berkman (2001, 458) the link between social isolation and reduced psychological well-being is perceived worldwide. Indicators such as having only a few close relationships, small social networks, and low perceived adequacy of social support have all been linked to lowered mental well-being. Similar conclusions were made by Jetten, Haslam & Haslam (2010, 3–4) who noted that social isolation can have negative consequences on peoples' health and well-being. Significant evidence suggests that disconnecting from family, friends, and other social groups is not only extremely shocking but can have significant negative impacts on health as well. Jetten et al. study indicates that people with satisfying relationships have a 50% greater probability of coping with life challenges than those in poor relationships. Sani (2010, 21) underlines the fact that not all relationships are positive and good for health. He argues that the relationships that are based on cooperation, trust and mutual understanding, and support are relevant to well-being.

Spiritual well-being, as its name says deals with the concept of spirituality, something that has been present in mankind and its communities throughout history. The word "spiritual" comes from the Latin word "spiritus" that originally meant breathing. The word is closely related to breathing as a life-sustaining force. The concept of spirituality has an extensive historical rooting. According to Karvinen (2009, 27, 29) in Finnish and other Northern indigenous cultures, a human being was understood to be "concrete soul and spirit". This was interpreted to mean, for example, that when a human being died, the soul's escape route from the room was kept open. Death was also traditionally linked to the end of breathing. (ibid.) Thus it is not surprising that many studies on spirituality in Finnish context, have been related to elderly care, terminal care and nursing care. Hence, spirituality can be assumed to still be an important part of well-being when approaching death. Also, Karvinen (2009, 185) argues that the concept of spiritual health should be used openly and without prejudices in the field of healthcare.

Nowadays, there is much controversy and disagreement concerning definitions over the term spirituality as well as religion. According to Koenig (2012, 2–3) the term spirituality is very similar to religion, and their definitions clearly overlap.

Religion is a multidimensional construct that includes beliefs, practices, behaviours and rituals related to the transcendent, where the transcendent is God, Allah, a Higher Power in Western religious tradition, or manifestations of Brahman, Buddha, Dao, or ultimate truth in Eastern traditions. This often involves the mystical or supernatural. Religions have specific beliefs about life after death and directives about functions in life both individually, and together with other people within a community. Spirituality is closely connected to the supernatural, the mystical, and to organized religion, although it also extends beyond organized religion. Spirituality includes both a search for the transcendent and the discovery of the transcendent. The path of spirituality leads from non-consideration, to questioning the belief, and in the event of belief ultimately to devotion, and then final surrender. (Koenig 2012, 3.)

The concept of spirituality as well as a human being are dependent on the surrounding culture. People influence culture and culture affects people. Therefore, the surrounding culture affects reactions to spirituality. The relationship between culture and spirituality can be manifested in different ways in the everyday life of people. Signs of beliefs can be seen in the social system, art, in habits like a diet, and relationships between people. (Karvinen 2009, 26–27.)

Individuals with spiritual experiences and religious beliefs can better cope with stress and psychological challenges, and their methods to confront problems are stronger (Jafari 2010, 1480). Therefore, spirituality has been studied as a part of the human being's comprehensive well-being. For instance, a study made among heart transplant patients evidence that spiritual commitment tends to enhance recovery from a surgery and illness. In addition, the study shows that spirituality is the power of hope and positive thinking: the heart transplant patients with spiritual commitments had higher levels of self-esteem, less anxiety, and less health worries than the control group. In general, people who worry less also have better health outcomes. The study indicated that spirituality enables people to worry less, to let go and live in the present moment. (Puchalski 2001.) According to Jafari (2010, 1481) spiritual well-being has a protective effect against stress. It also leads to a physically and mentally healthy life. Moreover, spiritual well-being

leads to supportive behaviours such as less substance abuse, more physical activity, optimism as well as improvement of the individual's psychological status.

2.2.4 The Flower model of Well-being

The Flower model is derived by researchers from other well-being models presented in chapter 2.2.1 and 2.2.2 (Seven Dimensions and the Scale model) and it acts as the conceptual framework for the empirical part of the study. The areas of well-being were chosen because of the assignor's interest in gaining knowledge in these particular areas. In addition, spiritual well-being was added for the intention of exploring the spiritual aspect as an essential part of comprehensive well-being. This choice receives justification from Karvinen (2009, 184) who argues that even the World Health Organization should renew its definition of well-being and add a concrete reference to spiritual health as a part of the comprehensive human being. The Finnish Lutheran church also defines a human being as physical, psychological, social and spiritual wholeness. (Evangelical Lutheran Church in Finland n.d.) The Flower model covers these aspects of well-being and is also appropriate to use for researchers as becoming deacons.

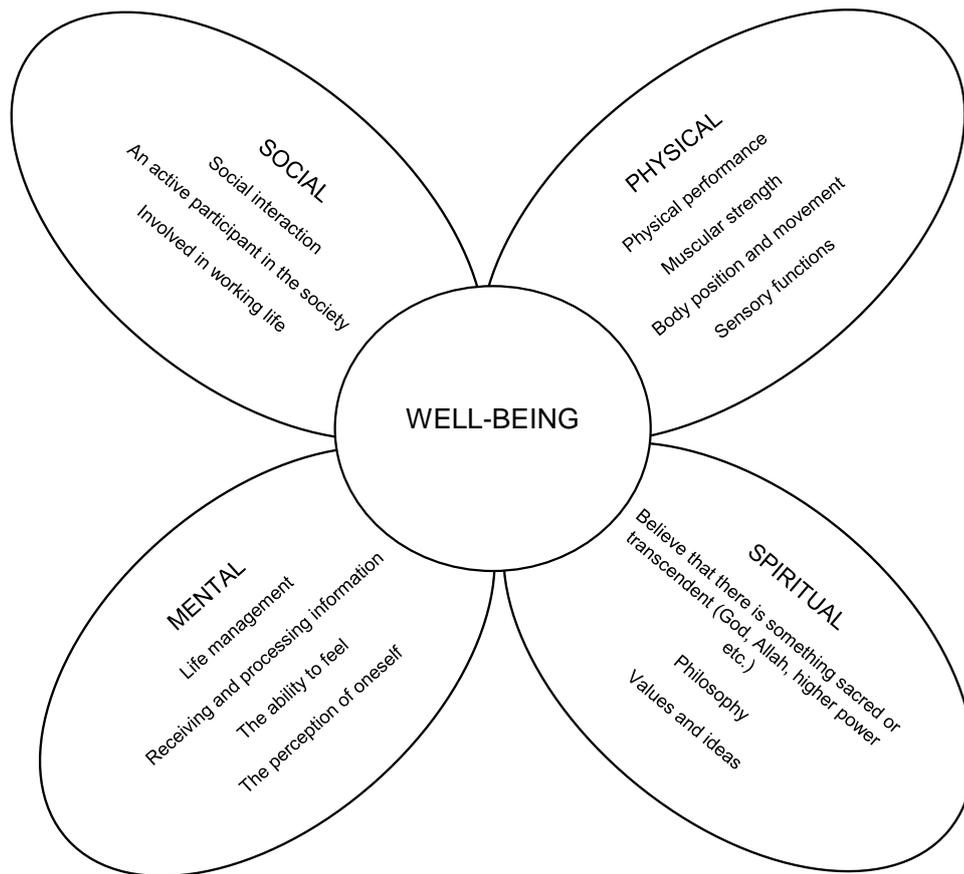


Figure 3: The Flower model of Well-being

The researchers aimed to create a wide yet controllable concept of holistic well-being by using The Flower model as a base when forming the survey questions, themes in the focus group discussion, and areas to be observed.

2.3 Immigrant women's well-being in Finland

According to the Constitution of Finland, everyone has the right to life, personal liberty, integrity and security. In addition, every citizen has the right to a reasonable livelihood. In the spirit of the Constitution, public authorities are obliged to support the disadvantaged members of the society. (L 731/1999.)

In Western European studies, it has been noted that a sizable proportion of immigrants have substantial health and well-being problems (Castaneda et. al.

2012, 13.) In order to plan and evaluate social and health policy, service systems, and health and well-being activities, it is clear that reliable information on the well-being of the immigrant population is needed. In 2016, some 365 000 people with foreign origin were living in Finland, representing 6.6 percent of the total population. More than half of these people live in Uusimaa and more specifically about a quarter of the foreign population live in Helsinki (Tilastokeskus n.d.)

Two more extensive studies on the health of immigrants and people with foreign origin have been conducted in Finland: Maamu 2012 and UTH 2014. The research on the health and well-being of immigrants (Maamu) was carried out and coordinated by the National Institute for Health and Welfare (THL) in Finland. The Maamu study focused specifically on collecting information on the health, well-being, service use and living conditions of people with Russian-speaking, Somali and Kurdish origin adults in Finland (THL 2017). The survey on work and well-being among people with foreign origins (UTH) was conducted by Statistics Finland (Tilastokeskus), the National Institute for Health and Welfare (THL), and the Finnish Institute of Occupational Health (TTL) between January 2014 and April 2015. (Castaneda, Larja, Nieminen, Jokela, Suvisaari, Rask, Koponen & Koskinen 2015, 8.) Thus, the UTH was the most extensive population survey in Finland for foreign-based citizens (Koponen & Jokela 2015, 3).

According to the Maamu study (2012, 13) the health and well-being of immigrants is often weaker compared to the native Finnish population. The reasons behind the weaker health included difficulties in the use of health care and social services, unemployment, as well as discrimination. In the case of physical well-being, the study clearly indicated differences to the native population in physical activity. There are also differences among the immigrant population. Physical mobility among women with Somali background was weaker and overweight more common than within other studied groups, which is alarming because the difficulties of mobility undermine quality of life and participation, as well as coping independently with life challenges. (Castaneda e.t al. 2012, 182, 190.) The study also found that immigrant Russian and Kurdish women suffer far more from serious depressive and anxiety symptoms-, than the rest of the research population. The UTH study some years later detected that people from the Middle

East and North Africa were more likely to suffer from psychological stress and low moods compared to other groups and the population of Finland as a whole. The study results also indicated that women in all the investigated groups had more frequent psychological stress than men. (Castaneda et. al. 2015, 14.) In the Maamu study, the perceived social well-being varied between the investigated groups. The best quality of life was assessed within Somali people, both men and women. (Castaneda et. al. 2012, 214.) However, the reasons for these differences were not studied in detail.

Overall, the findings presented above give a strong justification to projects (such as Fit4Life) aiming at well-being improvements among immigrants as well as more profound researches on topics aiming at further development of these projects like the research now in hand.

Neither the Maamu nor the UTH study took spiritual aspects of well-being into consideration. It seems that spiritual well-being is a poorly studied dimension when it comes to immigrants' well-being in Finland. Referring to the literature and research presented earlier, spiritual well-being both widens the understanding of well-being and potentially gives additional knowledge on other dimensions (physical, mental, social) as spirituality has an impact on them.

3 RESEARCH CONTEXTS

Recent increased immigration challenges Finnish society. To provide a high quality and prosperous society, services must be available to everyone. Challenges like religion, culture, language and other matters of migration should be taken into account while developing services. This is important in order to provide equality among citizens and residents, and to develop an integration policy.

Even though the legislation guarantees fundamental rights concerning religious freedom, this does not always translate into practice. The main problems include the freedom to build places of worship, to display religious symbols, to observe holidays as well as days of rest, the observance of dietary regulations, the wearing of head coverings, following rituals associated with certain stages of life, the use of a particular language, the choice of religious leaders, and the establishment of religious schools. (Sakaranaho 2006, 170–171.) In practice, the issues related to religion can limit one's possibilities to participate in certain activities due to dressing codes of the religion, norms of women's activity outside home etc. The aim of the planners and organizers of well-being services is often to make them as accessible and equal to all as possible. This may lead to exclusion of all issues related to religion, beliefs and values from the services. However, this means through the lens of holistic well-being the spiritual well-being's role should not be ignored.

3.1 The assignor organization: Monaliiku Association

Welfare and Sports for Multicultural Women – Monaliiku association is a young association established in Helsinki in 2009, to provide women with multicultural backgrounds opportunities to engage in sports and activities of well-being. Nowadays Monaliiku has groups also in Vantaa, Espoo and Jyväskylä. Research has demonstrated frequently that women from multicultural backgrounds do not participate in sport activities as much as men. The Monaliiku association wanted

to encourage women with multicultural backgrounds to move and exercise because everyone has the right to move and practice sports. For this reason, they created a safe environment for these women to engage in sports and in order to find suitable activity for everyone. The aim is to improve the well-being of women and girls through sports regardless of religion, skin colour or nationality. (Monaliiku ry 2017a.)

The Monaliiku association is the assignor of this study and the research is implemented in cooperation with Monaliiku's project leader Claudia Nystrand. The study focused on impacts of the Fit4Life project for immigrant women's well-being since Monaliiku was preparing to apply for further funding from the Funding Centre for Social Welfare and Health Organizations (STEA) for the project at the start of the study. As participation in the project is voluntary and anonymous, Monaliiku does not possess sufficient information about participants. Knowing more of the participants' experiences and needs would be important for the development of the project. Monaliiku needs to prove that the program has a positive impact on participants' well-being in order to facilitate continuity of the project and to prove the feasibility of the concept to the funding partner.

3.2 The Case: Fit4Life project in Helsinki region

In 2013, when the new well-being project originated, various similar health projects were already being implemented in Metropolitan area. Therefore, the project leader Claudia Nystrand tried to seek a different approach for the project. She had her own experience as an immigrant woman, so she used her own evaluation while planning and thinking of the project's need. In addition, she had evaluated previous groups which were implemented in Monaliiku and various feedbacks from participants, as well as utilized her increased knowledge of comprehensive well-being to form the base for the Fit4Life project. (Nystrand, C, 2017. Interview. 20.4.2017. Helsinki.)

The main objective of the Fit4Life project is promoting health, preventing discrimination, promoting social well-being and improving the quality of life of

multicultural women. The project strives to find and implement flexible solutions to improve the health of immigrant women and to increase their participation in different sport hobbies. This process considers a variety of important aspects that affect their health and well-being, such as physical exercises, nutrition and social participation. (Monaliiku ry 2017b.)

The participants of the project will participate in several health promotion activities like health surveys, supervised exercise classes once a week, nutrition lectures, as well as group discussions. The project estimates results, in the following areas: improved health, better integration, raising awareness, networking, a range of solutions for individual needs, information about specific problems, a network of actors from different sectors as well as new fitness activities. (Monaliiku ry 2017b.)

4 RESEARCH METHODS, DESIGN AND IMPLEMENTATION

This research is a case study which aims to gain a deep understanding about the Fit4Life project's impact on participants' well-being. There is usually only one case in case research. The basis for the case research is a collection of data from various sources. Therefore, triangulation is used as a research strategy in case research and sources of data are combined. In the following subchapters, the researchers give a specific description about the manner in which triangulation took place in this research project. (Kananen 2013, 37.)

The study is of inductive nature. Rather than trying to test a theory and its applicability to the case, the researchers approach the case by examining the collected material and deriving conclusions from it. (Koskinen, Alasuutari & Peltonen 2005, 166.)

4.1 Methodological choices

In this chapter, the methodological choices are presented and a justification is given to them. This research uses triangulation in order to enhance the quality of the research process and validity of the results. Triangulation means the multi-perspective data collection conducted from a combination of different methods of data collection and approaches (Saarinen-Kauppinen & Puusniekka 2009, 16). Triangulation can increase the credibility of scientific knowledge by combining both quantitative and qualitative methods in the same study (Hussein 2015, 10).

In this research, triangulation was manifold. Methodological triangulation denotes that both qualitative and quantitative methods were used. The material consisted of data from various sources. In addition, researcher triangulation took place, meaning that two researchers observed and analysed the data etc. first independently and then compared and combined their findings to create a common view. (Kananen 2010, 72–73.)

In quantitative research, researchers normally use questionnaires or surveys with formalized standard questions and predetermined response options to a large number of respondents. The research problems are specific and usually distinctly defined in quantitative research. The main goal of quantitative research is to provide specific facts to decision makers that can be used to make accurate predictions about the relationships between behaviours among other things. Researchers should have received good training *inter alia* about design questionnaires and have statistical data analysis skills. Furthermore, researchers should have the ability to translate numerical data structures into meaningful narrative information. The main concerns of quantitative research are the validity and reliability of data. (Hair, Bush & Ortinau 2002, 211–212.)

In contrast to quantitative research, in qualitative research- researchers tend to focus on understanding the phenomena being studied. Normally, the group being studied is relatively small and the information is gathered by asking non-structured format questions or observing the behaviours of the group. One of the main objectives of qualitative research is to gain introductory insights into research problems. Researchers use either open-ended questions or specific observational techniques to observe respondent's behaviour and probe their initial responses. Researchers should have received good training about interpersonal communication and interpretive skills. In qualitative research, the data can be collected within relatively short periods of time but, on the other hand, it takes time to translate the research data into meaningful findings. Even though the qualitative data is difficult to generalize to the population, it can still have a crucial role in understanding some phenomenon, for example in social work. By using qualitative research methods, researchers can collect important information about specific opportunities, problems and theories related to the research subject. (Hair et al. 2002, 212–213.)

4.2. Data collection

According to Hair et. al. (2002, 42), the main sources of research data can be divided into secondary and primary data. Secondary data is data that already

exists in some form in places such as inside a company, on the internet or other database. The primary data, also called firsthand data, is collected to solve a specific research problem by using exploratory, descriptive and causal research.

When it comes to secondary data, there has been one research project implemented earlier with the same Fit4Life project as its scope. The thesis, conducted by Ohanga Too, studied immigrant women's experience of Fit4life Health Promotion Program 2016. The study involved eleven participants and aimed to gain a deeper understanding of the perceived benefits and experiences of regular participation in the Fit4life health promotion program, with a particular focus on the health and well-being of immigrant women. The study demonstrated that the Fit4life health promotion program had a positive influence on the participant's health and lifestyle behaviour. The participants were able to adopt a healthier lifestyle in terms of being physically active, as well as making proper choices regarding healthy food. In addition, the immigrant mothers also appreciated the social and psychological support which facilitated stress relief. (Ohanga Too 2016, 42.) This thesis in hand aims at deepening the topic by using more expansive data of both qualitative and quantitative nature and adding the spiritual dimension of well-being to the analysis.

4.2.1 Quantitative data source: The survey

Quantitative data is typically collected via online or printed survey forms where the respondents answer multiple choice questions created by the researchers. Designing the survey form is one of the most important steps in implementing research. Testing the understandability of a questionnaire is particularly important when the study is conducted for people whose mother tongue is not Finnish, and the subjects of interest are sensitive. Due to funding and other external requirements, planning often has to be accelerated. (Tilastokeskus 2015, 14.) In this survey, the timetable was tight due to the upcoming deadline for the funding application. Personal information of the participants had not been collected before, and their progress in the Finnish language was difficult to estimate. The researchers followed the instructions of Statistics Finland in that the survey

should be created in clear Finnish language because it is to be expected that the language level of the participants is not enough to understand very rich and complex vocabulary. (Tilastokeskus 2015, 15.) Therefore, after initial participatory observation, the survey was planned and conducted in cooperation with the project leader Nystrand, as she is more familiar with the target group and their skill levels.

The survey contains 25 questions in total and it is divided into five sections. The first section includes basic information about participants, like age, nationality, occupation etc. The second section contains information on participants' involvement in the group. The third section inquires about the impact of the project on the well-being of participants. This section consists of multiple choice questions with five options to choose from. (1: completely agree, 2: agreeing to some extent, 3: no answer, 4: somewhat disagree, 5: completely disagree.) In the results analysis in chapter 5, the "no answer" category was excluded as the frequency of them was low and would not add understanding of the phenomenon studied. The fourth and fifth sections contain questions about project development as well as open questions concerning religion and free commentary. (See the Appendix 1.)

4.2.2 Qualitative data source 1: The focus group interview

Group interviews can be used as a tool to discover, for example, how individuals form a common view of some topic via discussion and arguments. The advantage of group interviews is that it can readily reveal information from several people simultaneously. The members of the group can help each other to remember things that would not necessarily come to mind during individual interviews. (Saarinen-Kauppinen & Puusniekka 2009, 58.)

Preparation for a focus group interview is the most critical phase. The researchers must understand the purpose and structures of the study. In addition, the preparation includes a detailed examination of the research topic, the selection and recruitment of the participants as well as taking care of other arrangements

such as the space for the interview, serving drinks and foods, and the recording facilities. (Hair et al. 2002, 224.)

The professionalism of the interviewers is a prerequisite for the study to succeed. Interviewers should understand the purpose of the research and questions, so that they can inform participants about the study and help respondents to interpret the questions if necessary. Interviewers should work with the respondents in the same way and use the same materials to ensure the quality of the research, as well as maintain a professional image of the interviewer. This also strengthens the target group's confidence in the research organization. (Tilastokeskus 2015, 23.)

For this focus group interview, seven participants were chosen randomly from the same Fit4Life group. Participation was emphasized to be voluntary and anonymous. The interview was implemented after the sport lecture which was assumed to be the simplest way to reach the target group. The Flower model was used as a base for the discussion and simple and slow speed Finnish language was used.

4.2.3 Qualitative data source 2: Participatory observation

A single focus group interview has its limitations as a source of qualitative data as it only occurs at one point of time and factors such as energy levels of interviewees and excitement of the interview situation can affect the width and depth of the data obtained. Thus, the researchers decided to observe the action in its natural setting and record additional data revealed from that observation with notes taken during the program sessions.

In participatory observation, the group under study identified they were being observed. The advantages of this method are its flexibility and “naturalness”, which means that the researcher can enter the situation with an open mind, and as new situations are encountered they can be followed up. Moreover, participatory observation allows respondents to speak for themselves and thus avoid a master-

client relationship and respondents usually act more naturally than during a more formal interview. (Bryman 2016, 267.)

During the data collection, participatory observation was implemented with the groups. The observation was conducted during the exercise classes as well as during the nutrition and well-being lectures. Overall, researchers participated in the “self-confident” and “women in Finland” lectures as well as four sport classes. The observation required developing awareness of the groups, deepening understanding of selected phenomena, as well as recognizing the margin of error of the survey.

4.3 Data analysis

As the target group was relatively small in size, the survey was conducted using print out forms for the participants to fill in. Researchers then tabulated the collected answers in order to calculate the division of answers in different categories and produce visualizations of the quantitative data. The low number of respondents does not allow full scale statistical analysis of the numerical data collected.

Qualitative data consisted of two types of material. Data from the focus group interview consisted of notes taken during the interview by the researchers. The discussions were not recorded word-by-word but by focusing on the key contents related to the research. This made it possible for the researchers to concentrate on the flow of ideas and key messages and ignore the non-related details. The notes were then immediately compared and discussed as the interview situation was still freshly in mind. Researchers were both looking for patterns, i.e. views and ways of thinking that unite the respondents as well as issues where there is a clear deviation of views. The same analysis as above was also utilized during working on the data arising from participatory observation. The researchers were present 5 times as the project activities were taking place and took notes of actions and instances that linked to the researchers' quest for knowledge. The

results section thus contains both researchers' verbal summaries of findings as well as direct quotes from the respondents.

4.4 Ethics and plan for research quality

Prior to the actual data collection, a research permit was granted by the project leader Claudia Nystrand, and the participants were given an introduction to the thesis topic as well as the concepts behind it. The ethical value of the research is improved if the research community is aware of the need for information and considers the research to be acceptable and necessary (Tilastokeskus 2015, 46). It was emphasized that participation is voluntary, anonymous and in accordance with principles of confidentiality. Both in the report to assignor as well as in this thesis report, attention has been paid to ensure that participants cannot be identified in person. Their nationality, age, number of children and education were inquired only to sort out the group structures for later development of the project. Data storage and data protection were accurate and complied with commonly agreed working methods. Once the project has been completed and thesis report accepted, the research material will be deleted.

During the processing of the research, it is relevant to be aware of one's own prejudices and stereotypes while encountering the target group. Stereotypes are related to age, sex, culture, or ethnicity or some other matter. Stereotypes are positive if the researchers respect the features, or instead, they could be negative if features are unrespected. (Korhonen 2013, 60.) For instance, from the Western point of view, Islam is often identified with violence and warfare, yet from the Islamic point of view, Islam is often identified with peace and compassion. (Sakaranaho 2006, 169.) These both stereotypes could affect the nature of the study and could be problematic in intercourse of people. It is important to understand this potential risk of researcher bias and to critically review one's own process and treatment of results. The researchers approached the topic and the target group with a neutral approach. Researchers did not want to impose their own or the assignor's targets and beliefs to the respondents.

Spirituality is a personal and sensitive topic and therefore challenging to approach and measure. Sensitivity differs from one person to another, and people feel sensitive towards a wide variety of questions. Sensitivity towards questions is often decreased if the interviewer and respondent are of the same sex. (Tilastokeskus 2015, 16.) In addition, spirituality can be understood in several ways in different cultural contexts. Even though the topic is sensitive, it is essential to have courage to discuss these issues to expand upon knowledge and establish mutual understanding.

4.5 The research process

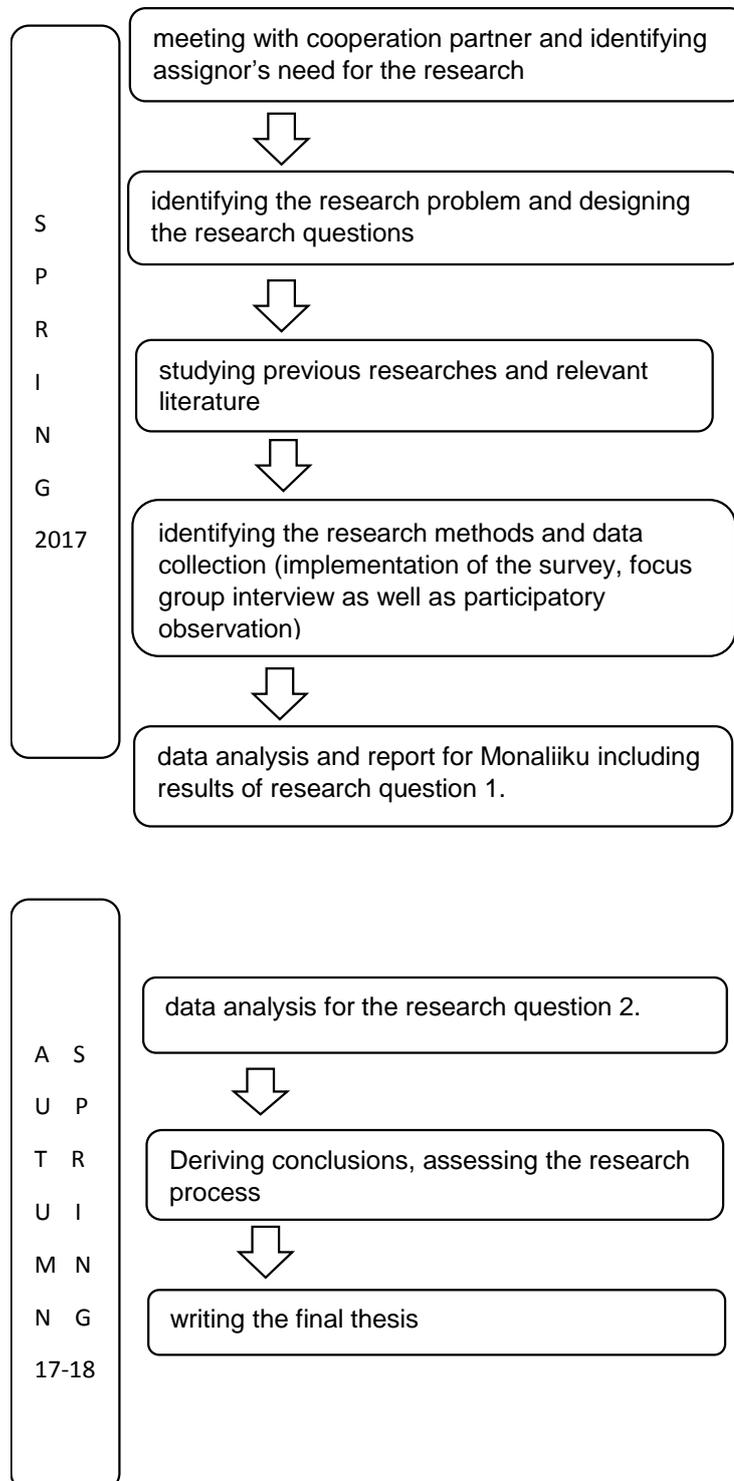


Figure 4: The research process

5 RESULTS

5.1 The structure of the respondent pool

The Fit4Life -project comprises of six different groups in the metropolitan area. The number of participants vary from 5-30 persons per group, and all groups have the same operating model. The survey was conducted for four Fit4Life groups and answers were received from 33 respondents.

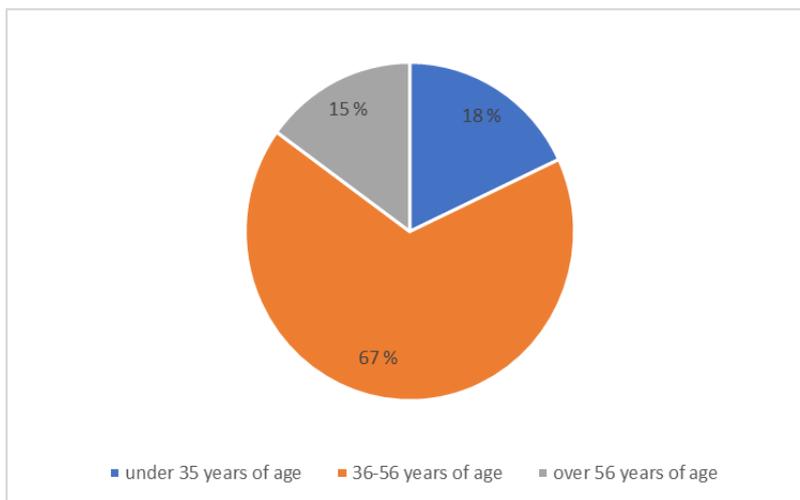


Figure 5: Age distribution of the participants (N=33)

As figure 5 presents, within the respondents, 67% were 36-56 years of age, 18% were under 35 and the remaining 15% were over 56 years of age.

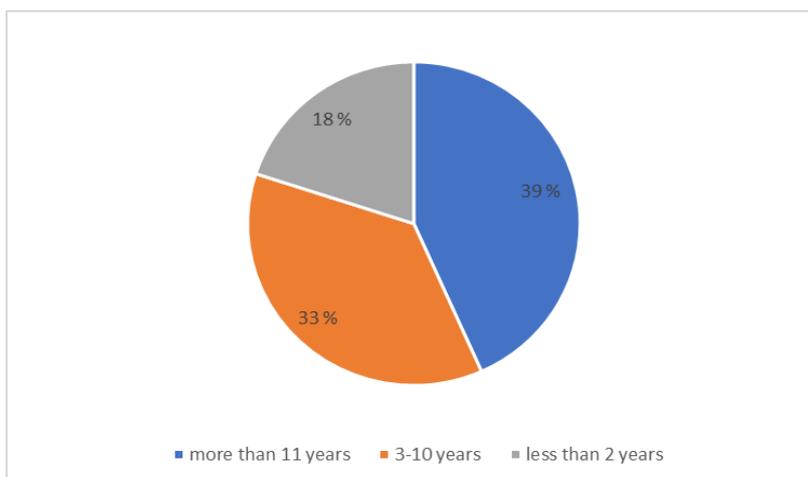


Figure 6: Participants' lived years in Finland (N=30-33)

Figure 6 illustrates how many years the respondents had lived in Finland. 39% of the respondents had lived in Finland for more than 11 years. 33% had lived 3-10 years and 18% had lived less than 2 years. Most respondents were from Somalia (58% of the respondents), thus Somalia was also the most spoken mother tongue (64% of the respondents). Other countries of origin were, among others, Afghanistan, Kosovo, Lebanon, Syria and Rwanda.

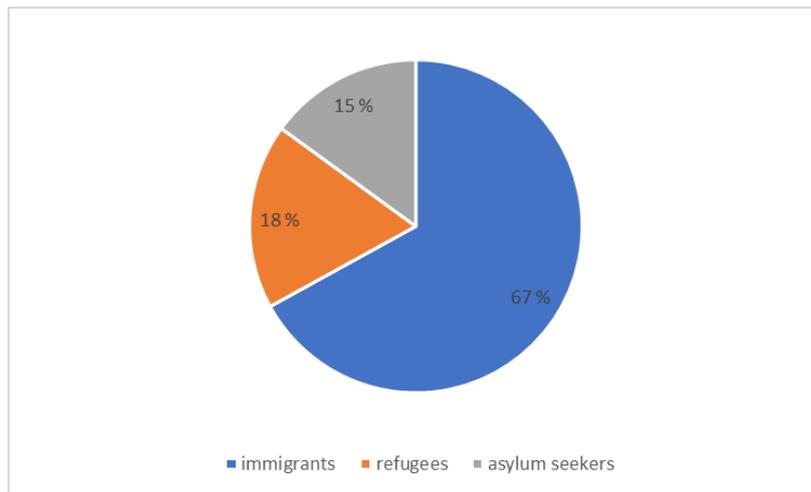


Figure 7: Immigration status (N=33)

The immigration status of most of the group members (67% respondents) was “immigrant”, two other status’ were refugees (18% respondents), and asylum seekers (15% of the respondents) as the figure 7 presents. The most common religion in the groups was Islam (91% of the respondents) and the other religion was Christianity (9% of the respondents). Within the respondents, 30% had not attended school at all while 18% of them had attended elementary school and other 18% vocational school. As one can predict from the level of education, many of the respondents (48%) did not have a job at the time the survey was conducted. 39% of the respondents were studying while the rest were either pensioners or in the working field. Most of the respondents (94%) were married. Most of the respondents were also mothers (88%), 52% of them had more than five children. 12% of the respondents did not have children.

The survey indicates that 42% of the participants had attended the project over a year. 91% of the respondents reported that they are regularly participating, and 94% of them attend both sports lectures as well as the theme days including the

lectures about the comprehensive well-being. Therefore, the respondent group was very homogenous in their relation to the project and no special attention to this factor was addressed in the study.

As the data was collected using both qualitative and quantitative methods (i.e. triangulation), the findings from these various stages support each other. In this section, the authors present the results in 2 themes.”

5.2 Theme 1: Participants’ physical, mental and social well-being

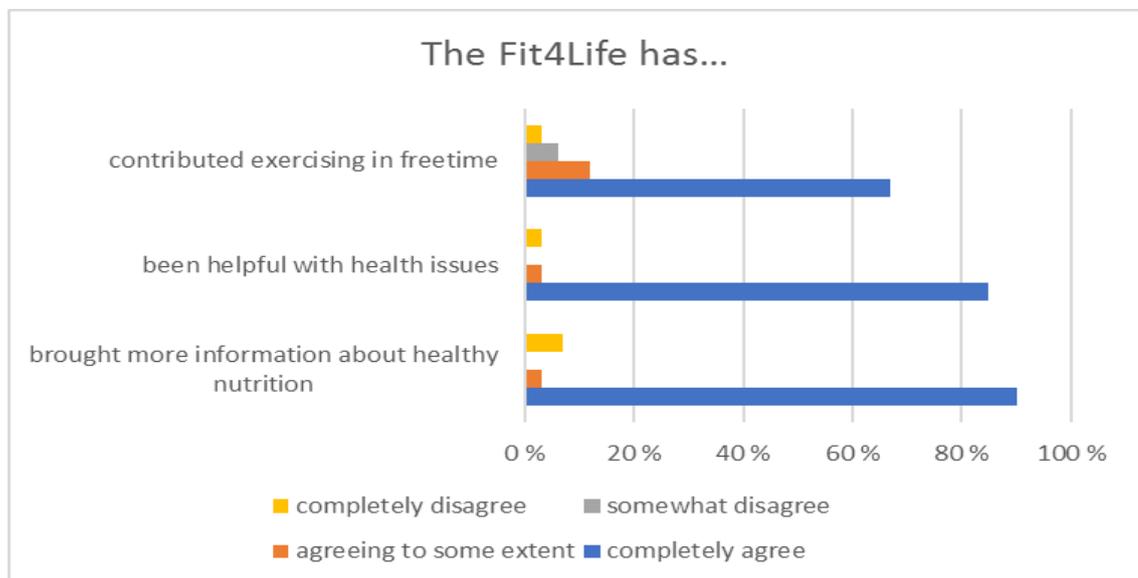


Figure 8: Fit4Life project’s impacts on physical well-being (N=30-33)

Figure 8 indicates how physical well-being has been impacted by the Fit4Life project. A very clear majority (91%) of the respondents completely agreed that the project brought them more information about healthy nutrition, an almost equal number (85%) completely agreed that the project has been helpful with health issues, and two out of three (65%) of the respondents completely agreed that the project had increased their exercising in leisure time. In addition, debates during the focus group discussion pointed out that physical training was found to reduce physical pain. Participants also talked about visible changes in the body

like weight loss and increased muscle strength. Learned exercises were also practised at home and general coping had improved as well.

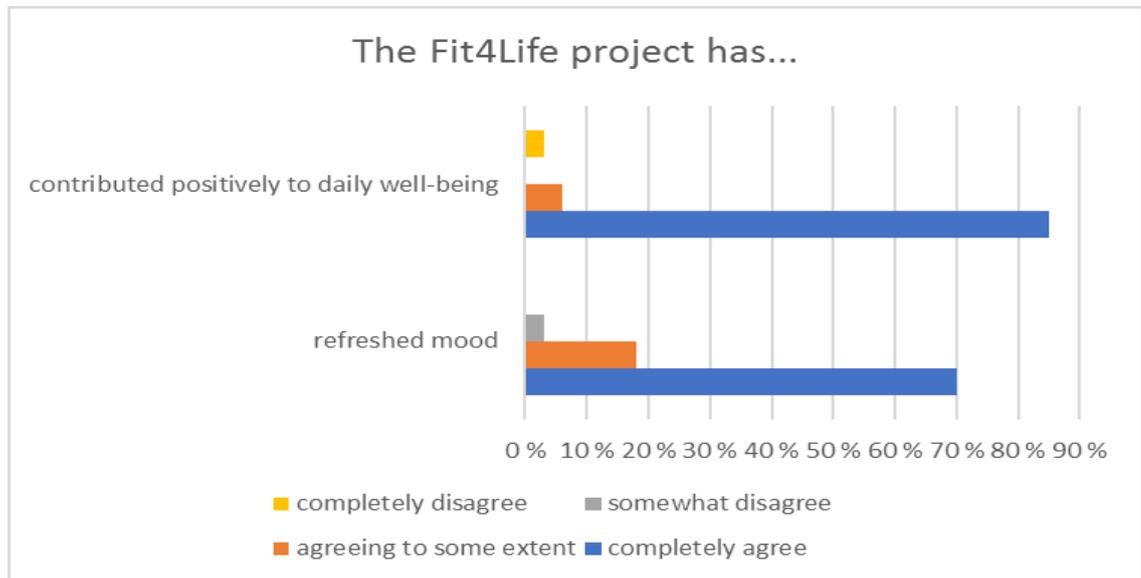


Figure 9: Fit4Life project's impacts on mental well-being (N=30-33)

Figure 9 illustrates the impacts of the project on participants' mental well-being. More than two out of three (70%) completely agreed that attending the project refreshed their mood, and even more (85%) completely agreed that participation also contributed positively to their daily well-being. Moreover, discussions with other participants and supervisors were highlighted during the focus group interview. The participants experienced discussions about diverse meaningful topics and according to the participants, discussions with people in the same kind of life situation helps them feel better. The researchers cannot fully assess the nature of topics discussed among participants as they were discussed in their own languages. However, the overall mood of participants appeared as positive to the observers.

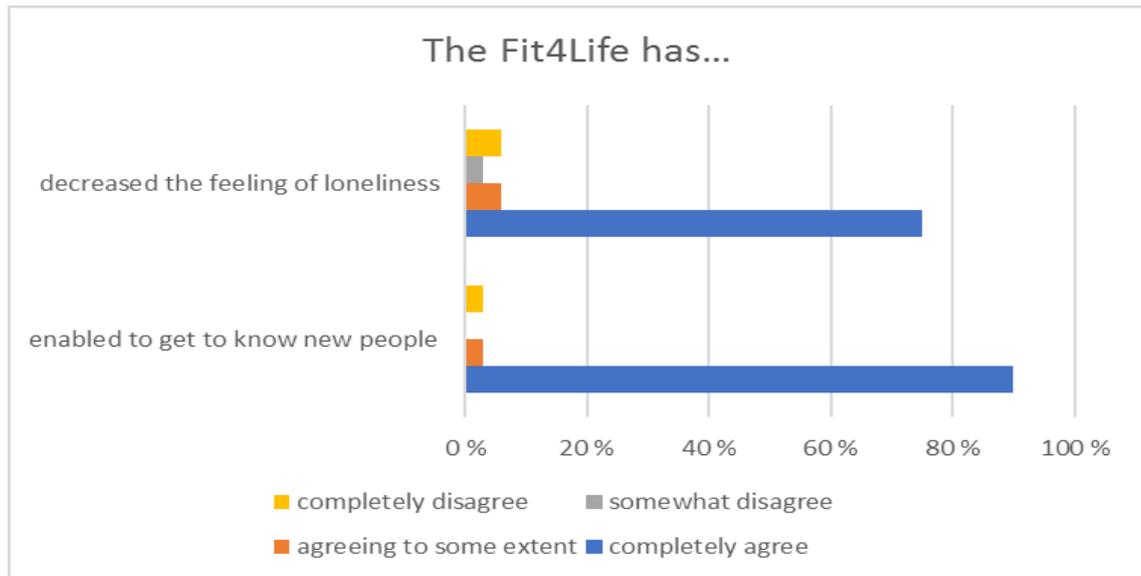


Figure 10: Fit4Life project's impacts on social well-being (N=30-33)

The figure 10 shows project's impact on participants' social well-being. The findings tell that almost every respondent (90%) completely agreed that participation in the project enabled them to get to know new people. Three out of four of them (75%) completely agreed that participating in the project decreased their feeling of loneliness. Furthermore, during the focus group discussion, participants pointed out that they got new friends from the projects, and conversations with people in the same life situation were considered necessary. While observing the interaction of the participants in real-life action it became obvious to the researchers that the project sessions were also social engagements: participants were communicating continuously with each other and the overall mode of interaction was positive. The groups seem to work in an inclusive manner. There were no marginal members isolated from the rest of the group and the participants could bring their children and in this way impact the social wellbeing of their children as well.

Participants commented during the group discussion:

" Discussions and exercise give relief. It will make a better mood, it feels that everything is fine."

["Keskustelut ja liikunta helpottaa oloa. Siitä tulee parempi mieli, tuntuu että kaikki on kunnossa."]

Physical well-being was the most difficult dimension to assess via observation, since the researchers only met every group once. Therefore, the possible developments in strength, endurance etc. did not become visible during the observation period. However, each participant seemed to voluntarily engage to physical activities.

At the end of the survey participants could write their development ideas for the project. About half of the respondents typed that sports lessons should be implemented more, for example 2-3 times in a week. Different sports styles were desired, for instance: swimming, gym training, cycling or excursions. This seems to be further proof of committing to a physically active lifestyle.

One fifth of the participants (21%) agreed that it would be nice to arrange a camp. Also, more discussions and cooperation between supervisors and participants were hoped for. These statements can be seen to express the willingness to continue the work towards social and mental well-being.

5.3 Theme 2: Religious factors affecting to participation and the spiritual well-being of the participants

Three out of four (73%) of the respondents replied that religion had been taken into account in the Fit4Life project. However, every fourth (24%) stated that religion should be considered even better. Concerning the detailed question about how to consider better religious aspects, two respondents wrote respecting it more, and one person noted respecting clothing that they wear. During the focus group discussion participants commented that a head covering scarf is accepted during the training. Also, prayer times were taken into account.

“Here it is easy to exercise. We can go to pray during the exercise, if we want to and it is considered as a normal thing in the group.”
[“Täällä meidän on helppo urheilla. Me voidaan lähteä halutessamme rukoilemaan kesken harjoituksen ja se on normaalia ryhmässä”]

In addition, the place was considered safe because, for example, men are not allowed to come in. At nutrition lectures and cooking classes, dietary habits were considered, like limitations concerning meat foods. Fit4Life sports lectures are also implemented without music, because some religious groups do not accept music. The participants reported that they gave feedback on practical religious arrangements, and the project counsellors have taken the feedback well, as such needed changes have been implemented in practice.

Researchers also asked about the impact of the project on the spiritual well-being of the participants.

*“Religion is holy, the project does not affect my spiritual well-being.”
[“Uskonto on pyhä, hanke ei vaikuta minun hengelliseen hyvinvointiin”]*

” We do not have to talk about religion because we have not come here because of religion.” [“Meidän ei tarvitse puhua uskonnosta, koska emme ole tulleet tänne uskonnon takia”]

The overall impression is that the participants saw spirituality and religion to be distant to the contents of Fit4Life program. However, some members obviously would have given value to tighter integration of the program to religion. Since participants acted anonymously it cannot be figured out if members of a certain religious view have different attitudes than members of some other religion.

5.4 Respondents' role in contents and development of the project.

The survey also handled the topic of development of the project. Four out of five (82%) of the respondents answered that they had a possibility to influence the content of the project. In addition, almost two out of three (61%) replied that they have been giving feedback concerning the project and their feedback has been considered. Slightly more (70%) of the respondents replied that giving feedback is easy in the project and (85%) respondents felt that feedback has been asked for enough in the project. The researchers observed that the participants did not

actively propose actions during the programme sessions so their impact was more on the general and long-term level.

6 CONCLUSIONS AND DISCUSSION

6.1 Conclusions

The first research question searched for knowledge on: How has the Fit4Life project affected participants' physical, mental and social well-being?

Overall, the survey and the focus group interview show that the project has had a positive impact on the participants' physical, mental and social well-being. The study also confirms the results of the previous research, which indicated that the Fit4Life project had a significant positive influence on the participants' health and lifestyle behaviour. Participants were able to adopt a healthier lifestyle in terms of being physically active, as well as make better choices regarding healthy food. (Ohanga Too 2016, 42.) Therefore, it can be concluded that the Fit4Life project has succeeded in its objectives while positively influencing the participants' physical, mental and social well-being.

The Maamu study (Castaneda e.t al. 2012, 182) indicated, that the physical activity of Somali women was particularly low and overweight within their group was common. According to WHO (2013, 7) strong evidence indicates that compared to less active women, individuals who are more active have lower rates of heart disease and depression. The Fit4Life project fights against the outcome of the Maamu study and supports the WHO's view: Far more than half of the Fit4Life participants reported an increase in their physical activity during leisure time due to the project. Furthermore, many participants said they had lost weight and their moods had been better since participating in the project. Therefore, it can be stated that the Fit4Life project addresses an issue where there is room for improvement and steps in the right direction can be taken.

Moreover, people who are actively involved in different social activities feel healthier than those with less social participation. Looking at the results of the Maamu study, for example, it reports that two-thirds of people with Somali background regularly participated in organizations and associations activities,

however, Somali men more often than Somali women. The gender gap can be due not only to cultural factors but also to the differences between men and women in participation in working life. Women with Somali background are more likely to be at home and therefore have fewer opportunities to participate in outdoor activities. (Castaneda et. al. 2012, 219, 226.) For this reason, it is extremely important that projects like Fit4Life exists. It is important for the Somali women to have access to low threshold meeting and activity places to be more likely to go outdoors. Based on the results the project Fit4Life seems to widen participants' life circuits and social networks.

However, this social integration mostly happens within the immigrant population. In the future, attention should also be paid to those Somali women who, according to the results of this study, who have been in Finland for over ten years and still do not speak Finnish. The more often women engage in hobbies and possibly also get acquainted with Finns, the more likely they will be to learn Finnish too. Likewise, any other increased interaction between immigrants and the native population would improve the health of immigrants. In this case, however, the project should be changed so that Finnish women could also participate in the groups and thus women with diverse backgrounds would be able to get to know each other.

The Fit4Life project has also had positive impacts on participants' mental well-being. As mentioned in chapter 4.2.2 the survey on work and well-being among people with foreign origin (UTH) found out that people from the Middle East and North Africa suffer from psychological stresses more often than the others investigated. The study revealed that psychological stress was more frequent in women than in men and men are more likely to attend sports activities than women. (Castaneda et. al. 2015, 13–14.) Here the Fit4Life project has found the need and responded to it. Being physically fit and feeling physically well often leads to the psychological benefits of enhanced self-esteem, self-control and determination. Physical activity is related to small and but significant positive changes in self-esteem (Biddle & Mutrie 2008, 185).

In this research setting and perhaps more generally in well-being studies it was not possible to isolate dimensions of well-being from each other. Dimensions of physical, mental and social well-being affect one to another. The results indicate that development can be achieved when they all are taken into account in program design and implementation.

The second question focused on the spiritual dimension of well-being by asking: How has the Fit4Life project taken into account the religious factors affecting to participation and how has it impacted the spiritual well-being of the participants?

When it comes to spiritual well-being, it seems that the project's design and implementation consider religious viewpoints and therefore participation is possible and pleasant. Most of the participants were Muslims (approx. 90%) and they reported inter alia that praying times, diets and clothing, which are important to them, were considered while implementing the project. However, if this type of projects where religion has been considered discontinue or if the groups in this project get more multifaceted, positively impacting the spiritual well-being may become more difficult in the future. This may affect people's willingness to participate, thus decreasing integration as well as perceived and actual well-being. Furthermore, if the project's financing ends in the future, it would be beneficial to prepare participants to integrate into other hobbies and activities.

The project's impact on the participants' spiritual well-being was a clearly harder topic to discuss. This may be because the culture of most of the participants does not recognize or at least does not use in discussion the concept of spiritual well-being. Furthermore, the Finnish language skills of the participants were weak, establishing a common understanding about spirituality a challenge. According to Koenig (2012, 2–3) the term spirituality is very similar to religion and their definitions clearly overlap. In the discussion, it seemed that spiritual well-being was highly connected to religion or even understood as the same concept. Furthermore, participants agreed on the common response, that the project has no effect on their spiritual well-being and was felt to be a sacred separated element from their comprehensive well-being like the figure 11 illustrates:

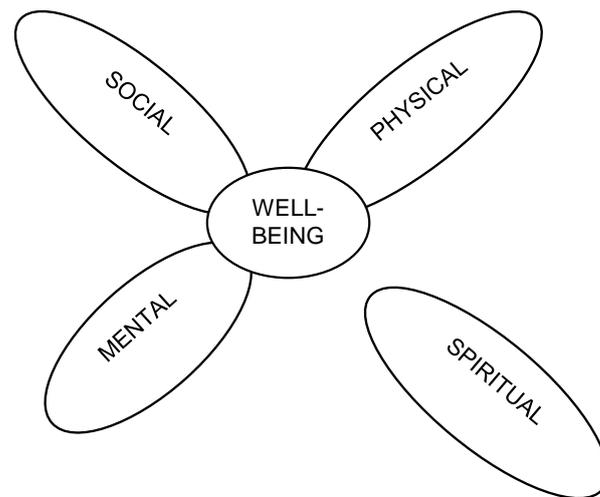


Figure 11: Spiritual dimension as a separate dimension of the holistic well-being in the Fit4Life project

In the Fit4Life project, religious needs were recognized, and therefore it can be assumed that society may recognize religious challenges in participation and take them into account, although discussing spirituality is one's own personal business. However, Jafari et. al. (2010, 1480) argues that individuals with spiritual experience and religious beliefs can better cope with their stress as well as psychological problems, and the confrontation methods are stronger. Puchalski also (2001) notes that the study made for heart transplant patients shows that spiritual commitment tends to enhance recovery from a surgery and illness, and those heart transplant patients had higher levels of self-esteem, less anxiety, and health worries. Therefore, if the aspect of religion and spirituality could be boldly expressed during debates, it could be better recognized as a protective element, as well as a part of comprehensive well-being. Thus, via recognition, spiritual needs could be supported in different projects, and open debates about religions could lead to a better understanding between people with different religious beliefs, which could also support integration in multicultural societies.

It can be stated that the Fit4Life project has some underlying potential to work further in the spiritual dimension, for example via arranging lectures on spiritual well-being. Overweighting that dimension can, however, negatively impact on

integration and raise a barrier for the participation to some. Finding the right balance may need further study and piloting diverse ways of implementing spiritual well-being enhancing efforts.

A clear majority of participants reported that giving feedback is easy and that their feedback is taken into account. Thus, it seems participants can influence the content of the project, and the dialogue between participants and supervisors is active. In the future participants might be engaged even more in planning and action. This would further empower the immigrants and improve their self-esteem.

6.2 Assessment of the research process and results quality

The results and conclusions of a research should be correct, reliable and credible. The credibility concepts for science are reliability, meaning the consistency of the research and validity, meaning that researchers studied the correct things. Issues on reliability and validity are taken into account initially in the planning stage and a short risk evaluation is done regarding what can go wrong and how to prepare for risks. The basis for credible work is documentation about what was done, why was done and how it was done. (Kananen 2013, 176–178.)

In this research, Finnish language was used but some of the questions were difficult to understand for the respondents (especially questions 15–22). For this reason, there is a potentially higher margin of error on these questions. According to Statistics Finland (Tilastokeskus 2015, 41) various reasons could affect the research reliability, for instance: understanding the questionnaire, pressure, mistrust for research, other family members around, remembering problems, the cultural background, and age of the responder. In the questionnaire, researchers provided clarification and practical examples to improve the understanding of the issues. These examples may have affected the answers of the participants. In addition, the participants spoke in their own language and gave advices to each other which may have affected the similarity of the responses. However, the results concerning theme 1 (effects on well-being) were in accordance with the earlier study of Ohanga Too. This gives confidence to the reliability of the results

achieved. During the focus group discussion, the holistic well-being was explained in a simple way using The Flower model as a base for discussion. Still the cultural differences and understanding about the concept of well-being can be shown in results, especially while talking about spiritual well-being.

The data was collected using triangulation: the survey, the focus group interview and participatory observation, so the phenomena was viewed from different angles. According to Kananen (2013, 196–197) the use of a multi-strategic approach can be justified in a research situation where one method could leave gaps in data collection. These gaps can be supplemented with other methods. Furthermore, if in research different approaches give the same results the results can be regarded as credible. The data collection methods supported, as the researchers' gained results pointing to the same direction from all methods.

Validity as a concept related to research quality assesses whether the study was focusing on the things it was intended to be. Close collaboration with the assignor, feedback, and the acceptance of the interim report to the assignor and further to their funding source confirmed to the researchers they were focusing their efforts correctly.

Practical value of research is to a certain extent dependant on its generalizability. One should be careful when applying findings from one context and time to another. This study was a cross-sectional study of a single case. However, as was shown in the literature review, immigration and well-being challenges of immigrants is a global and long-term phenomenon. Researchers trust the results of this study would benefit well-being program planners in similar type of cases in different contexts.

6.3 Directions of further research

The demographic data of this research shows that 39% of the respondents have been living in Finland over 11 years. This information raises questions about the success of the integration process with regards to those respondents, because

of the fragile Finnish language skills of the participant during the study. One area of study could be the reasons for such a slow integration and whether it could be improved by some organized activities.

In the field of research, a wide array of studies on spirituality in the Finnish context have been related to elderly care, terminal care and nursing care. Hence, spirituality can be assumed to be an important part of well-being when approaching death. Spirituality as a part of the holistic well-being could be studied also among youth or other groups where spirituality is less studied.

The study shows clearly that the Fit4Life project considers religious aspects in participation, but it seemed that aspects were limited to Islam, which is natural when 91% of participants were Muslims. If the group were more heterogeneous, it would be of interest to ensure that all religions were taken into account equally, for example the Christian point of view. Also, in case where the group is fully homogenous (e.g. 100% Muslim or Christian) the spirituality dimension could take a clearer role. This way the integration of well-being programs into diaconia could be improved, but no research to support this development exists yet.

Lastly, many associations operating in well-being, immigrants and in the combination of the two need to annually apply for further funding for their projects. During this study researchers find out that it would be beneficial to create a general tool for making data collection easier and faster for associations. The tool development could be a product type of thesis for students to come.

6.4 Discussion – Diaconia in the changing society

Understanding a human as a holistic psycho-physical-social being is part of the human concept and basic orientation of social and nursing care. The aspect that diaconia work adds to the concept of holistic being is the spiritual dimension. Following the definition by Kostilainen and Nieminen (2018, 216) the aim of the diaconia in the Lutheran Church of Finland is to defend the human dignity of every

human being. According to Christian concept of humanity the value of a person does not depend on success, standard of living, nationality, gender or religion.

Even though the roots of Western social and health work are largely in the Christianity, social and health work has deliberately sought to break away from the Christian tradition towards a general-humanist and secular framework. The recent increase in immigration to most Western societies has made the role of spirituality and religion even thinner as religion can also be seen as a barrier for integration. In addition, the spiritual dimension of a human has often been ignored because religion and spiritual experiences are thought to belong in the private life of a person, and work in the social and health sector emphasizing the principle of neutrality. (Kostilainen & Nieminen 2018, 216–218.)

During the last two decades, however, in the international debate and especially in the US social work, spirituality has started to be an important part of aid work and the professional identity and ethics of the employee. While society becomes multicultural parish workers will also face new religions and cultures. Therefore, spiritual sensitivity is an essential part while serving people. Spiritually sensitive worker can recognize peoples' mental, spiritual and religious needs. This requires information and skills to respect people with different worldviews and religions. (Kostilainen & Nieminen 2018, 216–218.)

The Fit4Life project is planned to be a project where all women can participate and therefore, for example, personal information was not collected. The meaning of the community is also highlighted which can be seen as a diaconal aspect of the work. Every woman can attend the project as they are and feel respected. Also, the need for praying times is considered as the participants are mostly Muslims. This practice may facilitate the participation of Muslims into the project. However, by removing barriers to participation, people may not be aware of creating new barriers. It is also logical to think that implementing certain principles and practices addressing the spiritual dimension into a well-being program can cause negative motivation for some individuals. If the way spirituality is embedded to a program does not match with a person's way of experiencing and expressing his/her spirituality the impacts on well-being can also be negative. As Kostilainen

and Nieminen (2018, 219) state spirituality can be a protective factor for peoples' mental health but in some cases, it could be also a destructive factor.

Thus, many questions arise for the practitioners of diaconia: It is natural to consider a majority's religious needs and remove barriers for participation but how to consider those who are not willing to take a part in religious activities? Are people of the same religious group feeling pressure attend to these activities even though they are not willing to? Is it acceptable among the group that some participant does not pray? What about people who might have different religious needs but are a minority in a group? If minorities' needs are ignored it could lead to a situation where they are not willing to participate anymore and the group will get even more homogeneous.

This study was not conducted within the diaconia activity of the Lutheran church, but in a more neutral context of general well-being. However, the scope of the study addressed the central purpose of diaconia, support of holistic well-being including the spirituality. Since the diaconia activity typically combines several dimensions of well-being and deacons plan and implement this kind of combined actions for various target groups, the results achieved give food for thought on practices and challenges for their work. The deacon's profession includes both work within a religion as well as between religious viewpoints (e.g. immigration work, missions), and these considerations are fruitful for both settings.

6.5 Professional development

Nowadays diverse types of thesis like projects and products are accepted in Diaconia University and those could have been more natural choices for researchers of this study, since both researchers felt more like practitioners rather than "academics". For personal and professional growth and to step out from their comfort zone, researchers chose to do a research type of thesis. The researchers also felt that systematic research on project outcomes gives a solid base to plan and implement successful projects in the future. This thesis was working life oriented, so there was a definite need for the study as the assignor organisation

was short of factual knowledge of their program achievements. Also, holistic welfare and immigration work belong to the researchers' interests and career projections, so there was both interest and motivation to work on this topic.

During the thesis process, different research stages and methods became familiar when they had not been before. Additionally, researchers attained valuable learning about project work and its financing process. The timetable for data collection in spring 2017 was tight because of the assignors' interest to apply for the further funding for the project. Still, researchers and the assignor felt confident and intensive cooperation between cooperation partners helped to create the successful thesis project. Also, Monaliiku association was granted further funding during the research process, so this target for the project was fulfilled.

During the thesis project, researchers worked in close cooperation and a division of the responsibilities was agreed. Researchers had previous experience of working together which was a benefit during the process. Discussions and shared observations contributed to learning as well as the content of the thesis. Even though the writing tasks were shared among researchers (each chapter had a main author) the last version was reviewed chapter by chapter jointly.

The interest of the researchers towards immigration issues globally as well as in Finland increased during the project. The work among immigrants needs to be further developed in Finland; cultural differences and a mix of the different religions are increasing now and in the future. This is an essential point to consider while working as a deacon. The spiritual aspect of well-being and its contribution to holistic well-being was an interesting subject to study, and its value as a part of the holistic well-being would be beneficial to be explored even more. Researchers want to highlight the importance of spirituality stronger in their future professional practice. Also, their willingness to explore as well as take care of their personal spirituality increased during the process. The modern diaconia aims at reaching people via diverse types of activities. This includes not only reaching minority groups such as immigrants, but all layers of the society. Diaconia inside the Lutheran Church is also arranging programmes somewhat

like the Fit4Life project, where spirituality is one of the dimensions addressed, so the learnings of this study can be implemented in that context.

REFERENCES

- Aalto-Matturi, S. (2017). Mieli. Suomen mielenterveysseura. Mikä masentaa maailman onnellisinta kansaa? Referred to 1.2.2018
https://www.mielenterveysseura.fi/sites/default/files/inline/Yhteiskunta/sari-sostetalk-mika_masentaa_maailman_onnellisinta_kansaa
- Alatartseva, E., & Barysheva, G. (2015). Well-being: subjective and objective aspects. *Procedia-Social and Behavioral Sciences*, 166, 36–42. Moscow: Elsevier Ltd.
- Biddle, S. J., & Mutrie, N. (2007). *Psychology of physical activity: Determinants, well-being and interventions*. New York: Routledge.
- Bryman, A. (2016). *Social research methods*. New York: Oxford university press.
- Castaneda, A. E., Rask, S., Koponen, P., Mölsä, M., & Koskinen, S. (2012). Maahanmuuttajien terveys ja hyvinvointi- Tutkimus venäläis-, somalialais- ja kurditaustaisista Suomessa. Raportti: 2012_061. Helsinki: National Institute for Health and Welfare.
- Castaneda, A., Larja, L., Nieminen, T., Jokela, S., Suvisaari, J., Rask, S. & Koskinen, S. (2015). Ulkomaalaistaustaisten psyykkinen hyvinvointi, turvallisuus ja osallisuus-Ulkomaista syntyperää olevien työ ja hyvinvointi-tutkimus 2014 (UTH). Työpaperi: 2015_018. Helsinki: National Institute for Health and Welfare
- Centers for Disease Control and Prevention. (2016). Health-Related Quality of Life. Well-Being Concepts. Referred to 7.2.2018
<https://www.cdc.gov/hrqol/wellbeing.htm>
- Dodge, R., Daly, A. P., Huyton, J., & Sanders, L. D. (2012). The challenge of defining wellbeing. *International journal of wellbeing*, 2(3). New York: Routledge.
- Eriksson, P., & Kovalainen, A. (2015). *Qualitative methods in business research: A practical guide to social research*. London: Sage.
- Evangelical Lutheran Church in Finland n.d. Henkinen Hyvinvointi. Referred to 20.3.2018 <https://evl.fi/apua-ja-tukea/henkinen-hyvinvointi>

- Green, A. (2016). 7 Dimension of Wellness. A holistic approach to health. Referred to 19.1.2018 <https://www.alive.com/health/seven-dimensions-of-wellness/>
- Hair, J. F., Bush, R. P. & Ortinau, D. J. (2002). *Marketing Research: Within a Changing Environment*. USA: The McGraw-Hill Companies.
- Hussein, A. (2015). The use of Triangulation in Social Sciences Research: Can qualitative and quantitative methods be combined? *Journal of comparative social work*, 4(1). Tanzania: University of Agder.
- Jafari, E., Dehshiri, G. R., Eskandari, H., Najafi, M., Heshmati, R., & Hoseinifar, J. (2010). Spiritual well-being and mental health in university students. *Procedia-Social and Behavioral Sciences*, 5, 1477–1481. Elsevier Ltd.
- Jetten, J., Haslam, C., & Alexander, S. H. (Eds.). (2012). *The social cure: Identity, health and well-being*. New York: Psychology Press.
- Kahneman, D., & Krueger, A. B. (2006). Developments in the measurement of subjective well-being. *Journal of Economic perspectives*, 20(1), 3–24.
- Kananen J. (2013). *Designing Research (Applied Action Research) as Thesis Research. A practical guide for thesis research*. Jyväskylä: JAMK University of Applied Sciences.
- Kananen, J. (2010). *Opinnäytetyön kirjoittamisen käytännön opas*. Jyväskylä: JAMK ammattikorkeakoulu.
- Karvinen, I. (2009). *Henkinen ja hengellinen terveys. Etnografinen tutkimus Kendun sairaalan henkilökunnan ja potilaiden sekä Kendu Bayn kylän asukkaiden henkisen ja hengellisen terveyden käsityksistä*. Kuopio: Kuopion yliopiston julkaisuja D. Lääketiede, 451.
- Kawachi, I., & Berkman, L. F. (2001). Social ties and mental health. *Journal of Urban health*, 78(3), 458–467. USA: Springer.
- Kieling, C., Baker-Henningham, H., Belfer, M., Conti, G., Ertem, I., Omigbodun, O. & Rahman, A. (2011). Child and adolescent mental health worldwide: evidence for action. *The Lancet*, 378(9801), 1515–1525. Elsevier Ltd.
- Koenig, H. G. (2012). *Religion, spirituality, and health: the research and clinical implications*. ISRN Psychiatry.

- Konttinen, M. (2016). Yle uutiset. Ennuste: Vantaalla lähes joka kolmas on vieraskielinen vuonna 2030. Referred to 6.3.2018.
<https://yle.fi/uutiset/3-8682344>
- Koponen, P., & Jokela, S. (2015). Yhteistyö maahanmuuttajien kotoutumisen, työllisyyden ja hyvinvoinnin seurannassa-Kokemuksia Ulkomaista syntyperää olevien työ ja hyvinvointi-tutkimuksen 2014 (UTH) toteutuksesta. Työpaperi: 2015_019. Helsinki: Terveyden ja hyvinvoinnin laitos.
- Korhonen, V. (2013). Haasteena monikulttuuriset ohjaustilanteet– sosiokulttuurisen oppimisen ja kulttuurienvälisen viestinnän näkökulmia. Teoksessa Korhonen, Vesa & Puukari, Sauli (toim.): Monikulttuurinen ohjaus- ja neuvontatyö. Jyväskylä: PS-kustannus.
- Koskinen, I., Alasuutari, P., & Peltonen, T. (2005). Laadulliset menetelmät kauppatieteissä. Tampere: osuuskunta vastapaino.
- Koskinen, I., Alasuutari, P., & Peltonen, T. (2005). Laadulliset menetelmät kauppatieteissä. Tampere: Vastapaino.
- Kostilainen, H., & Nieminen, A. (2018). Sosiaalisen kuntoutuksen näkökulmia ja mahdollisuuksia (Ennakkotieto).
- L731/1999. Finnish Constitution. Referred to 10.2.2018
<https://www.finlex.fi/fi/laki/ajantasa/1999/19990731>
- La Placa, V., McNaught, A., & Knight, A. (2013). Discourse on wellbeing in research and practice. International Journal of Wellbeing.
- Monaliiku ry 2017a. Monikansallisten naisten hyvinvointi ja liikunta ry. Referred to 5.4.2017 <https://www.monaliiku.fi/monaliiku-about-us/>
- Monaliiku ry 2017b. Monikansallisten naisten hyvinvointi ry. Referred to 5.4.2017 <https://www.monaliiku.fi/hankkeet-projects/elamani-kunnossa-fit4life/>
- National Institute for Health and Welfare (2017). Immigrants and Multiculturalism. Referred to 22.1.2018
<https://www.thl.fi/en/web/immigrants-and-multiculturalism>
- National Institute for Health and Welfare (2017). Migrant Health and Well-being Study (Maamu). Referred to 15.1.2018 <https://www.thl.fi/fi/web/thlfi-en/research-and-expertwork/population-studies/migrant-health-and-wellbeing-study-maamu->

- Olsan, J. (2016). Physical Well-Being Definition. Referred to 20.1.2018
<http://vitalworklife.com/blog/2016/01/12/wheel-of-well-being-physical-dimension-definition/>
- Puchalski, C. M. (2001). The role of spirituality in health care. In Baylor University Medical Center Proceedings (Vol. 14, No. 4, pp. 352–357). Taylor & Francis.
- Raijas, A. (2008). Arjen hyvinvointi ja mahdollisuudet sen mittaamiseen.
- Saaranen-Kauppinen, A., & Puusniekka, A. (2009). Menetelmäopetuksen tietovaranto KvaliMOTV. Kvalitatiivisten menetelmien verkko-opikirja. Yhteiskuntatieteellisen tietoarkiston julkaisuja.
- Sakaranaho, T. (2006). Religious freedom, multiculturalism, Islam: cross-reading Finland and Ireland. Leiden: Brill.
- Sallinen, M., Kandolin I., & Purola, M. (2007.) Duodecim. Psykkinen ja sosiaalinen hyvinvointi. Referred to 7.2.2018
http://www.terveyskirjasto.fi/terveyskirjasto/tk.koti?p_artikkeli=onn0004
- Tilastokeskus (2015). Maahanmuuttajat väestötutkimuksessa- hyviä käytäntöjä kvantitatiivisen haastattelututkimuksen tekijälle. Referred to 7.2.2018
http://www.tilastokeskus.fi/ajk/julkistamiskalenteri/kuvailusivu_fi.htm?ID=16131
- Tilastokeskus n.d. Maahanmuuttajat väestössä. Referred to 23.1.2018
<https://www.stat.fi/tup/maahanmuutto/maahanmuuttajat-vaestossa.html>
- University of California, Riverside (2014). Seven Dimension of Wellness. Referred to 20.1.2018
https://wellness.ucr.edu/seven_dimensions.html
- University of Wisconsin Stevens Point (2018). School of Health Promotion and Human Development. Seven Dimension of Wellness-at UW Stevens Point. Referred to 2.2.2018
<https://www.uwsp.edu/HPHD/Pages/7dimensions.aspx>
- World Health Organization (2004). Promoting Mental Health. Concepts, Emerging evidence, Practice. Referred to 24.1.2018
http://www.who.int/mental_health/evidence/en/promoting_mhh.pdf

World Health Organization (2014). Mental health: the state of well-being.

Referred to 20.1.2018

http://www.who.int/features/factfiles/mental_health/en/

World Health Organization (2018). Frequently asked questions. Referred to

19.1.2018 <http://www.who.int/suggestions/faq/en/>

World Health Organization. (2013). Global recommendations on physical activity for health. Geneva: WHO.

APPENDIX 1

MONALIIKU -HAASTATELU

PERUSTIEDOT**1. IKÄ** 18-25 26-35 36-45 46-55 56 →**2. LÄHTÖMAA (Kotimaa)**

3. ÄIDINKIELI Somalia Arabia Dari Englanti Muu, Mikä? _____**4. USKONTO** Kristitty Muslimi Muu, Mikä? _____**5. MAAHANMUUTTAJA STATUS** Maahanmuuttaja Maahanmuuttajataustainen (toisen polven maahanmuuttaja) Pakolainen Paluumuuttaja Tilapäisesti maassa oleva

Turvapaikan hakija

6. KOULUTUSTASO

- peruskoulu
 lukio
 ammattikoulu
 yliopisto
 Muu, Mikä? _____

7. AMMATTI

- opiskelija
 työssäkäyvä
 työtön
 eläkeläinen

8. SIVIILISÄÄTY

- naimaton
 naimisissa
 avoliitossa

9. LASTEN LUKUMÄÄRÄ

- 0
 1
 2
 3
 4
 5 →

9. MITEN PITKÄÄN OLET OLLUT SUOMESSA?

- alle 2 vuotta
 3 - 5
 6 - 10
 11 →

OSALLISUUS**11. MISTÄ SAIT KUULLA ELÄMÄNI KUNNOSSA! -HANKKEESTA?**

- kaveri
- internet
- mainos
- muualta? Mistä? _____

12. KUINKA KAUAN OLET OLLUT RYHMÄSSÄ

- 1 - 3 kuukautta
- 4 - 6 kuukautta
- 7 - 12 kuukautta
- yli vuoden

13. OSALLISTUTKO RYHMÄÄN SÄÄNNÖLLISESTI?

- Kyllä
- En

14. OSALLITUTKO SEKÄ TEEMAPÄIVIIN ETTÄ LIIKUNTATUNNEILLE?

- Molempiin
- Vain liikuntatunneille
- Vain teemapäiviin

KEHITTÄMINEN

16. OLETKO SAANUT VAIKUTTAA ELÄMÄNI KUNNOSSA! -HANKKEEN SISÄLTÖÖN?

Kyllä

En

17. OLETKO ANTANAUT PALAUTETTA HANKKEESEEN LIITTYEN?

Kyllä

En

18. ONKO PALAUTTEESI HUOMIOTU?

Kyllä

Ei

19. ONKO PALAUTTEEN ANTAMINEN HELPPOA?

Kyllä

Ei

20. ONKO PALAUTETTA KYSYTTY TARPEEKSI?

Kyllä

Ei

21. ONKO USKONTOSI HUOMIOITU ELÄMÄNI KUNNOSSA! -HANKKEESSA?

Kyllä

Ei

22. HALUAISITKO, ETTÄ USKONTOSI HUOMIOITAIISIIN PAREMMIN ELÄMÄNI KUNNOSSA! - HANKKEESSA?

Kyllä

Ei

Miten: -

23. MITEN HALUAISIT KEHITTÄÄ HANKETTA TULEVAISUUDESSA?

24. MITÄ MUUTA ELÄMÄNI KUNNOSSA! - HANKE ON ANTANUT SINULLE?

25. MUUT KOMMENTIT?
