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Voices Unheard; Well-being of Southeast Asian Ageing Immigrants Living in Finland

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Laurea University of Applied Sciences

**Voices Unheard; Well-being of Southeast
Asian Ageing Immigrants Living in Finland**

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The increase in human migration across the years and the increase in the older population in developing and developed countries have posed the present and foreseeable challenge and opportunity to invest efforts to the study of immigrants who are ageing in foreign countries and collect these efforts for concerted actions to improve their well-being.

This study explored the experiences of ageing Southeast Asian immigrants, ages 50 years old and above living in Finland as a minority using a culture-centered approach (CCA) as theoretical underpinning and to foreground these contextual narratives to understand their needs and capacities to inspire change in health policies and service implementation under social and health care organizations in Finland. This study provides an opportunity for the ageing immigrants' participation in a dialogue, to have their voices heard and inclusion in Finnish society.

The study is a narrative research, using a categorical-content analysis. In the study, the life stories of ageing Southeast Asian immigrants were treated as narrative materials to provide an analysis of the small units of content on the well-being of ageing Southeast Asian immigrants in Finland using a culture-centered approach (CCA). The data gathering method employed semi-structured interview of participants, chosen purposively. The narrative materials obtained through interview was used to identify subtexts that categorized according to content and discussed using the culture-centered approach (CCA).

The study was conducted in Finland primarily in the region of Uusimaa. There were nine 50 years old and above Filipino and Thai immigrants who are members of the Finnish Philippine Association and Finnish Thai Association. This study was conducted in collaboration with the Jade Activity Center.

The Filipino and Thai ageing immigrants have a relatively good subjective well-being which is associated by the informants to numerous factors like a support system, government support, spirituality, economic, self-care and lifestyle, environment, resiliency and adaptation to Finland. The findings also exposed the needs of the ageing immigrants on social protection, elderly care, work, productive and recreational activities, support network and needs in Finnish social and health care services usage such as knowledge in seeking social support, improvement of communication and aids in well-being service fees and dental care and culturally centered social services.

The significant cultural trait of the Filipino and Thai immigrants is focused on self-care and resiliency and spirituality at an individual level and culture of cohesiveness at the collective level. These add agency to the informants, while the challenges in migration, Finnish social and health care service utilization and ageing constraint their agency. The societal change and Finnish social and health care support system are structural resources for the ageing immigrants. The study posits that cultural understanding and listening to the voices of the minority on how they construct their concept of well-being and their needs while living in Finland is imperative in Finnish social and health care settings.

Keywords: healthy ageing, acculturation, human migration

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1 Introduction

With the ageing population posing challenges to global and European societies in the 21st century, ageing among immigrants has also taken its toll, which presents a social and economic demand, especially to European and developed countries. By 2050, it is predicted that the number of 60 years old and above would increase twice the size of the present aged population globally (World Health Organization 2015), while in Europe, more than 20% increase of the aged population by 2025 is expected (Kristiansen et al. 2016). Finland, having one of the oldest populations in Europe, is expected to have an increase of the population over 65 years old to 26% by 2030 and 29% by 2060 (National Institute for Health and Well-being /Terveyden ja Hyvinvointi Laitos 2017).

Along with the increase of the ageing population, comes a parallel increase in immigration globally and in Europe. Globally, there was a 49% increase in immigration from the year in 2000 (United Nations 2017). The influx of working-age immigrants in Europe started in the 1990s due to a shortage of labour. The increase of immigrants in Europe is predicted to increase (Sole-Auro, Guillen & Crimmins 2009). In Finland, 6.6% of the population accounts to the share of individuals with a foreign background. In an ageing population, 50 years old and above with foreign background constitutes to 3.09% of the total 50 years old and above population for the calendar year 2016 (Statistics Finland 2016). The ageing people with a foreign background is nevertheless a foreseeable challenge to health and social system in Finland, because of the concurrent increase in both ageing populations, immigrants, refugees and asylum seekers, and demographics of first-generation immigrants who came to Finland at working age, who are now approaching retirement age.

There are no abundant studies related to ageing Immigrants in Finland., especially from outside of Europe. There are some studies in European context which revealed a lower health status of immigrants at a later stage in life, compared with the majority population (Lanari & Bussini, Minelli 2015). Kristiansen, Razum, Tezcan and Krasnik (2016) further agreed that even though risk factors related to the ageing process is largely similar across the population, there are yet migration-specific factors like the language barrier, low health literacy and the socio-economic disadvantage, that poses risk to the quality of life of ageing immigrants. Among these factors, cultural factors influencing health behaviours and psychosocial vulnerability also affects the well-being and quality of life of ageing immigrants (Kristiansen et al. 2016).

As such, challenges and opportunities should be geared towards promoting a new approach in well-being that should be developed across cultures (Napier et al. 2014). There is present and foreseeable need to focus on the health of immigrant adults and ageing people with unique background and well-being need. These need to have a contextual, localized and culture-centered view of the health and well-being issues concerning minority group prompted this

study, which aimed to seek voices from ageing Southeast Asian immigrants living in Finland about their well-being as ageing people and as a minority.

This study is proposed for workplace development partnership with Jade Activity Center, a non-government organization which provides services for ageing immigrants, that is promoting inclusion, participation and well-being through activities, service guidance and social networking (JADE 2018). The Jade Activity Center is planning to extend in the year 2019 to include another cultural group such as the ageing immigrants of Thai, Kurdish, Vietnamese and other groups of people with a foreign background. This study has provided an opportunity to establish cooperation between the researcher and the Jade Activity Center, for the following reasons: 1) the research is based on the ultimate objectives of the Jade activity center, which is to promote inclusion and holistic well-being of ageing immigrants, 2) the usability of the result of the study to the said organization is to generate new information and new method development for the organization's future plans, which is to extend to other cultural groups, 3) the study is based on a sound conceptual framework focusing on culture that is consistent with the current strategies of the organization, 4) the cooperation will also foster multi-professional and multi-cultural teamwork to generate a robust outcome.

This study attempted to increase awareness on the well-being of Southeast Asian ageing immigrants living in Finland by exploring their lived experiences in migration, ageing and utilization of Finnish social and health care services to expose their needs and culturally constructed health meanings on well-being. It sought to provide a platform for the minorities' voices to be heard and inspire social and health care service and support implementation in Finland for ageing immigrants.

2 Ageing and Immigration in Finland

There is a global and public health challenge to promote the optimal functioning physically, socially, mentally of people transitioning to the later stage of life. Ageing, as defined by Albert and Freedman (2010), is the maturation and decline of the person's biological system. They further discussed the difference of biological ageing, which is the time-dependent changes in a biological system, leading to changes in mind and body, eventually leading to the decline of health prevalence at a later stage of life, while the chronological age is the solely based on the passage of time since birth. However, ageing is not entirely about numbers of years or occurrence of biological changes, rather ageing is also defined in a social context in many cultural societies, such as having grand-children, the achievement of social status, success in career, own perception on ageing, and other criteria that are based from a societal dimension (Albert & Freedman 2010).

Finland, with its rapid and sustained increase in the ageing population, has staged numerous programs to ensure social and health services are optimized to the target population. Through the National Institute of Health and Well-being, as the Ministry of Social Affairs and Health's research and development institute, Finland has been seeking ways to respond to challenges related to the support of the older person with the declined functional ability (THL 2017).

In 2013, the Act on Supporting the Functional Capacity of the Older Population and on Social and Health Care Services for Older People has been passed to provide mandates on social and health care services according to the individual needs of the older population. The Status of Older People Services follow-up survey of 2016, revealed that majority (90.6%) of the 75 years old and above population are in living at their own home and 11.8% reside in regular home care, while the government is strengthening home care to lessen the institutionalization of elderly (THL 2017).

A significant milestone of the Finnish social and health care system is the Finnish social welfare and health care reform, which mandates a transition of health services, home care institutional care, and rehabilitation from municipalities to counties (THL 2017). Although one of the key project aims of the social welfare and health care reform was to promote equality among older people and among all aged informal caregivers, there are yet unclear and lack of directives for the implementation of programs and services to the older populace with a foreign background.

Immigration, on the other hand, is defined, as the movement of people from their native country to a foreign land to settle there (Shrestha 2017), while immigrants are those self-reported being born outside their current country of residence (Brothers, Theu & Rockwood 2013). The figure below shows that although there was a decrease in 2015, there was a significant increase in migration in a five-year period from 2012-2016.

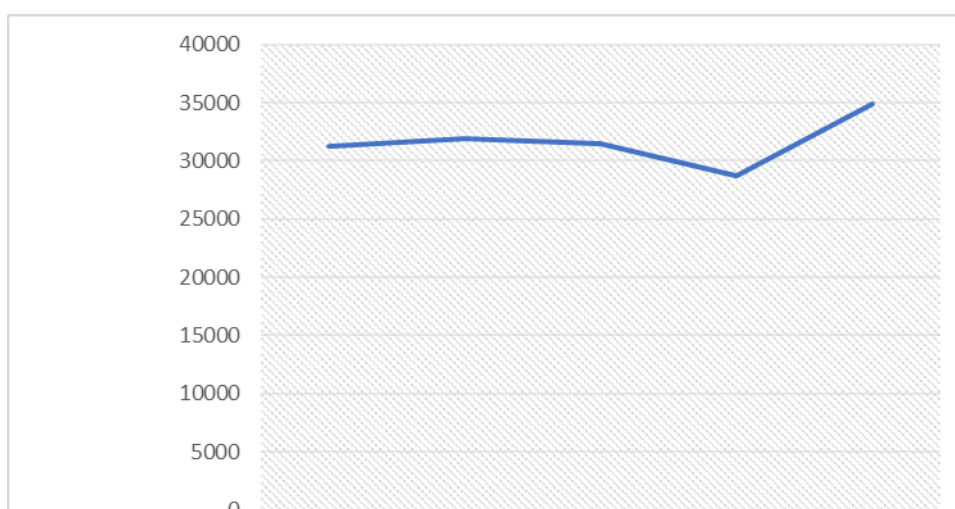


Figure 1: Number of Immigrants in Finland 2012-2016. Applied from Statistics Finland 2016

According to Statistics Finland (2016), immigration within European countries and in Finland is high, however, a significant increase in the migration to Finland for the year 2016 came from the Asian continent compared with other continents.

2.1 Southeast Asian immigrants in Finland

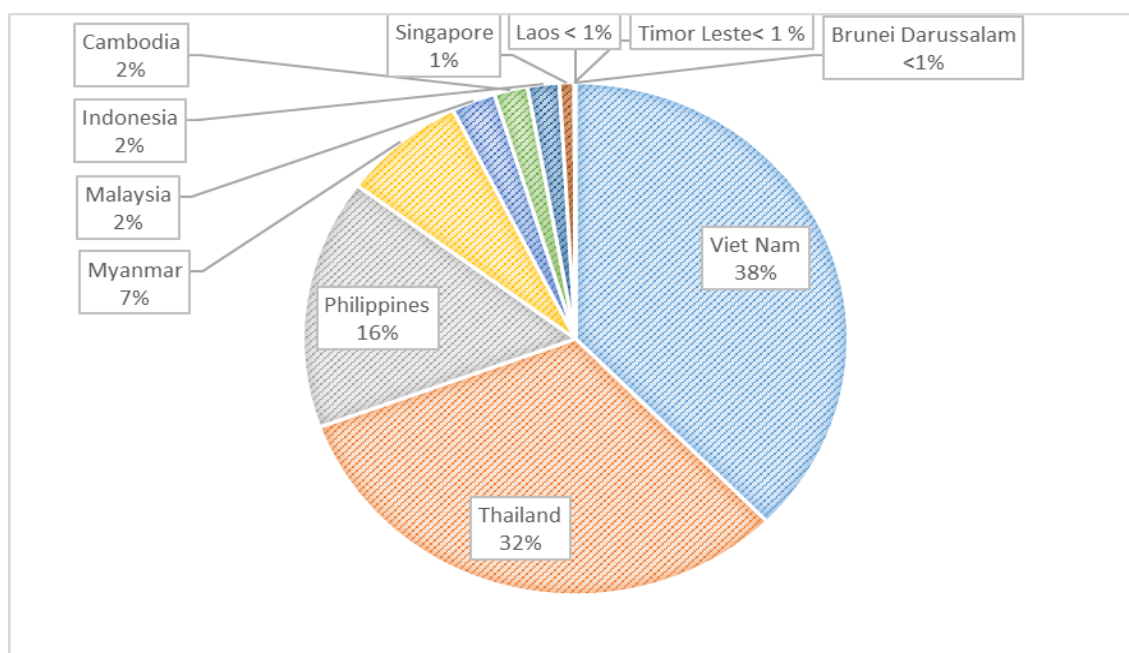


Figure 2: Population Percentage of older immigrants ages 50 years old and above from South-east Asia. Applied from Statistics Finland 2016 PX-Web Database.

There are around 20,000 older people with the foreign background outside Europe in Finland ages 50 years old and above. The older populace with the foreign background from Asian continent constitutes to around 52 % of the older population ages 50 years old and above with foreign background from outside of Europe (Statistics Finland 2016). Southeast Asian older populace constitutes more than 3000 from the number of this older population from the Asian continent, while most of the older people with foreign background ages 50 years old and above in Finland are from the countries of Vietnam, Thailand and Philippines (Statistics Finland 2016).

As depicted in Figure 2, there are around 32 % and 16 % population share of the older populace with foreign background ages 50 years old and above from Thailand and the Philippines, respectively. The sudden increase in the number of immigrants in Finland started in the 1990s. Since then, the working age group from the Philippines and Thailand, among other countries, has increased over the years. The ageing immigrants from Philippines and Thailand

are relatively small in comparison with the whole Finnish population as of the present, however, according to Wall (2017), this trend will change as greater numbers of immigrants at working age group will soon reach retirement.

There is yet no abundant study on health and well-being among Southeast Asian migrants in Finland, neither that of the ageing population from other foreign backgrounds. Some studies conducted among other Southeast Asian ageing populace in other countries have been conducted. In a study on Cambodian ageing refugees in the United States of America and their experiences and perspective on transcultural ageing and stressors, Dubus (2010), argued that there are stressors from the country of origin and yet additional stressors in relocating to a new country, because many of whom must leave significant others behind in their home country, lack of language proficiency, work experience, as well the climate and culture in a foreign land. In the same study, the significant result of the analysis revealed major and complex experiences and stressors such as the fear of living separately from children, losing role as a respected elderly in a community, devaluation by children and blaming self for the intergenerational and cultural gap (Dubus 2010).

2.2 Immigrants well-being in Finland

The health and well-being of immigrants are generally poorer in comparison with the whole population (THL 2016). This can be correlated with unemployment, minimal income, the difficulty of integration in Finland. A study of THL revealed that immigrants have a positive view of the Finnish service system, the positive self-perception of quality of life and support system (THL 2016).

A study of health and well-being among Russian, Somali and Kurdish-speaking immigrants in Finland under the Maahanmuuttaja (Maamu) project was completed in 2012. This study revealed a lower employment rate, a low perception of health among Russian and Kurdish women. The study also revealed that among the study groups, the lowest satisfaction on the quality of life among the group was the Somali group. The Russian study group has the highest physical function. The study participants who had longer residency in Finland has more experience of discrimination, while the social and physical functioning among immigrants was more difficult to those who have shorter residency in Finland and those who migrated at an older age (Castaneda, Rask, Koponen, Mölsä & Koskinen 2012).

In a study on immigrants' access and utilization of health care services in Finland under the Maamu project, the findings revealed that sociodemographic determinants of age, sex, marital status, the length of stay in Finland as well as language proficiency and educational level are significantly associated with the access and utilization of health care services in Finland.

The same study revealed a high trust of immigrants to the Finnish Health care system, while some still experience discrimination (Shrestha 2017).

Although the National Institute for Health and Well-being through the Migrant Health and Well-being Study (Maamu 2010-2012) has collected data on health, service use of living conditions of adult Russian, Somali and Kurdish immigrant's well-being, there is yet no sufficient studies on ageing immigrants and well-being in Finland. The Survey of Health, Ageing and Retirement in Europe (SHARE), which is a multidisciplinary project which provides a database of data on 50 years old and above individuals' health, socio-economic, social and family networks in 27 European countries, which also includes ageing migrants (SHARE 2012). Solé-Auró and Crimmins (2008), under the SHARE project, studied the health of immigrants ages 50 years old and above in 11 countries in Europe. The study result showed that general health status of immigrants ages 50 years old and above is lower than that of native-born Europeans as evidenced by a significant difference between immigrants and non-immigrants functioning measured through their instrumental activities of daily living (IADL) and disability as well as self-perceived health status. Almost 10 years after the study on immigrants 50 years old and above under the SHARE, Sand and Gruber (2016) examined the perceived and subjective well-being among older immigrants in 20 European nations including Israel. There was a significant gap between the immigrants' and non-immigrants' subjective well-being. These gaps diminish as immigrants ages, while there was a significant finding that immigrants from Northern and central Europe have better subjective well-being compared other immigrants from Southern and Eastern Europe, where a significant gap has emanated from the analysis. The study (Sand et al. 2016) also revealed the reduction of the gap of the subjective well-being among immigrants and non-immigrants in Europe related to sociodemographic and financial factors, citizenship status, age during the migration and the length of residence in the foreign country.

3 Culture centred approach (CCA)

The study used the framework of the culture centred approach. The culture-centered approach is an innovative theoretical framework which focuses on the dynamic and shared, participatory and locally contexed cultural meanings, whilst critiquing the dominant models of health communication (Dutta 2008, 4).

The figure below shows the approaches to the studies of culture, specifically to the Southeast Asian culture. The prediction puts Southeast Asian culture in a pre-determined boundary such as nationality, while understanding is foregrounded on the construction of meanings and interpretation of the Southeast Asians (Dutta 2008, 73). Dutta (2008, 74, 75) defined status quo as a pattern of beliefs, attitudes and behaviours that exist in the society, while social change is the use of communication to question existing and dominant structure in the society and

inspire change in these societal structures. The interaction of the four provides four approaches to the study of Southeast Asian culture.

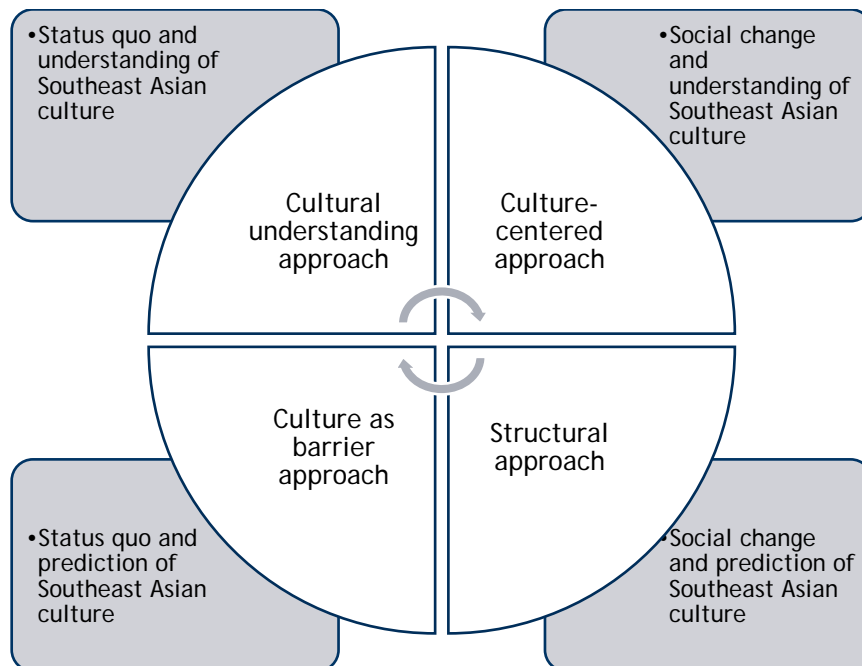


Figure 3: Approaches to study of Southeast Asian culture. Applied from Communicating Health; a Culture-centered Approach (Dutta 2008, 71)

Culture as a barrier approach to the study of culture is an approach used to predict how culture, as a variable, could explain a certain phenomenon. It is basically focused on conceptualizing that culture can serve as a barrier to the enactment of a certain behaviour (Dutta 2008, 78). The latter is also known to be cultural sensitivity, which focuses on developing programs or messages that are sensitive to cultural mores, whilst minimizing barriers (Dutta 2008, 78). Porche (2013) related cultural sensitivity to the knowledge of differences in cultures across population without necessarily conveying values to these differences.

The intersection between prediction and social change scheme models results to a structural approach to culture, which according to Dutta (2008, 76) tries to examine the relationship between structures in society and health outcomes at an individual and communal level. Structures are defined by Dutta (2008, 78) as the organizational, institutional patterns of practices and processes and resource allocation in society.

The cultural understanding an approach comes from the scheme model of status quo and understanding. Cultural understanding is when the cultural meanings of the Southeast Asian informants are understood at a contextual location, which is in this study the Finnish society (Dutta 2008, 79). Cultural understanding as an approach sees culture as dynamic and contextually constituted by the members of the culture (Dutta 2008, 79). In the context of health

care, cultural understanding is pointed out as a tool for resilience in health (Napier, Depledge, Knipper, Lovell Ponarin, Sanabria & Thomas 2017). Napier and colleagues from the World Health Organization Europe (WHO) argued the need for understanding the shared values of cultural context in health policymaking, because values are not universal, awareness of cultural context yields better understanding about the determinants related to social and health care such as age, gender, religion, economic status, environmental conditions and level of education.

Dutta (2008), however, criticizes cultural understanding. This is because, cultural understanding, although almost the same as the culture-centered approach, is unable to challenge dominating structures in the society to promote societal change (Dutta 2008, 79). Hence, he proposed a culture-centered approach that focuses on situating culture and structure to better understand the health experiences of cultural members. The cultural centered approach is the result of the intersection of the model of societal change and understanding. The cultural-centered approach is therefore beyond the understanding about the Southeast Asian culture in internal boundaries or in a geographical area with its corresponding set of values and belief, rather it aims to bring about change to the structures in the Finnish society.

The three components of the culture-centered approach; culture, structure and agency, are in constant interplay in the realm of health communication. According to Dutta (2008), culture is the strongest component and structure and agency are constantly situated with the context of culture. The integration of the culture-centered approach as a framework for the study attempts to include Southeast Asian ageing immigrants in a platform to understand their social and health care need, while using cultural diversity by understanding their unique and culturally-based and contextual perception on well-being and ageing and to foreground these perceptions and need to the social and health care programs for ageing immigrant population in Finland.

3.1 Culture

In contrast to other contemporary definition of culture, the concept of culture in culture-centered approach is the cultural beliefs, values and practices, which are contextual in nature (Dutta 2008, 7). Napier and colleagues (2017) argued that culture is beyond the ethnic, national or racial affiliation. Culture, rather, comprise of the overt beliefs and practices and covert and usually neglected societal conventions (Napier et al. 2017). In the study, the focus of culture is on the contextual meaning on the well-being of Southeast Asian ageing immigrants during the transitional stages of ageing in Finland in relation to their set of cultural beliefs, values and practices that are embedded in their Thai and Filipino background.

In the study of Gao, Dutta and Okoror (2015) on the perception of health and health care among Chinese restaurant workers immigrants in the United States of America using culture-centered approach, the concept of culture is related to the meaning of health among the Chinese immigrants. The study revealed that health was related by the informants to the ability to work. The meaning of health is embedded in the current context that informants live and work in a foreign country. The value and practice of the Chinese immigrants related to work, as part of their culture, is shown explicitly on how they define health (Gao et al. 2015).

3.2 Agency

Agency refers to the capacity of a cultural member to make choices and participate with structures in the society to find healthy options (Dutta 2008, 7). In the study, the agency is related to the social integration of the Southeast Asian ageing immigrants, as a minority, in Finland. Social integration is commonly understood and correlated to the inclusion of the disadvantaged group in the society (Correll & Chai 2009). It is further defined by Correll and Chai (2009), as a process of minimizing the social disparities and exclusion of people in seeking and access to social services. In the study, the social integration of Southeast Asian ageing immigrants acts as the agency, which gives them the capacity to utilize the social and health care structures in Finland.

In the study conducted by Dutta and colleagues on the health meaning among foreign domestic workers in Singapore, the agency is manifested on the conscious decisions of the informants to self-care, seeking medicine and spiritual self-care. The presence of these agencies is demonstrated by the agentic action of the foreign domestic workers through exercise, water consumption, self-medicating, communal activities and praying (Dutta, Comer, Teo, Luk, Lee, Zapata, Krishnaswamy & Kaur 2017).

3.3 Structure

The structure, on the other hand, is a societal aspect that constrains and enables the cultural member to seek health choices (Dutta 2008, 6). It usually refers to the healthcare essential elements of the agents, which is, in this case, the Southeast Asian immigrants. In the study, the structure is focused on the well-being and integration services within the Finnish social and health care that will enable Southeast Asian ageing immigrants to improve their agency or capacity or participate in the negotiation of perceived needs for well-being. These may include, Finnish social and health care services for elderly and services from private and non-profit organizations (Jade Activity Center).

In a similar approach of a study conducted by Dutta and Jamil (2012) on the health of Bangladeshi immigrants in the United States, the structural challenges revealed in the study is health insurance coverage. The structure of health insurance is viewed both as a resource and constraint among the informants. To have health insurance, informants must work and pay for it, making it a barrier to the ability to access health services. The informant's job security, as a structure, is also related to the resource because it will provide them with a financial resource to pay for health insurance (Dutta & Jamil 2012).

The need to the foreground on culture to capacitate an agent seeking health and social structure services are imperative to better health outcomes. This argument is supported by the commission report of Napier and colleagues (2014) who discussed health and culture and its three overlapping domains; the cultural competence, health inequalities, and communities of care. They argued that new models of well-being and care should be within the context of nourished within the culture, culture to be the center of caring and should never be neglected in all circumstances of social and health care systems. These arguments are part of the 12 key findings that are presented by Napier et al. (2014) to be the foci of researches on culture and health.

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| <ol style="list-style-type: none"> 1. Medicine should accommodate the cultural construction of wellbeing 2. Culture should be better defined 3. Culture should not be neglected in health and health-care provision 4. Culture should become central to care practices 5. Clinical cultures should be reshaped 6. People who are not healthy should be recapacitated within the culture of biomedicine 7. Agency should be better understood with respect to culture 8. Training cultures should be better understood 9. Competence should be reconsidered across all cultures and systems of care 10. Exported and imported practices and services should be aligned with local cultural meaning 11. Building of trust in health care should be prioritized as a cultural value 12. New models of wellbeing and care should be identified and nourished across cultures |
|--|

Table 1: 12 Key Findings on health and culture. Applied from Culture matters: using a cultural context of health approach to enhance policy-making (Napier et al.2014).

The table above presents the 12 keys findings of Napier and colleagues in health and culture. In this study, the most significant finding is that "Agency should be better understood with respect to culture". Agency is one of the components of the theoretical framework of this study that focuses on the capacity of the Filipino and Thai immigrants to participate in health

and well-being programs and activities that promotes their own well-being. Understanding the agency and culture will result in a better structure or health programs or policies (Dutta 2008, 7).

4 Study goals and objectives

The goal of the study is to increase awareness on the well-being of Southeast Asian ageing immigrants in Finland and understand their needs.

The objectives of this study are; (1) to reveal the Southeast Asian immigrants lived experiences in ageing in Finland, (2) to explore their culturally related social and health care needs. The result of this study may be used to inspire well-being policies and service implementation under Jade Activity Center and other social and health care organizations.

5 Study performance

5.1 Research design

The study will use a narrative approach of qualitative inquiry. Narrative research refers to a study that uses or analyzes narrative materials (Lieblich, Tuval-Mashiach & Zilber 1998). Numerous authors defined narratives as the basic mode of human expression, which can be collected as a story or oral expression of personal experience and written materials such as autobiographies (Holloway & Freshwater 2007; Lieblich et al. 1998).

Narrative research has gained popularity in social and nursing research. According to Holloway and Wheeler (2010, 198), Richardson in 1990 described different types of stories in narrative research which include everyday autobiographical, biographical, cultural and collective stories. The study used the stories of the Southeast Asian ageing immigrants to create a picture of their well-being as a minority in Finland, hence it is classified as collective stories. Holloway & Freshwater (2007, 18), discussed that collective stories have both autobiographical, biographical and cultural elements. The stories of the Southeast Asian informants also told their autobiography from their lives in their own country to migration and ageing and their health meanings on well-being embedded on cultural context.

Squire, Andrews and Tamboukou (2008), further discussed the theoretical divisions in narrative research including events, experience and co-constructed narrative. The researcher analyzes narrative from recollection past events that happened to informants, explore stories that range from segmented stories on experiences to the life histories of informants and co-

construct narratives that are produced in a conversation, either oral or written, between two people (Squire et. al 2008).

The unique feature of the narrative research is its ability to produce robust data, that cannot be derived from quantitative questionnaires, experiments nor observations (Lieblich et al.2008). Lieblich and colleagues (1998) have pioneered types of narrative research from holistic versus categorical and content and form approaches. The holistic-content type of narrative research uses the complete life story and focuses on the content of this life story as a narrative material, holistic-form focuses on the plots and structure of the narration of life story. The categorical-content type of research focuses on the topic or content definition, extraction, classification and categorization. This type of narrative research is equated to the "content analysis". The categorical form, on the other hand, focuses on the linguistic and hidden styles and characteristics of units in a narration such as metaphors (Lieblich et al. 2018).

In the study, the experience-based narration of ageing Southeast Asian immigrants will be treated as narrative materials to provide an analysis of the small units of content on the well-being of ageing Southeast Asian immigrants in Finland while using a Culture-Centered Approach (CCA).

5.2 Study setting and sampling

The study was conducted in Finland primarily in the Uusimaa region such as Espoo, Vantaa and Helsinki. This study was conducted in cooperation with the JADE Activity Center, which is a non-government organization helping ageing immigrants' in achieving inclusion participation and well-being in Finland (Jade Project 2018). It has piloted to promote holistic well-being of ageing the women of African ethnicity in June 2013 (Rantala et al. 2016). The Jade project has extended to the ageing immigrants of Chinese and Arabic ethnicity until 2017 under the Jade Project II and established at the beginning of 2018 the Jade Activity Center for the said cultural group. It is planning to extend by the year 2019 to include other cultural groups such as the ageing immigrants of Thai, Kurdish, Vietnamese and other people with the foreign cultural background. The sampling utilized in the study is based on Robinson's (2013) four-point approach to qualitative sampling.

At the first point, the sample is defined on the demographic homogeneity of the informants. The fifty years old and above Filipino and Thai immigrant adults irrespective of citizenship or length of stay in Finland were taken as a sampling unit or informants. The age, membership to both Finnish-Thai and Finnish-Philippines association and Southeast Asian ethnicity are the

demographic homogenous factors considered in defining the sample, hence serve as the inclusion criteria for the study (Robinson 2013). From the informants permissible into the study, the researcher will select the informants from which data will be collected (Robinson 2013).

The United Nations agreed on 60 years old cut off for old population, however, in most studies like the Survey of Health, Ageing and Retirement in Europe (SHARE) project collects data from 50 years and above in Europe to examine their living condition (WHO 2018; SHARE 2011). The Jade activity center also caters to 50 years old and above immigrants. As such, in this study, the 50 years old and above immigrants are used referring to ageing immigrants. The study did not include the citizenship and length of stay to provide a mix of informants for more robust analysis (Robinson 2013).

To estimate duration and resource allocation, the researcher proposed 6-8 Southeast Asian immigrants as the sample size in the initial stage (Robinson 2013). The actual number of Filipino and Thai informants interviewed however depended on saturation and depth during data collection. This is also supported by Holloway & Freshwater (2007, 70), that there is no definite sample size, rather the sample size will depend on the research questions, focus and aims and the emergence of new ideas and concepts (Holloway & Freshwater 2007, 70). In the study, there were 9 Thai and Filipino informants included in the study.

The researcher recruited key informants from both Thai and Filipino group through theoretical sampling, which will occur during the collection and analysis of the data. Robinson (2013), argued that although theoretical sampling is done mostly in grounded theory, its principles are also applicable to other qualitative methods. This is also based on the argument of Holloway and Freshwater (2007, 69), that it is essential to recruit potential informants that best represent the group and have experience and information on the phenomenon under study.

The informants were recruited from the Finnish-Philippine Association and Finnish Thai Association. The Finnish-Philippines Association (FPA) and the Finnish Thai Association (FTA), are the Filipino and Thai immigrant organization. A permission of cooperation from Jade Activity Center and permission to conduct a study on the members of the FTA and FPA, as informants for the study, were sought. As a source of the sample, the chain-referral approach was utilized, where early key informants refer potential informants who have experience related to the research topic. The key informants referred in the study as ageing Southeast Asian immigrants, who have various experiences related to ageing, such as those who have lived longer in Finland, who lived shortly in Finland and other informants who could give wide and information on their experiences.

5.3 Data management

Integral to the accomplishment of this study is the data management that will ensure good practice in scientific investigation (Finnish National Board of Research Integrity /TENK). Michener (2015) posited ten rules in good data) management plan. These suggestions are illustrated in the figure below.



Figure 4: Rules of good data management plan Applied from Ten Simple Rules for Creating a Good Data Management Plan (Michener, 2015).

These suggestions describe how data should be treated across the data lifecycle, which includes data collection, organization, storage and dissemination. The data management plan of this study includes ensuring the quality of data. The roles and responsibilities of the research are also stated as well as the budget required for data management (Michener, 2015). The Finnish National Board of Research Integrity (TENK) posited guideline for data management. The researcher used both scientific papers for this study's data management plan.

5.3.1 Data collection

The narrative analysis on the well-being of ageing immigrants employed narrative interview, where stories of the ageing Southeast Asian immigrants' experiences were elicited using 'experience' questions (Holloway & Freshwater 2007, 77; Holloway & Wheeler 2010, 91). The

narrative interview utilized a set of starting questions to elicit the background of the informant, experience-type question to elicit the Southeast Asian immigrants experience ageing, migration and utilization of social and health care in Finland. The use of semi-structured is based on the argument of Squire (2001, 48), that experience-based narrative will mostly employ the use of the semi-structured interview.

The questions presented in Table 2 shows that there are minimal questions from the researcher. This is based on the argument of Holloway and Freshwater (2007, 78), that there must be minimal intervention from the researcher and the focus will be on the narration of lived experiences of the ageing Southeast Asian immigrants. The practical considerations during the narrative interview were probing, the social context of interview, length and timing of the interview, recording, informed consent, interviewer-informant relationship and dealing with problematic issues during the interview (Holloway & Wheeler 2010, 92-98).

A written informed consent, which includes information on the research topic, a method of data collection, contact information of researcher, purpose and the voluntary nature of the interview (TENK 2016), were voluntarily obtained from the ageing Southeast Asian immigrants before the conduct of the interview.

| <i>Experience Questions</i> | <i>Eliciting Questions</i> |
|--|---|
| <p>Starting Questions:</p> <ol style="list-style-type: none"> 1. Would you please tell me something about yourself? <p>Eliciting Stories Questions:</p> <ol style="list-style-type: none"> 2. Would you please tell me the time when you migrated to Finland? 3. Would you please tell me about your experiences of ageing in Finland? 4. Would you please tell me about your experiences in utilizing social and health care services in Finland? | <ol style="list-style-type: none"> 1. How did you feel at that stage in your life? 2. How did you cope up at this transition in your life? 3. How do you feel about your well-being in Finland? 4. How do you feel about being integrated in Finland? 5. What were the challenges in integration in Finland? 6. How do you think would you cope up with these challenges? 7. When participating in social and health care organizations: <ol style="list-style-type: none"> a. What is your opinion about these organizations? b. What are your expectations? c. What support would you seek from Jade activity center? from general Finnish social and health care system? d. What activities or programs would you like to be organized with other co-immigrants? |

Table 2: Sample eliciting and probing question.

In terms of social context, the interviewees decided on the time and location of the interview, to ensure the comfort of the interviewee, hence to elicit better data from the interview. The informants received needed information such as the aims and purpose of the study,

as well as about the researcher, to build rapport and enhance the researcher-informant relationship. The researcher has been aware of problematic issues during the interview such as trust issues and issues that are sensitive to the interviewee.

The interview was conducted in both Filipino and English. The Filipino informants used both Filipino and English, while Thai informants used English during the interview. The interviews were forty-five minutes to one hour in length.

5.3.2 Management of narrative data

The recorded data are saved as audio files format in an m4a file. The audio files are named as A, B, C to ensure anonymity. The researcher will transcribe the verbatims using Microsoft Word using basic level transcription, where repetitions, cut-offs, fillers are neglected (Finnish Social Science Data Archive 2016). The researcher also took into consideration during the study implementation the guidelines on Personal Data Act, that no personal data or identifiers to the informants will be revealed. The pseudonymous data is the removal of identifiers and replacement with a code (Finnish Social Science Data Archive 2016). Hence, in the transcription, the names of the informants were replaced with A, B, C as codes.

Both the audio files and transcripts are saved in a secured and password-enabled computer, while a maximum of one duplicate is stored in 1 Terabyte capacity expandable drive to ensure not losing the data (Michener, 2015). The researcher has ensured the security of information, the physical security, software updates as a well as virus protection of the computer and expandable memory drive (Finnish Social Science Data Archive 2016). The audio files and transcripts were not disposed of until the publication of the study is finished. The disposal will be both digitally for the audio files and physically for the field notes, and printed transcripts.

To ensure data protection and privacy, the panel members, except for supervisor who supervises the research, and other researchers who wish to read on the transcript will have to sign a confidentiality statement. Since the researcher is doing the study alone supervised by one faculty, the researcher has the sole copyright of the materials in the study. The researcher has sole responsibility for any breach to the three ethical principles of respecting autonomy, avoiding harm and privacy and data protection (TENK 2016). There was no outsourcing of fund sought for the data collection and management.

5.4 Data analysis method

The narrative analysis to explore the well-being of the Southeast Asian ageing immigrants employed the use of categorical content analysis process presented by Lieblich, Tuval-Mashiach & Zilber (1998) as data analyzing methodology in the study. The content analysis employs breaking down of the narrative materials of the stories of the Southeast Asian immigrant into the small units of content for descriptive analysis or in other cases statistical treatment (Lieblich et al. 1998).

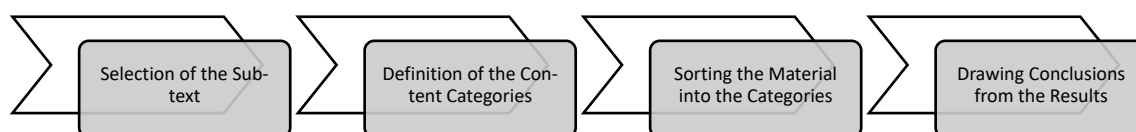


Figure 5: Summary of content analysis steps. Applied from Narrative Research (Lieblich et al. 1998).

The figure above shows the summary of the steps undertaken during content analysis. The narrative materials from the storytelling of the informants were transcribed. From these transcripts, the principal sentences that are related to the ageing well-being, migration, culture, acculturation were marked and assembled to form new subtexts, while other parts of the narratives that is not related to the informants ageing and well-being were excluded. Defining content categories employed reading and re-reading of the subtext to arrive at categories or themes that cut across the selected subtext (Lieblich et al. 1998). After the categories are defined, the selected subtexts were sorted according to the category they belong. The subtexts from each category were tabulated and arranged categorically (Lieblich et al. 1998). There were 308 principal sentences that are relating the Southeast Asian ageing immigrant's experiences in ageing, well-being, culture, migration and acculturation, while there were 76 subtexts that were categorically arranged to six main categories.

The principal sentences and subtexts obtained from the transcription were used in the analysis to answer the research questions on the well-being of ageing Southeast Asian immigrants which includes:

RQ 1: What are the ageing Southeast Asian immigrant's well-being in Finland?

RQ 2: What are the ageing Southeast Asian Immigrants needs?

RQ 3: What are the suggestions for social and health care programs and services from public, private and non-government institutions for ageing immigrants in Finland?

6 Results

This section of this paper presents the results from the content categorical analysis of narrative research. These were 6 main categories analyzed which include motivation for migration, subjective well-being, values, belief and practices, informants' experience on migration, experience on Finnish social and health care services and experiences on ageing in Finland. Since the data are narrative materials in forms of spoken stories from the interviews conducted with the informants, the results are presented as chronological as possible from the time of migration to ageing in Finland and retirement.

6.1 Profile of informants

Theoretical saturation of interview has been reached after the ninth interview with the informants. There were six Filipino informants, whose age ranges from 50 to 74 years old, while 3 Thai informants, whose ages range from 49-59 years old. The Thai informant who is 49 years old was included exceptionally because of the richness of data obtained from the informants and does not undermine the validity of the result. Due to a higher population of the female Filipino ageing immigrants, there was only one male informant. Majority of the Filipino informants came to Finland for employment (5), while there was one informant who came for purpose of family reunification. In the Thai informants, one came to Finland for education, while the two informants came in terms of family ties. The Filipino informants have lived in Finland from 5 years to 38 years, while Thai informants lived in Finland from 11 years to 30 years. Some of the informants have migrated directly from the Philippines and Thailand, while at least three came from other countries before coming to Finland. Half of the informants do not have children or do not have children residing in Finland, while most are married or in a relationship in Finland.

| Informants cultural group | Gender | Age Range | Range of years of stay in Finland |
|---------------------------|-----------|-----------------|-----------------------------------|
| Filipinos | 1 Male | 54-72 years old | 5-38 years |
| | 5 females | | |
| Thai | 3 females | 49-59 years | 11-30 years |

Table 3: Profile of the Southeast Asian Informants

Since the inclusion criteria for the informants is merely on the age of fifty years old and above migrants in Finland, the marital status, gender, length of stay and previous migration history were not used as variables in the study. However, this information aids in the discussion of the results. The table above shows the profile of Filipino and Thai informants who participated in the study

6.2 Motivation for migration

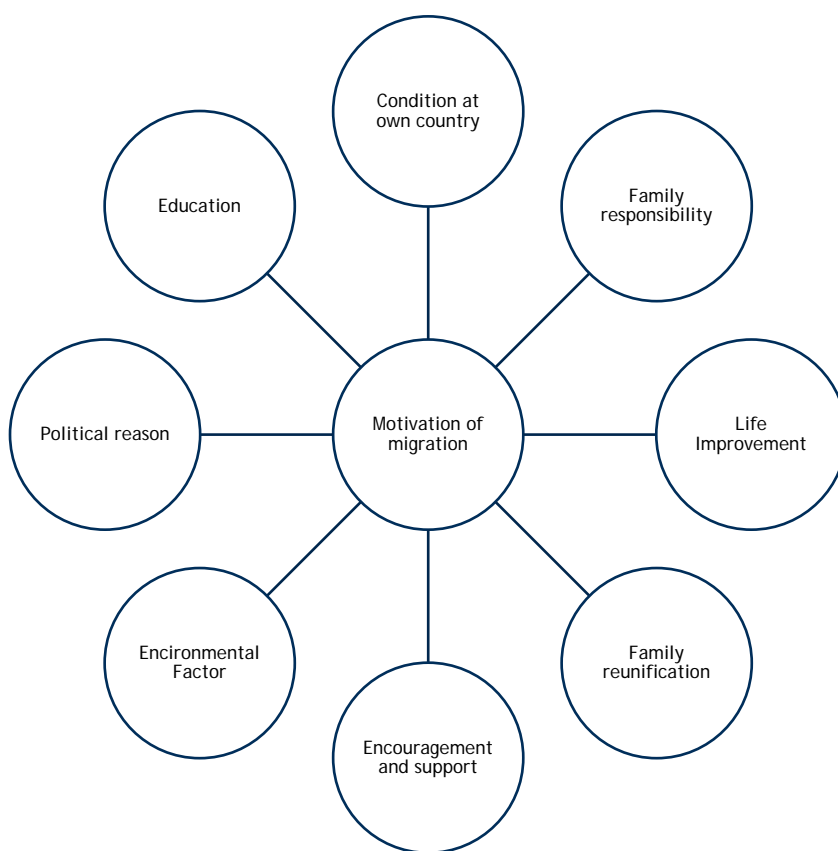


Figure 6: Motivation to migrate of the Southeast Asian Ageing Immigrants

The informants' main reason of migration was for employment, while the motivations are focused on family responsibilities of the informant. Most of the informants find the economic and personal difficulties in the country of origin as a driving factor to seek employment abroad.

Life is difficult there (Philippines)

I am the breadwinner and I am sending my children to school

One of the motivations for migrating to Finland is to reunify with the family, either of a spouse, partner or children. As also revealed in the figure above, one of the motivating factors for migrating to Finland is the encouragement received by the informant from family members and friends, as well the financial and moral support for applying for work and visa application to Finland. One of the participant's main motivation for migrating to Finland from another European country is related to nature and environment.

One reason why I went to Finland is because of the view... I feel in love with it, as well as the shape of the river

Political reason was one motivation of migrating, because of the political situation of the country where the informant resided. Although she did not migrate directly to Finland, after the socio-political turmoil in the country of residence, it does not undermine the argument that the informant has migrated because of this factor, regardless of to and from where. In the verbatim below, the informant reference for 'extrang hero' means foreign workers and immigrants in general. Pursuing higher education was also one of the motivating factors to migrate to one informant.

We must get out..., because of the politics, they are trying that 'extrang hero' will go out.

6.3 Subjective well-being of Southeast Asian immigrants

Most of the informants of the study revealed a healthier and better well-being in Finland. Some of the informants, however, revealed that they could be healthier in her own country when they are taken cared for by relatives and families. There are numerous factors related to the subjective well-being of the informants. These factors are illustrated in Figure 7 below.

The environmental factors that affect the informants' subjective well-being are related by the informants on less pollution in Finland, the colder climate and healthy options of food.

you are healthy here, especially the environment, walking unlike in the Philippines that is polluted.

Maybe because of climate, the environment, fresh air, which are great.

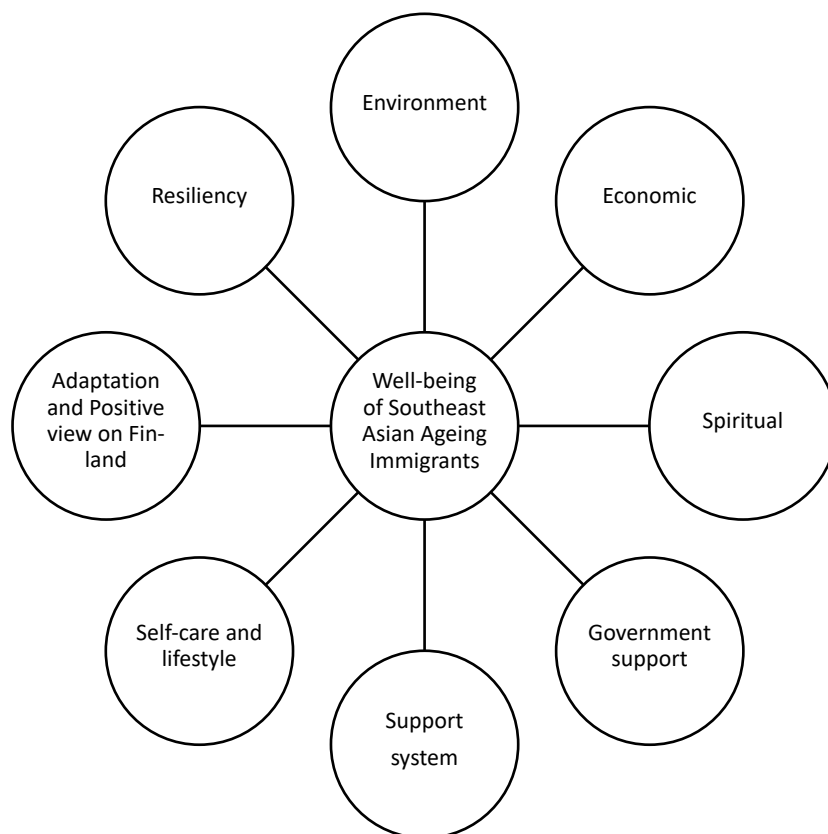


Figure 7: Factors related to the subjective well-being of Southeast Asian Immigrants

The economic factors that were revealed by the informants were related to not being poor and having a stable employment status in Finland. Being able to work is intrinsically related by informants to well-being.

...by this time, I am satisfied, I am not poor (laughs) and my children have own life.

Some of the informants as well related their well-being to faith and spirituality. Majority of the Filipino informants are Roman Catholics and have verbalized their strength driven from their faith in God, while Thai follow the teaching of Buddhism.

I am more strengthened spiritually because materially we do not...But God is there, to guide us in work and at least brisk at work.

they believe in their karma and the way that you give on their temple, they will gain something back.

The support given by the government in a social and health care perspective was also related to the subjective well-being of the informants. The support of medical expenses from the Social Insurance Institution (Kela) is one of the most emphasized positive government support

by the informants. Housing support and support for physically disabled individuals was also revealed as positive government support.

It was good here in Finland, because of Kela.

The government will not let take you for granted.

Finland is one of the best in taking care of its people

The analysis of the narrative data also revealed that the well-being of Southeast Asian immigrants in Finland is affected by their support system or network. The support network revealed in the narrative interviews include family and social support. Family support affects those informants who have partners and/or families living in Finland, while social support system is related to friends and associations or organizations. Most of the informants who have family support system are those who had Finnish boyfriends or partners. The social supports that are gained by the informants are mostly from their friends, who are also Filipinos and Thais and other members of their own organization. The informants revealed frequent socialization with friends and other members of the organization to have fun and share experiences and problems, which help them to relieve homesickness, loneliness, melancholia and other mental health issues such as depression.

Sometimes your mind is blocked, but sometimes you get to meet people, so these are able to help economically and from depression or other things you feel when you were new here...

when you are around relatives, because there are always love given by relatives, there is love.

A finding from the narrative analysis was on the lack of company or support available to those ageing immigrants who are living alone. The informant lives alone and is physically disabled and needs assistance in daily living.

I do not have companion at home. If I do not have someone to help me, I cannot stand

The well-being of ageing immigrants is also related to their well-being behaviours of taking care of themselves by using the healthy activities and services that are available in Finland as an opportunity and through healthy lifestyle like exercise, healthy diet and stress management among others. The informants also revealed a lesser stressor in Finland, resulting in lesser episodes of stress-related ailments like migraines. One of the informants also emphasized her health status as higher than younger generations because of her healthy habit of exercise and food, while another emphasized the need to make friends as a self-care against

melancholy or loneliness. Another informant usually goes out by his scooter, as a self-care from the feeling of loneliness in his apartment. Another informant does meditation and has a strict diet regimen. Related to self-care is the lifestyle, where informants relate well-being to their comfortable lifestyle.

When I reached 50, they require me to have a pap's smear and the breast mammography

I had brought Thai books on self-care. I stopped eating meats, only fish, exercise, no alcohol and you can be alive.

I want that my lifestyle will be at certain level I feel comfortable. I can say that my well-being is plus, its good and I want to keep this standard.

I am healthier at my age comparing to other younger Filipinos.

The adaptation and positive view of the informants to Finland are also revealed in the narrative analysis. The informants related their experiences in migration on the need to adapt and integrate as well as their generally positive outlook in life Finland. One informant admired the Finnish culture and hobbies, while some have a positive outlook in Finland because this is the place where their children have grown.

I admire this Finnish culture or hobbies that they must go the forest and pick berries

I love Finland because this is the land of my children.

Resiliency was noted as a factor that supports the well-being of the Southeast Asian ageing immigrants. Informants revealed that this positive outlook of life during adversaries, helped them to become stronger mentally.

... we can show that we are not weak as Filipinos or Filipinas even though we have problems.

In my daily life, its ok, sometimes life is like a wheel, sometimes sad, sometimes there are series of problems, but everything goes well at least

In the Philippines, even there is flood, there is calamity, they do not care the material thing, there is still hope to be more strengthened.

Always happy every day. That is my attitude in life.

6.4 Values, beliefs and practices of Southeast Asian immigrants

The narrative analysis of the interview with the Southeast Asian ageing immigrants revealed a wide array of values, beliefs and practices common to their culture. These are illustrated in Figure 8. The Filipino ageing informants are religious and often go to churches to seek guidance spiritually and to meet other Filipino immigrants, while the Thai informants are guided by laws and teachings of Buddhism like 'karma'. It was also revealed by some informants that the church was one of the first rendezvous to meet other Filipino when arriving at a foreign country, while Thai meet in Buddhist temple ceremonies and gatherings. As discussed in the result on well-being in the previous section, the southeast Asian ageing immigrants' faith was one of the constructed factors for their well-being in Finland.

Then the first thing we do go to church and be find peace there and try to find hope

We meet Filipinos and we always go to church. St. Mary's is the first thing where Filipinos go.

...teaching of law of Buddha, you can follow your daily lives

The culture of resiliency was also an Asian value and belief that is related by informant's attitude to their ability to recover from any adversaries such as challenges and difficulties and to be strong mentally in dealing with these problems.

It is important. In this way (culture), we can show that we are not weak as Filipinos or Filipinas even though we have problems.

This is my secret, I always say to myself, that everything will be alright.

The culture of helping, caring and sharing are related values and practices of the Southeast Asian immigrants which are related by informants towards helping those who are in need, may it be same cultural background or other people from a different cultural background. It was also notably revealed that these are one of the traits that Southeast Asian immigrants are acclaimed for. In terms of sharing, one example revealed by the informant was on sharing resources such as foods, for example, Filipino value is to share food with others while eating or mere invitation to eat.

That is what we are acclaimed for, because our culture, like the culture of being caring to others, helping others, even though not fellow Filipinos, like when you see someone there who needs assistance.

Thai have very very strong and they want to help each other.

when eating they will not ask you to eat... our children, they are sharing the food.

The driven behaviour and adaptability of the ageing immigrants relate to their courageousness to do things such as task on their own regardless of their difficulties such as language barrier. In this trait, the ageing immigrants also revealed their openness to learning new things and self-help, as well as adapting self.

I speak in Finnish even I am not fluent

We are Asian, we are used to adapt ourselves to anywhere.

The Southeast Asian culture value the elderly. This value is also related to respect, which may be seen by how younger individuals address older ones, such as the use of 'Tita' for 'Aunt'. Respect of parents is also integral to Asian culture. One informant also verbalized own observation, that in Finland some younger individuals intend to fight with own parents as well, which is contrary to a culture that parents must be respected even when misunderstandings occur. One informant also argued that older people are to be respected because they have more experience.

I can say that our culture as Filipinos, we are giving elderly people with high value.

They are using those 'tita, ninang, like that... They must call us 'Äiti' or 'Isä'... So, I thought them how to respect their parents.

We should respect them because they have lots of experiences.

The work culture of the Filipino and Thai immigrants is related to their diligence and dedication at work. The category for work culture also revealed that some of the ageing immigrants have higher degrees in their own country but is working as a household helper. It was also revealed that regardless of kind of job obtained abroad, just if there is enough remuneration to support her and her family, then the ageing informant will willingly do the work.

...culture that when we are at work, we show good things at work, even though we are tired, we do not think much of being tired.

I was in a medical school and your family is in the middle (middle income) and I was brushing the toilet bowls...but I thought of the euros

The value of family as a support network is vital to Southeast Asian culture. This is also a motivating factor for Southeast Asian immigrants to migrate and to reunify with their children or

husband. Being close with the family is also revealed as one factor in the happiness and well-being of the informants.

I am happy because my children are here.

My child said to me 'Mama, I will be graduating, mama can you go home? he said that I will be staying for good there, so I will take care of (name omitted).

I plan that by next year or 2020, I want to get my children (to Finland)

One of the most significant findings revealed in the narrative analysis was on the value of social gathering and cohesiveness, which is related to the Southeast Asian's culture of festivity and socialization. The informants revealed that being with friends and other countrymen in social gatherings or place of worship may uplift them from homesickness and loneliness in a foreign country. This is mostly true to informants who are living alone in Finland and finds support from being with other countrymen. The social gathering was verbalized to relieve stress, to overcome melancholy and prevent them from being depressed and to share experiences to 'newcomers' to be able to help them. Unity and collectivity or cohesiveness is also a Filipino and Thai trait that was shown to be one of the main factors that helped immigrants in many touchpoints of their lived experiences across migration and ageing.

...they get like a leisure time. That is most important because they are far from their family, they do not have someone with, like me.

Because you are alone, we really need that to relieve some of our problems. At least, you get to laugh and smile, even though deep inside you are carrying a heavyweight.

maintain unity in our own community, to make ourselves strong

The time when we hold our hands in everything, even though if not about money, we can help to comfort by listening to what they want to share

The cultural identity of the Filipino and Thai informants is evidenced by the verbalization of their cultural belongingness and identity as Filipino and Thai, respectively, despite years of residence and citizenship status in Finland. This value is also exemplified by the informants' willingness to showcase own cultural dance and customs and to reduce the cultural gap by intergenerational cultural teaching.

I still think that I am Filipino.

To strengthen Asian community, so they can promote themselves and people can see what is Asian, what is Asia actually

...to show up their culture which is the people can respect. Cultural identity

But I still have the passion to teach Philippine folk dance...

The practice of being friendly is also a trait shown in the narrative analysis. This trait is also related to the value of the Filipino and Thai informants on social gathering.

when you are friendly, the people will be friendly to you.

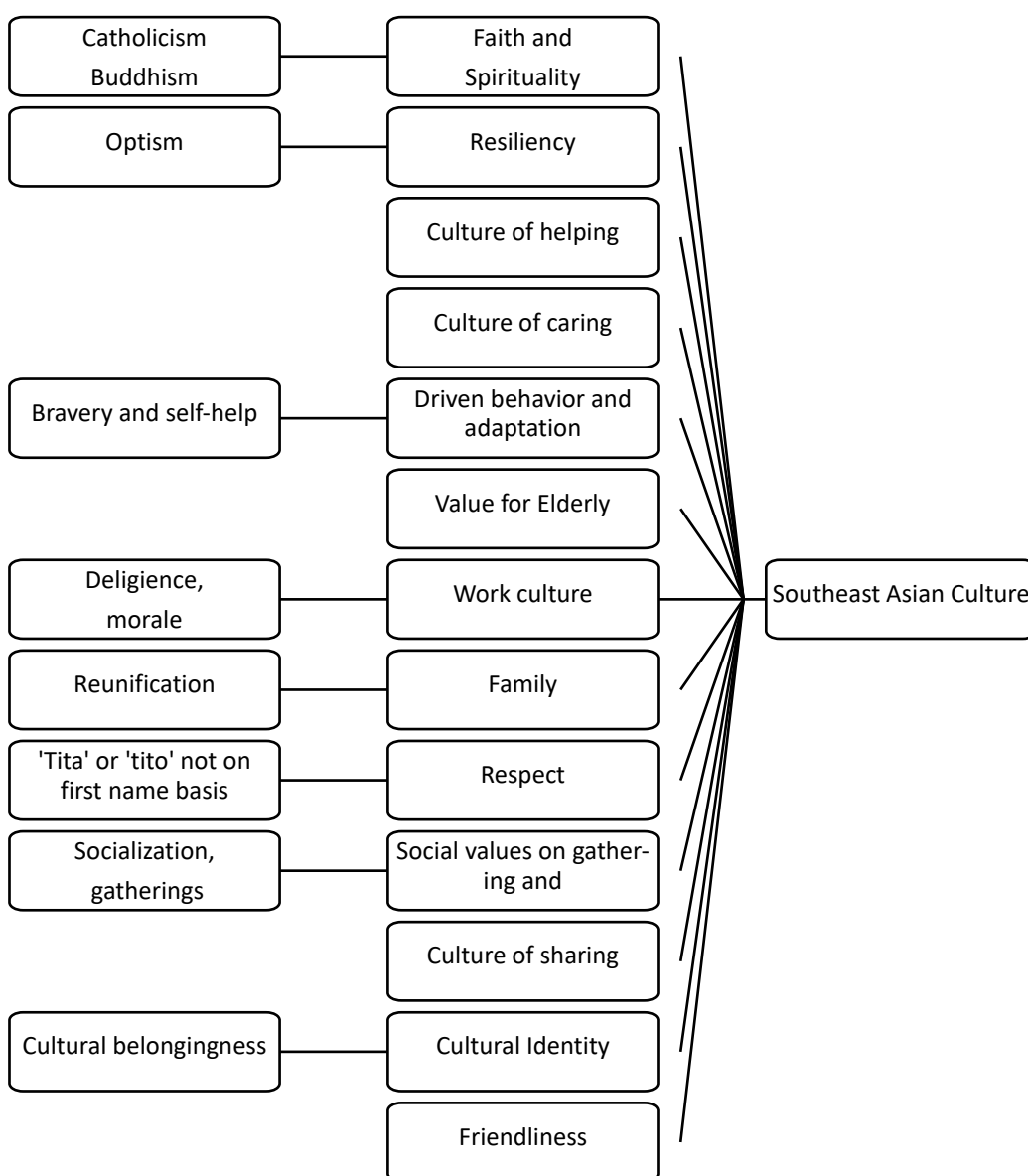


Figure 8: Southeast Asian Ageing Immigrants Culture

6.5 Informants experience on migration

The narrative materials obtained from interviews with the informants revealed a vast array of information on the experiences of the informants when they came to Finland. The subcategories obtained from the narrative analysis are illustrated in the timeline figure below:

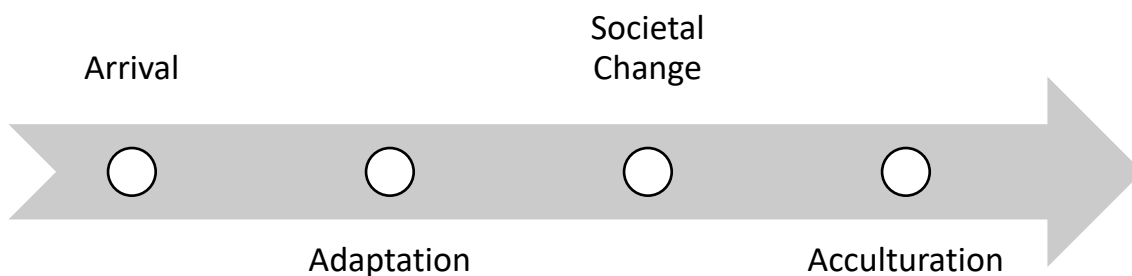


Figure 9: Migration experiences of Southeast Asian Immigrants

There are 4 narrative categories that were revealed in the narrative analysis of the experiences of the informants in migration. The first is on the arrival phase. In this phase, the informants shared numerous challenges which include the weather, homesickness, loneliness, boredom and economic challenges.

At first, I do not like here, because of the weather

Even though my children are here, I felt homesick.

It was fun yet sad and boring experience the first time I got here

One significant challenge upon arrival in Finland is on employment. Some of the informants came to Finland with no stable employment and resorted to other means such as collecting of bottles and cans. It was also revealed by informants that employment is necessary for him or her even though her partner is employed.

I experienced just enough (money) to buy rice, the porridge.

but it was difficult to look for job until three months has passed we do not have job yet until the time when we spent all our money.

together with my boyfriend, we picked bottles and cans.

it's so hard to live in Finland with only one (husband) working

The experiences of the informants in the adaptation phase are mainly related to language, racism, stereotypes, cultural diversity, socialization and membership to organization, need to survive, support network, lack of knowledge on social system, need to communicate to family at home country and place of worships as rendezvous, security and material security and education for migrants.

The informants understand the importance of language to adapt in Finland such as in familiarizing with the systems in Finland. Language is also important in seeking employment and establishing a friendship with native Finns. Learning the Finnish language was difficult for the informants. However, it was also revealed that being able to speak in English is a tool for communication during the adaptation phase.

It's important because it is not just English. We need also to learn Finnish, to understand Finnish, but it is difficult.

But to be realistic, it is difficult to find job here if you do not know how to speak their language

There are conditions that I do not understand...they try to speak in English to explain which I think is good.

Some informants also revealed their experiences of racism, especially before. They revealed in their narratives that there were a remarkable racism and violence against race and ethnicity before when Finland is not yet a part of the European Union. One informant has retold her experience in a violence against foreign workers, where a group of racist individuals have fought physically with her foreign workmates.

A car stopped in front of us and pointed his finger at us and I saw that they have gun inside. scaring us.

like they want us to return to our country because they do not need us here.

Before it was very rampant, there was even stabbing.

My workmates are all black. Suddenly I hear someone shouting. What I understand during the time was the word 'paska' and when I looked back I saw my workmates and 4 racists having a fight... I thought it was so frightening.

Along with racism is stereotyping to gender and race. Some informants reveal that some Asian women are seen in a negative way because they are judged as individuals who enter marriage

with Finnish husbands for the sake of money. According to the informant, Asian women are seen as weak.

...because they think Thai women are cheating and they just think about the money and the love is nothing

Asians, you know countrywomen, are seen as not as strong as weak...

Cultural diversity is also a sub-category in the adaptation phase, where informants observe the difference between their own culture and Finnish culture and traits as well as other country's cultural traits. The Filipinos are known to be friendly and expressive, while Finns resort to be quieter and less expressive.

I was looking for the Filipino, we are friendly. They (Finns) prefer to be quiet.

I also discovered the different situation in every country, there are differences.

As discussed in the previous section of this paper, socialization with the same or different cultural background was one of the main adaptation tools of the informants. It was revealed that joining of an organization, especially at first years in-migration had helped them to become integrated into Finnish society. The church was also a revealed not only as a place of worship but also a place of socialization and meeting new friends.

Yeah, those were the times that very active because we want to be integrated to the Finnish community, so we joined some other associations.

Then the first thing we do go to church and be find peace there and try to find hope.

The need to survive was also emphasized by the informants as important driving behaviour to adapt, especially when alone. The informants who have lived longer in Finland do not have access to modern technology and social media by then, so communication was a challenge for the informants while they are adapting in Finnish society.

Nobody guide me, not like today that there are Facebook and a lot of communications. But back 25 years ago, there is nothing to help you so much and you have to fight for.

Other needs related to the adaptation of Filipino and Thai immigrants were on support network and knowledge in the social system of Finland. Security in terms of peaceful living in Finland and material security in terms of support and salary are also highlighted by the informants.

Because the income that you have is enough to stay in here

My son feel secured.

It was also suggested by some informants, that other immigrant should go to school immediately to be employed and to know the system in Finland.

I would suggest them to go to school directly, so they will have good job and to know the system

The informants have also revealed in the narrative interview the positive societal change after Finland has joined the European Union, where there were lesser racism and acceptance to foreign workers and equality. It was also revealed that there were more Finns who speak English, which has improved the informants' communication with native Finns. However, the informants also revealed that there is still racism and discrimination.

But now, you cannot see racist anymore, and they began to speak English more... Before you know that they know how to speak in English but is not confident to speak.

They began to express their hospitality to 'extrang hero' (referring to migrants)

But when Finland entered European Union, there was a big change in Finland.

There is a lot of change. Happier now. They are very welcoming to migrants, but still, you cannot go away with some bystanders

Maybe there is still yet, but I would say they are only 10 %,

Equality was also one of the sub-categories that emerged on the narrative analysis. The informants highlighted equality in terms of gender and equality between immigrants and native Finns.

Here we have equal rights, men or women...

...with immigrants, we are equal and have same treatment.

The acculturation category, the positive attitude towards integration, cultural understanding, strengthening of bonds in Finnish society, intergenerational culture and self-exclusion of some immigrants were the subtexts derived from the principal sentences. The informants express their need to adapt. After years of residency in Finland, the informants have learnt to love

and understand some Finnish culture, hence cultural understanding and positive attitude towards integrating in Finland. Some informants consider Finland as a home and hopes for a peaceful and good relationship between cultures.

I admire this Finnish culture or hobbies that they must go the forest and pick berries

I love Finland because this is the land of my children.

I feel that I am at home here in Finland. I consider this as my third home.

Strengthening bonds between the migrant community and the Finnish society were also seen as a need for the acculturation of immigrants. Strengthening bonds are related by the informants to cultural exchange, understanding and doing activities that will strengthen the relationship.

...to promote our culture and try to gather Thai people and Finns to do some things for activities together to kind of strengthen their relationship.

Intergenerational transfer of culture and focusing on youth is also seen as a need for acculturation. Informants wanted to teach the younger generation of own culture, like beliefs, practices, values and norms, so that they may retain their cultural identity whilst living in Finland and to maintain these cultural aspects for next generation to come.

It was also revealed that there are some immigrants who wanted to become socially excluded from Finnish society, because of their lack of self-expression and self-confidence, because maybe they are shy because of their own backgrounds like educational status and other reasons. Self-exclusion was verbalized by one informant as having been due to immigrants not being able to have an open perspective towards Finnish society.

They feel excluded. It is about them, their self-expression

6.6 Informants experience on Finnish social and health care system

The narrative analysis also explored the experiences of the Southeast Asian ageing immigrants in the Finnish social and health care system. There are wide and various experiences that are included in this category, which includes both negative, neutral and positive experiences. These experiences are foregrounded on their general well-being and ageing in Finland. These experiences are best illustrated in Figure 11 below.

The neutral experience of the ageing informants was judged as such when it does not refer to neither positive nor negative statement. The preference of the informants to seek social and medical services from public health sector is not necessarily a negative statement, because seeking public health services is an essential mechanism in public health to help people who cannot afford private health care.

it was better to go to the government, instead of going to private, because it was more expensive

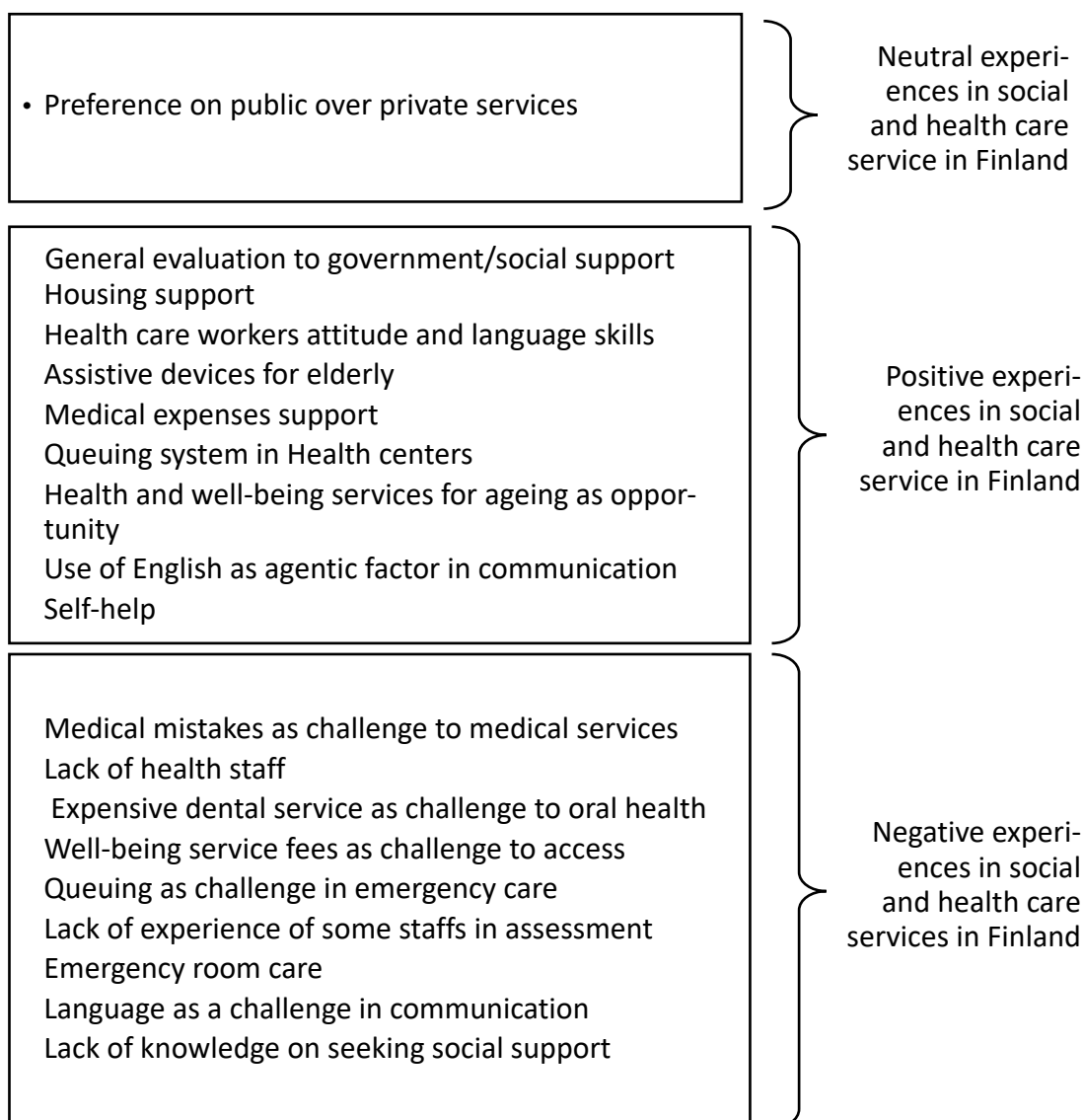


Figure 10: Informants experiences in social and health care system in Finland

The sub-categories on the positive experiences of the informants on social and health care system in Finland includes General evaluation in government/social support, Housing support,

Health care workers attitude and language skills, Assistive devices for elderly, Medical expenses support, Queuing system in health centers, Health and well-being services for ageing as opportunity, Use of English as an agentic factor in communication and self-help.

The general evaluation of the government and social support was related by the informants to social insurance (Kela) support and verbalized that the Finnish government will help those in need. Other support services identified were on housing support, medical fee support and assistive devices to elderly and those who physically disabled.

My house is from the government, I am helped by the government

Finland is one of the best in taking care of its people

The healthcare workers like the nurses have a good attitude towards the ageing informants and commended their use of English that aids in the understanding the ageing immigrants on their health status. A help from translator was also seen by informants as crucial in utilizing health care services.

the nurses are kind

It seemed easier because they know how to speak English

...it is easier to communicate with the Finnish, when they speak English

The health center was emphasized by the ageing informants to be of good service. The specific good point was on the queuing system in health centers.

They have good service, especially the health center.

When I go to the health center, they have numbers, they were good

The health and well-being services that are available, more specifically to the ageing populace, were considered by the informants as an opportunity, hence a positive experience. Specific examples of these services are mammography for 50 years old and above female, free Zumba exercise activities and others which tend to promote the well-being behaviour of the informants.

I like to have water therapy, swimming, and walking

I started have aerobics and in hospital... Dancing lessons like flamingo (laughs)

Self-help is reported by the informants as a goal by increasing one's knowledge base, like the social and health care system in Finland.

The negative experiences of informants to the social and health care system in Finland include Medical mistakes as challenge to medical services, Lack of health staff, Expensive dental service as challenge to oral health, Well-being service fees as challenge to access, Queuing as challenge in emergency care, Lack of experience of some staffs in assessment, Emergency room care, Language as a challenge in communication and Lack of knowledge on seeking social support.

One of the informants had retold the story of his surgery in the spine, which eventually resulted in physical disability. The main reason was allegedly a misdiagnosis of having cancer in plasma cells or myeloma, which turned out that informant is not suffering from the said disease.

I was operated at back, and I got disabled.

the doctor said, there is nothing to worry about, and when you have few medicines, I got worried.

The doctors here also do mistake, even though they are the best doctor in Finland

I think that they need to improve doctor services, because sometimes here doctors do mistakes like for some countrymen I heard of who was operated, and they operated wrongly, and it seemed like nothing happened.

One informant also told her story about her experience in a public health institution, where she went for her child's doctor check-up but was forced to resort to a private clinic, because there was no doctor available during the time she and her child went for the doctor. Dental service was also considered by the informants as a negative experience because it is expensive.

What is paid was my dental. That is something that is expensive here, even though you have Kela, you still need to pay.

It is very expensive here when you go the dentist.

Some health and well-being service was also considered as expensive by some of the informants, like medicine and well-being services such as swimming lessons and others. This post a challenge to the access of these health and well-being services.

But I cannot do it because it is expensive

But sometimes, I hope to have free medicine, because it is expensive

The informants share the same negative experience in emergency room services, such as long waiting hours, queuing and assessment. Some informants have shared their experiences of waiting longer than expected in an emergency room, especially on weekends and holidays, while one shared her experience that due to the lack of assessment skills of some staffs that she had to return to seek emergency care immediately after her discharge. One informant also verbalized her suggestion that aged individuals need to be prioritized in queuing.

Their observation is not enough.

I was brought by my friend (to emergency) because it was Sunday, the queue was so long... I was so disappointed that time

They need to get help from health problems, doctors, queuing, something like that.

The language was one significant challenge in seeking social and health care services in Finland, among the Southeast Asian ageing informants. The informants shared that because they do not speak good Finnish, they tend to use English instead, but not every healthcare staff speak good English. Some informants also revealed that they can express or know the terms in English but cannot readily communicate it in Finnish in healthcare institutions.

Sometimes it helps if they will call for someone who knows how to speak in English because now I do not know how to speak good Finnish.

There are conditions that I do not understand...they try to speak in English to explain which I think is good.

I know in English, but I cannot translate it in Finnish.

Some informants have shared experiences of not being granted social support services because they do not have enough knowledge of the system. One informant has shared her experience, where she applied to unemployment benefit, which she did not get because her legal partner has an employment. The same informant as well applied for early retirement due to asthma, but was denied, because asthma is not considered as acute ailment necessitating early retirement. One informant who lives alone is interested in living in a nursing home but verbalized that he does not know how to apply.

They have doctor, nurses and you can go anywhere. But I do not know how to apply (nursing homes).

When I went to Kela to ask for help, there were a lot of papers, and their answer was that they are not able to help me, because my partner has a job, because we are registered as a couple

6.7 Informants experience on ageing in Finland

This section presents the result of the narrative analysis related to the ageing experiences of Southeast Asian Immigrants in Finland. There are various and distinct attitudes related to the ageing of immigrants in Finland. Some informants said that ageing is good in Finland, but some do not feel the same way. The illustration in Figure 11 shows the summary of the ageing informants experience and attitude towards ageing and retirement.

There are four main categories in the narrative analysis of the ageing experiences of Southeast Asian immigrants in Finland. As shown in Figure 11, these include positive and negative view and attitude towards ageing in Finland as an immigrant, the health issues, constructed needs of the ageing immigrants, migration status and ageing and dying. The positive view and attitude of the informants towards ageing are; Finland as an immigrant is related by the informants to social benefits upon retirement in Finland, having a happy and satisfying retirement life with a partner in Finland. Family members having a family on their own was considered as a positive view, because the informants realized that she would eventually age in Finland, and not in the country of origin because her siblings have own family.

Ageing is colourful here. It is happy, especially when I am with my partner.

The negative attitude and views related to ageing and retiring in Finland are related by the informants to dissatisfaction with elderly care in Finland and some elderly people dying alone in their house. One informant, who has lived for 38 years in Finland, shared her experiences and observation that elderlies are taken for granted in Finland because they are not taken cared for properly. She also compared the possible situation when she would retire in the Philippines, where relatives and family members would take care of her. She also verbalized her dismay of elderly people dying alone in their homes and for some caregivers' skills during patient death. The cold climate of Finland is also another factor pointed out by the informant to be non-conducive to a later stage in life.

it seemed that old people are taken for granted because they are near to be out of this world like they are not needed anymore

My feeling of old age here is that older people are taken for granted, because nothing more to do here... while in our country at least there is family who will never mind how poor you are, you are still taken cared for

here it is very different because I have been here in 38 years and I have been people here die alone in their houses

there are caregivers, but they do not see that people are already dying

As for old people, it's not really good to stay here, because of cold weather. I thought to retire in the Philippines.

In terms of living in nursing homes, there are two distinct views. One informant has a negative view on nursing homes for elderlies and does not want to reside in nursing institutions. One informant considers living in a nursing home because he is living alone and cannot move without assistance. He also verbalized that he usually goes out of the house, because of boredom. Once he is inside the nursing home, he gets a company in a nursing home and has access to professional care. He however verbalized that he does not know how to apply or get into nursing homes. One informant prefers to be taken cared for at home by visiting nurses instead of nursing homes.

I do not like home for the old people.

They have doctor, nurses and you can go anywhere. But I do not know how to apply (nursing homes).

There is also an emphasis on lack or minimal recreational and other activities for their own cultural group. The same informant who lives alone in his home and who needs assistance in mobility usually resort to going out alone using his scooter, because he is bored at home and has minimal activities.

I went out immediately, because I am bored at home, even though I have computer, big television.

The health issues encountered by the informants include lack of strength, joint problems, menopausal syndromes, having more ailments such as vertigo, allergies stress, bad eating habit and sleeping problems. One informant opted for early retirement, because of stress at work.

I am ageing, I am losing my strength.

I sleep too little and never ever used this sleeping pill. have a change in temperature, and I felt more (ailments).

...so, I retired at age 63, because my health would be damaged.

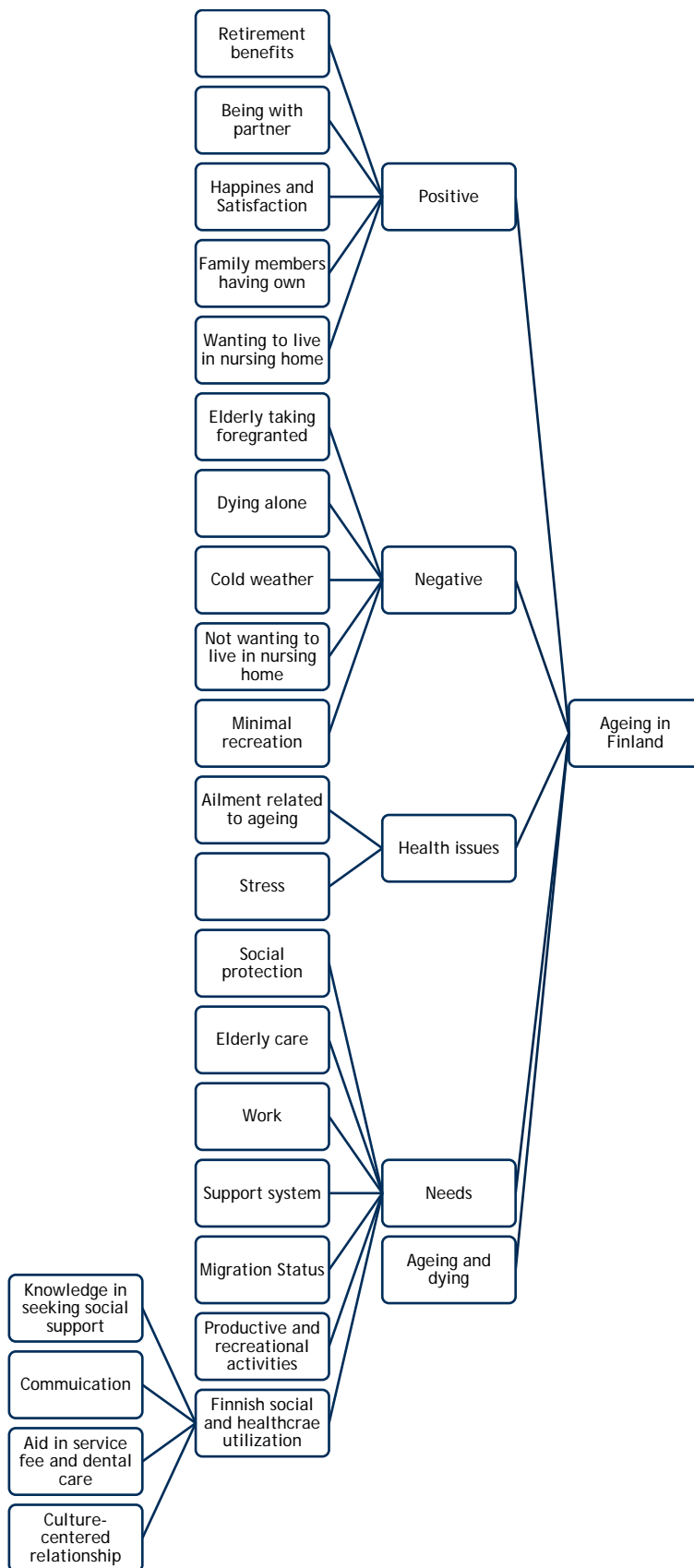


Figure 11: Ageing experiences of Southeast Asian Immigrants in Finland

There are seven sub-categories derived from the narrative analysis relating to needs of the Southeast Asian immigrants which include social protection, work, elderly care, support system, migration status and productive and recreational activities and utilization of Finnish social and health care services. The government help is related to social protection support. The informants who are under retirement age still want to work and verbalizes their need to be helped by the government as working immigrant force who are ageing in Finland.

I think their needs is that they will be helped and that someone would take care for them.

The elderly to get help from government, to get attention, as a working force in Finland.

Even old people can still work.

Elderly care and support system are two interrelated needs of the informants relating to their need to be taken cared for when no family member can take care of them. Support system from friends, relatives and organizations are also verbalized needs of the informants.

I am happy when I was able to get to places, together with those who have disability.

if my partner is gone, someone will take care of me, with the help from the government

The informants revealed their need to be productive through working and find time for rest, relaxation and recreation.

...they get like a leisure time. That is most important because they are far from their family, they do not have someone with, like me.

Some of the informants do not have Finnish citizenship and they emphasized the need to attain Finnish citizenship to attain security after retiring. The informants relate their well-being to securing a citizenship.

I like to have Finnish Citizenship someday so that at least after I retire, I have something.

Now before you get citizenship you need to pass the exam. I have been in the test, but I failed.

The narrative analysis revealed the need of the ageing immigrants to utilize Finnish social and health care services. In their usage of these services, the informants need to have better

knowledge on seeking social supports, better language skills to communicate to social and health care professionals, aids in well-being services such as swimming facility service usage and dental care and culturally centered and tailored social and health care services.

Some informant related ageing and dying. One informant emphasized that ageing individuals need to prepare self spiritually and mentally, without regard to materials resources, to lessen the fear of death. She also emphasized that it is not important where a person dies and death as a person's 'individual journey'. Some informants however verbalized that they wanted to die near to their family and friends.

they say prepare to die, so when you are closer to die, you will not scare
when you are born, you are alone, when you die, you are alone.

6.8 Summary of findings

There are five main significant categories sought in the narrative analysis. These are subjective well-being, values belief and practices, experiences on migration, Finnish social and health care utilization and ageing. The Filipino and Thai culture has a wide set of values, beliefs and practices that are still observed and practised even the Filipino and Thai ageing immigrants have migrated to Finland. They retain their cultural identity by valuing their set of cultural beliefs and practices while living in Finland. In the cultural context, the Filipino and Thai informants have good subjective well-being. Their subjective well-being is associated with the environment, economic, spiritual, government support, support system from friends, family and organization, self-care and lifestyle, adaptation and resiliency.

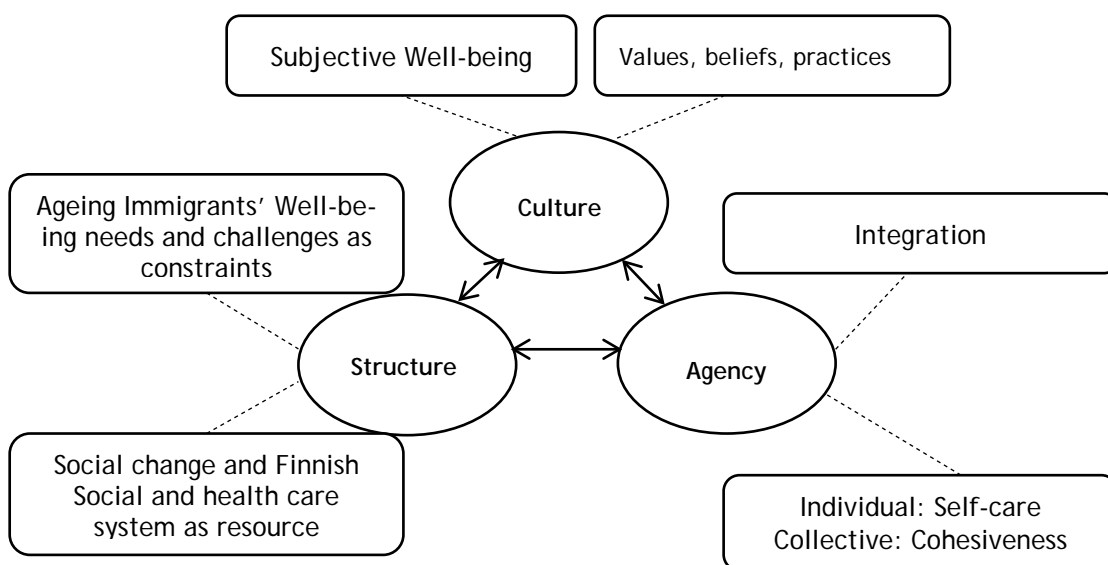


Figure 12: Main findings embedded in the culture-centered approach (CCA) framework. Applied from Communicating Health (Dutta, 8).

The social change in Finland, like acceptance of migrant workers and the Finnish social and health care system were also identified as resource to the Filipino and Thai ageing immigrants' well-being, while at the individual and collective level, the Filipino and Thai ageing immigrants identified self-care and culture of cohesiveness as the distinct enabling factor to the ageing immigrants agency or capacity to participate in choices that are related to their well-being. The Filipino and Thai immigrants also utilize integration as acculturation strategy. Integration is reached when the informants maintain their cultural identity while having regard to the dominant culture, which is in this context, the Finnish society as a whole.

Although the informants reported a good well-being status, there are a set of challenges that they encountered during the three focal points in their narratives, which includes migration, Finnish social and health care utilization and ageing. These challenges are summarized in the table below:

| Social and Health Care Services | Ageing | Migration |
|--|--|--|
| <ul style="list-style-type: none"> ○ Medical mistakes as a challenge to medical services ○ Lack of health staff ○ Expensive dental service as a challenge to oral health ○ Well-being service fees as a challenge to access ○ Queuing as a challenge in emergency care ○ Lack of experience of some staffs in the assessment ○ Emergency room care ○ Language as a challenge in communication ○ Lack of knowledge on seeking social support | <ul style="list-style-type: none"> ○ Elderly taking for granted ○ Being and dying alone ○ Cold weather not for elderly ○ Not wanting to live in the elderly home | <ul style="list-style-type: none"> ○ Financial ○ Climate ○ Homesickness ○ Boredom ○ Language ○ Racism ○ Cultural difference |

Table 4: Challenges of Southeast Asian Immigrants in Finland

The needs of the ageing Filipino and Thai informants are foregrounded on their current and anticipated situation as ageing immigrants in Finland. These needs include social protection, work and productive and recreational activities, elderly care, migration status, support network or system and needs in the utilization of Finnish social and health care services. Social protection is mainly foregrounded on the informants need to have a secured life after retirement. This was also related by the informants on the need to gain Finnish citizenship and

avail of retirement benefits. The informants also need to be able to continue their employment until retirement and have some activities that will capacitate them and not to merely stay at home, while at the same time being productive like doing something for the church, showcasing one's own culture through singing, dancing, cooking and others. Elderly care is foregrounded on the utilization of social and health care services for aged people like the use of assistive devices, home care, institutional care, dental care for the elderly. The support system is focused on the network from family, friends and organizations. Some informants revealed their need to gain Finnish citizenship to ensure migration status.

The Thai and Filipino ageing immigrants' needs can be discerned from the challenges that are identified in their narratives such as the need for knowledge in seeking social support, improvement of communication, aid in well-being service fees and dental care, and culturally-centered health care professional and immigrant communication and relationship. From the informant's challenges on migration, they need to have cultural acceptance for differences and improvement of communication through language skills.

7 Discussion

This section of this paper presents the discussion of the results of the narrative analysis. Since this study is a culture-centered approach exploration of the well-being experience of the Southeast Asian ageing immigrants, the results of the study are discussed based on this conceptual framework (Figure 12).

7.1 Subjective well-being as culture

The culture-centered approach (CCA) posits that culture should be referred to the contextual or local health meanings that are constructed by cultural members (Dutta, 7). The result shows that most the Southeast Asian ageing immigrants have rather better subjective well-being which is influenced by their better economic status, better environment in Finland, government support, support system, spiritual guidance, adaptation in Finland, healthy activities and culture of resiliency. In the study of Sand and Gruber (2016) on the disparity in subjective well-being of ageing immigrants and native Europeans, the study result showed a lower subjective well-being among ageing immigrants. Although this study's design is not on differentiating the subjective well-being of ageing Finns and immigrants, the result of Sand and Gruber's study on the interventions that resulted in minimizing the gap between the subjective well-being between the ageing non-European and European namely sociodemographic and health financing, which is relevant to the sub-categories derived at like economic factor, healthy activities and government and social support. Other interventions that minimize the

gap of the subjective well-being of ageing non-European and Europeans include citizenship, age at migration and residency longitude.

The result of the narrative analysis also shows the different traits, values, belief system and practices of the Southeast Asian Immigrants. Some of these values, traits, belief system and values coincide with the factors that affect the Southeast Asian ageing immigrants subjective well-being namely: the culture of resiliency, spirituality, support system from family and cultural members and work culture.

7.1.1 Well-being and work

Having an employment is a way to secure the basic health capacity of the ageing immigrants, which is referred by Dutta (2008, 176) as resources to become healthy such as food. In a study conducted by Gao et al. (2016) on the CCA exploration of the Chinese immigrants' perception of the health care system in the United States, they explored on the health meanings of the informants and was found out that there is an intrinsic connection between being healthy and the ability to work for economic purposes. This is relevant to the finding of the study that economic factors and work thus affect well-being and well-being is related by the informants to being able to perform the task at work and not being poor. In this study, the importance of employment for the informants is evident, which is signified by their being diligent at work despite being tired or not being able to practice own profession in Finland.

Dutta (2008, 190) refers to the argument of Nelson (1982) on the devaluation of working-class elders and elders from the minority in the labour market. He also cited Estes and Binney's (1997) argument that there is less value to ageing women, because of social structure. In this study, the informants revealed the difficulty of having employment in the first few months upon arrival in Finland, because of social structures of language and social system.

7.1.2 Culture of resilience, spirituality and well-being

Resiliency is defined by Joyner (2010) as the ability of an individual to recover readily from any adversaries, like illness, depression and the like. He posited five (5) characteristics of highly resilient people namely; they ask for help, helping others, being spiritual, focused on health and optimistic. In the result of this study, the culture of resiliency is related to the informants' optimism and spirituality. The informants have a positive outlook in life, that is everything will be alright after adversaries or difficulties of life with the aid of divine intervention. Figure 13 illustrates the characteristics of resilient individuals.

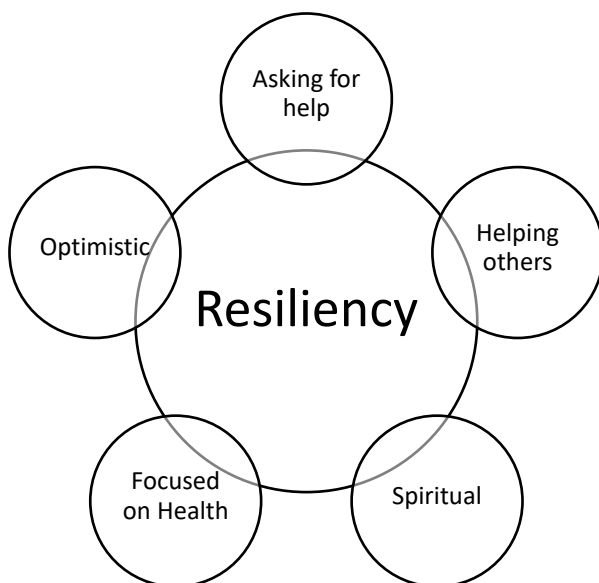


Figure 13: Resiliency and Five Characteristics Applied from Resiliency (Joyner, 2010).

In another study on Culture-centered approach by Dutta & colleges (2017) on the health meaning of foreign domestic workers in Singapore, health was constructed as mental and spiritual self-care. In their writing, the informants have own ways to improve mental strength like laughing and singing with friends as a coping strategy (Dutta et al. 2017). This is relevant to the result of this study, where resiliency was intrinsically related to the subjective well-being of the ageing immigrants. In terms of spiritual self-care, the study of Dutta et al. (2017) revealed that health relates to their faith, where informants of their study find strength through their faith in God. The result of this study also shows similar findings. For instance, one informant said that she is more strengthened spiritually and continues to seek guidance for better health spiritually. Pöntinen and Ylhäisi (2015) have studied the well-being of ageing Somali women in then Jade Project, where Somali immigrants signified the importance of culture and religion.

7.1.3 Well-being and environment

The natural environment in Finland plays a role in the well-being of Southeast Asian immigrants. In a study of Herzog and Strevey (2008) on the psychological well-being and contact with nature, the result revealed that effective functioning is predicted by contact with nature. This result is also relevant to the study conducted by Nordin, Mckee, Wijk and Elf (2017) on the association between the well-being of older people and the physical environment. Their study results demonstrate that physical environment enhances the social well-being of the older people residing in health care facilities. These studies relate to the finding of this

study on the subjective well-being of Southeast Asian immigrants, where the informants associated their well-being to the good natural environment in Finland, like fresh air and clean environment.

7.2 Integration as an expression of agency

The informants have told their narratives from the time they first came to Finland while facing the challenges of racism and language barrier to societal change and acceptance of migrants in Finland. The informants have the challenges of racism and discrimination upon arrival to Finland as well as challenges to language and knowledge of how systems in Finland work. They also have challenges economically, as it was difficult to find employment immediately. The informants also revealed in their narratives that after Finland has joined the European Union, there was a huge change in the societal realm and Finland, in general, has become more welcoming to immigrants and there is the lesser incidence of racism or discrimination. The informants also revealed in their story the need to adapt to Finland and to learn to love its culture and consider Finland as a second home. This attitude and views of the ageing immigrants show their motivation to integrate into Finnish society.

The ageing immigrants' integration as an acculturation strategy is the expression of their agency or their capacity to enact their choices and participate in societal structure. Assimilation is described by Dutta (2008) as when the immigrants or cultural member merge and mingle with the dominant culture, which is, in this case, the Finnish culture. However, there are some models of acculturation that provide a wider explanation of the acculturation strategy of non-dominant groups like immigrants. Berry (1997), posited 4 acculturation strategies that are most likely to be done by non-dominant groups or individuals. Figure 14 shows the illustration of his acculturation strategy model.

According to Berry (1997), cultural members of the non-dominant group such as immigrants were concerned with issues on how to acculturate. These two issues are the cultural identity maintenance and maintenance of participation and contact with the dominant culture or what is the extent of their involvement to other culture.

The figure below shows the acculturation model of Berry (1997). According to the acculturation model when the immigrants, as the non-dominant group, does not value own cultural identity and seek more contact with the dominant culture, the immigrants are using assimilation. Separation as an acculturation strategy is referring to the valuing of own cultural identity while disregarding and avoiding dominant culture, while integration is an acculturation strategy where cultural identity of the immigrants is maintained, while at the same time seeking to participate in an integral part of the dominant society and culture. Marginalization

is not something that cultural members hope for, rather it is the result of constraints and challenges that are mainly enforced by dominant culture and society. These constraints include exclusion to participate in the societal domain and little possibility to maintain cultural identity. Some of the reasons for exclusion is discrimination, while less possibility to maintain cultural identity is when dominant culture imposes their values and traits to non-dominant groups without taking consideration of the group's own cultural identity and integrity. Berry (1997), also argued that integration is only possible when dominant culture is open and inclusive to foster cultural diversity.

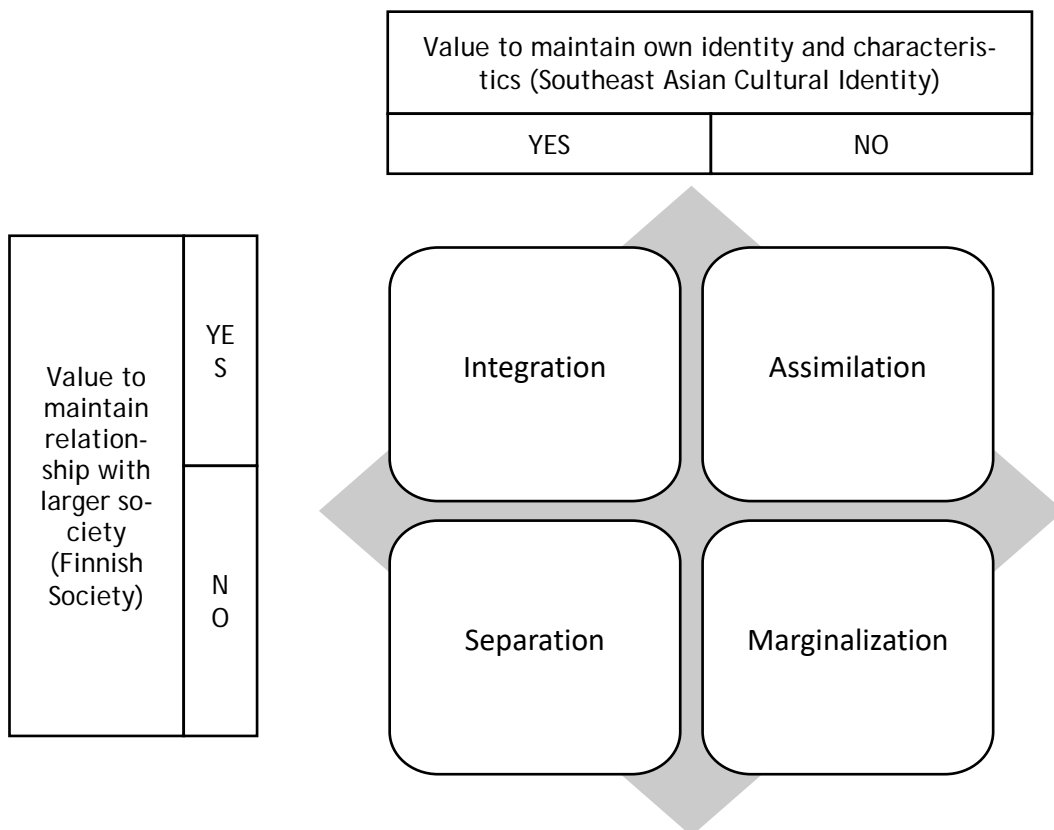


Figure 14: Acculturation strategy of Southeast Asian ageing immigrants. Applied from Immigration, Acculturation, and Adaptation (Berry, 1997).

In this study, the acculturation strategy of the informants that is revealed from narrative analysis is integration, where the informants still maintain their Filipino and Thai culture in terms of values, traits, belief system and practices as cultural identity while at the same time having a positive attitude to adaptation and to Finnish culture and mingling with other cultures and be part of the Finnish society. Integration as an acculturation strategy is the expression of their agency or their capacity to make decision amidst the structural constraints. It is thru the informants' continuous process of assimilating with the Finnish culture and system while at the same time maintaining their cultural identity, that the informants can seek

out health and well-being options and negotiate with their constraints or challenges living in Finland.

7.3 Individual agency as self-care

Self-care was revealed by the narrative analysis as an enabling factor for the well-being of the ageing immigrants. The informants do a degree of care for themselves to stay healthy by seeking out health care services and making use of the opportunities provided by the social and health care system and maintaining a healthy habit of exercise and diet. Self-care is a manifestation of the informants' individual agency because self-care signifies the informant's individual means to address challenges in well-being. In the study of Dutta et al. (2017) on the exploration of health among the foreign domestic workers in Singapore, where some informants in their study include Southeast Asian immigrants, reveal the same argument. Dutta and colleagues (2017) posit that physical, mental and spiritual self-care are the manifestations of the foreign domestic workers' agency in their study.

7.4 Collective agency as cohesiveness

The Southeast Asian ageing immigrants have a culture of cohesiveness. They tend to be more collective than individualistic. It is thru their cohesiveness that they can gain social support from friends, family and other organizations. These support systems were also found in this study to play a role in the subjective well-being of the ageing immigrants. In this study, the culture of cohesiveness has been emphasized greatly in the narrative stories of the informants. The informants have told the importance of being with friends and family as well membership to the organization, especially to those living alone in Finland. Socializing with the people of same and other cultural background fosters cultural diversity and thus builds informants capacity to participate actively in various actions that overcome the challenges within the society. In this study, the informants participate actively with the social gathering in their organization and other group activities to be able to overcome the challenges of being lonely, homesick, or even depressed. It is through their socialization that they can share problems and feelings for one another and relieve stress and melancholy while living and ageing in Finland. In the same study of Dutta & colleagues (2017) on the foreign domestic workers in Singapore, some participants of their study sing, laugh, joke and share stories with their friends to cope with challenges like stress while working in a foreign country.

7.5 Ageing and well-being needs and challenges as structural constraints

The narrative analysis also explored the Southeast Asian ageing immigrants needs and challenges related to their well-being while ageing in Finland. These challenges tend to constraint the ageing informants' capacity to gain experience of well-being in Finland, while the constructed needs of the informants are structures in Finnish society can either constraint or capacitate the ageing immigrants towards better well-being.

There are seven main categorically summarized needs of ageing immigrants namely; social protection, work, elderly care, support system, migration status, productive and recreational activities and needs in social and health care service utilization. Social protection foregrounds on the need of the ageing immigrants to receive help from the general social system in Finland like the social insurance system and approval of migration application (i.e. Finnish citizenship, residence permit). Work was also a need constructed in the narrative analysis as most informants are under retirement age and want to continue employment. One participant of the study, who is retired, still works part-time, while another participant pursues church work and activities after retiring. Elderly care need is generally the care services for elderly, like nursing homes, community nursing services and others, while support system was mainly emphasized on family and social network support from friends, relatives and other organizations. In the study of Sand & Gruber (2016) on the subjective well-being of older immigrants in Europe, the disparity of the difference in subjective well-being between the native European and immigrants is minimized when there is intervention in citizenship. In the study, gaining citizenship in Finland is perceived by the informants as a need.

The challenges to ageing people well-being are derived from both the negative experiences of the informants in the social and health care system in Finland and the general course of migration and the attitude towards ageing in Finland. These challenges that are situated in the Finnish social and health care, ageing and migration are constraints to their experiences with well-being. Language as a challenge in communication is one of this challenges that are well emphasized by the informants. In the study of Dutta & Jamil (2012) on the health of Bangladeshi Immigrants in the United States, Bangladeshi immigrants see the challenges in language resources in communication as a barrier to accessing health. In the study of Pöntinen and Ylhäisi (2015) on Somali women's well-being in Finland, language has an impact in the quality of life of the informants. While in the study of Shrestha (2017) on the access and utilization to health care services in Finland, the cost of health care services was found out to be the main factor affecting utilization of health services in Finland. Other barriers found out in the study were the queue, transportation, mistrust/suspicion, language and uncertainty. In Shrestha's study (2017), 9% of the informants in the study have self-reported experiences of discrimination.

The negative attitude of informants to ageing and retirement namely; Elderly taking for granted, Being and dying alone, Cold weather not for elderly and Not wanting to live in the elderly home. The informant does not want to retire in Finland, because of the doubt and fear of being and dying alone. The informant's opinion on elderly care is that elderlies are taken for granted in Finland and she would live more happily in own country, where she is surrounded by relatives and friends. These attitudes toward ageing constraints the informant's experience of well-being.

The constraints that are situated during migration and residence in Finland include Financial, Climate, Homesickness, Boredom, Language, Racism and Cultural difference limits the well-being experiences of the informants. Financial constraints are emphasized as greater to new immigrants and were revealed that it was difficult to find employment at the beginning of migration. In the same study of Dutta & Jamil (2012), the Bangladeshi informants revealed the importance of finding employment upon arrival to the United States to support their visits to a doctor.

7.6 Finnish social and health care system as a structural resource

The narratives of the informants also provided information on the ways in which the Finnish social and health care system served to the informants as a resource in the societal structure. These data are derived from the positive experiences and attitude of the informants to the Finnish social and health care system namely; Housing support, Health care workers attitude and language skills, Assistive devices for elderly, Medical expenses support, Queuing system in Health centers, Health and well-being services for ageing as opportunity and Use of English as agentic factor in communication. These are the gains and resources that the informants receive from the structure. Dutta (2008) argues that structure in health is both constraining and enabling to seek health choices and well-being behaviours. These are key elements that informants perceived as needed for their well-being and should be provided by the Finnish social and health care system.

Dutta (2008, 176) discussed health experience in marginalized sectors in four different areas such as basic health capacity, prevention programs, health care service use and communicative infrastructure. The basic health capacity of the Southeast Asian immigrants as minority sector is focused on the resources that make them healthy, like food and shelter. Prevention programs are related to health information and resources for disease prevention. Dutta (2008, 177) refer to knowledge gap theory of Viswanath and Finnegan (2002), who argue that higher socioeconomic status is associated with better learning of health information. In this study, the employment of the Southeast Asian ageing immigrants ensures their socio-economic status consequently improving their preventive knowledge from health information such as health

education campaigns. Health care services are challenging to marginalized sectors due to lower social class. In the findings of the study, the social and medical supports from the social insurance system are the structural resources that ensure the utilization of the ageing immigrants in Finland. Dutta (2008, 180) refers communicative infrastructure to channels for exchange of information in social and health care sector as well as in the cultural domain. The Southeast Asian ageing immigrants use of English increases their capacity to have a better understanding of health information and communicating with health care professionals. In a cultural context, the ageing informants relate communicative infrastructure to the attitude of health care professionals, which increases their agency in the utilization of health care services in Finland.

7.7 Social change as a structural resource

The informants also revealed a positive social change in Finland that serves as a resource and increases their narratives of well-being in Finland. These include; lesser racism and discrimination, acceptance of migrant workers, equality, use of English, cultural diversity and acculturation. These social change or alteration in the social behaviours and relations increases the informants' well-being experiences in Finland. In the study of Shrestha (2017), knowledge of Finnish language has a positive effect in health care access and utilization, while in this study the use of English by the informants in health care settings also posts as positive experiences in well-being services. The Filipino informants, whose second mother tongue is English, have low to intermediate fluency in Finnish and those of low fluency in Finnish resort to using of English to be able to understand and communicate with health care workers. In the same study by Shrestha (2017), discrimination in health care services was one of the factors that are analysed in health accessibility. Her study revealed that 9% of the informants have reported discrimination when seeking health care services in Finland. In this study, the informants revealed a lesser racial discrimination and acceptance of migrant workers. This implicates that minimizing discrimination will improve access and utilization in well-being services, hence the improvement of the well-being of the immigrants.

7.8 Ethical issue

In the conduct of a qualitative study, two major ethical issues are crucially impinging: 1) the robust data on the qualitative study can mean engagement to the lives of the informants, whether public or private. 2) Ethical dilemmas may arise during the inquiry due to the change of direction of interest (Silverman 2008, 311).

In view of these two major ethical issues, the researcher complied with the ethical guideline as stipulated in Finnish Advisory Board on Research Integrity (TENK) guideline on the ethical principles of research in the humanities and social and behavioural sciences. Three major ethical principles are obliged by the advisory board namely; respecting the autonomy, avoiding harm and privacy and data protection (TENK 2009). As such, discussion with the informants about the aim of the study, the probable risk, and obtaining written informed consent from the informants is imperative to ensure well-informed autonomy to participate in the study. Avoidance of harm and protection of privacy were taken into an utmost priority by complying with guideline stipulated in the Responsible conduct of research and procedures for handling the allegations of misconduct in Finland Guideline by the Finnish Advisory Board on Research Integrity (TENK). Important ethical considerations to prevent harm and protect data was to conduct meticulous and non-tolerant data management as framed in the data management plan of this study which includes the disposal of papers or documents that may contain the information of informants, the non-disclosure of informants' information to third party, and destroying of the raw audio-recorded interview (TENK 2009).

According to TENK guideline on the ethical principles of research in the humanities and social and behavioural sciences, a research plan for ethical review to the said advisory board is not deemed necessary in light of the study, because the study does not contain any of the six mentioned features which demands a meticulous ethical review. The study does not involve intervention with physical integrity, does not deviate to the principle of informed consent, the subjects are not children under 15 years old, does not expose the informants to the strong stimuli such as pornography, does not cause long-term mental harm, and does not demerit security risk as in cases of domestic violence (TENK 2008).

The approval and permission for the study were sought by the researcher from JADE project and the Finnish-Philippines Association and Finnish-Thai Association because the informants were members of the said organization (Laurea University of Applied Science, Research Permits). A written review of the Research Ethical Board of the Laurea University of Applied Science was sought and was taken into consideration. The review has iterated need for data management plan and informed consent, which the study has complied accordingly.

7.9 Rigour and quality of the study

The rigour and quality of the proposed study were ensured by following the principles of rigorous qualitative study namely, transparency, validity, reliability, comparativeness and relativeness and transferability (Green &Thorogood 2004, 177). Transparency of the study was achieved when the methods in the research study are outlined for the reader to comprehend

the whole process (Green & Thorogood 2004, 177). The researcher has made use of honest and clear accounts to the whole research process to ensure transparency.

Validity refers to the credibility of data interpretation (Silverman 2008, 311). To ensure the validity of this study, correct and complete data gathering with an emphasis on informants' voices, rather than the researcher's own thoughts and perception was prioritized. The relevance of the study in trying to provide solutions and recommendation to the well-being issues of ageing immigrants can also be a criterion for the quality of this study (Holloway & Wheeler 2010, 299). The internal validity of the study was ensured by conducting 'members validation', where the findings of the study were shown to the informants for agreement (Green & Thorogood 2004, 177). However, due to the relative difficulty in communication with all the informants of the study for members' validation, two key representatives from Filipino and Thai informants validated the findings of the study. The external validity or generalization is not an issue for the study, because it uses a qualitative approach. It focused on the specific instance of the Filipino and Thai ageing immigrants and does not provide representation to other cultural groups (Holloway & Wheeler 2010, 300). The culture-centered approach, however, is a theory-based approach that can be generalized to other study groups and topics of interest.

Reliability, on the other hand, refers to the likelihood that a similar study would generate similar themes (Green & Thorogood 2004, 177). To maximize the reliability of this study, the researcher did fieldwork using accurate note-taking and transcriptions practices and seeking advice or peer evaluation on the coding process with colleagues and thesis tutor (Green & Thorogood 2004, 178).

Reflexivity is the recognition of the role of the researcher in data gathering and analyses. The aim of which is to eliminate biases in data collection. The researcher is of the same foreign background as with some of the informants of the study. This will not, however, undermine the rigour of the study, because the researcher is aware of his role in data collection and focus on the research informants rather than own cultural experiences to avoid potential bias. The researcher ensures methodological openness, and awareness of the social setting between the researcher and the informants (Green & Thorogood 2004, 178).

7.10 Limitations of the study

The main limitation of the study, as a qualitative inquiry, is on the lack of generalizability of the findings of the study (Holloway & Wheeler 2010, 300). The findings are specific and typical to the key informants' cultural group, which may be different or atypical to other population. The Filipino and Thai ageing immigrants were taken as informants for the study and

their narration may be different to other ageing immigrants. To overcome this study limitation, the researcher conducted a wider literature review on the same topic of interest in almost similar settings but similar theoretical underpinning, which is the culture-centered approach. The communication between the researcher and the informants has resulted in minor limitations in data gathering, as some informants speak fluently in English or own language, while some have minor difficulty in some English words or phrases. Improving the interview skills and communication skills such as clarifying are helpful in this data gathering challenges. The informants' profile is more on female representative, while there was only one male informant. This limits the study to establish better typicality to male ageing immigrants. Unintentionally, there were more Filipinos than Thai informants due to saturation of data from both cultural groups. These limitations do not, however, undermine the validity and quality of this study.

8 Conclusion and recommendations

This study explored the narratives of Southeast Asian ageing immigrants, especially the Filipino and Thai immigrants, to increase awareness on their well-being and experiences foregrounded on the migration and ageing in Finland to elicit their needs and identify suggestions for social and health care programs and services for Southeast Asian ageing immigrants. These goals have been achieved by using the stories of the Filipino and Thai ageing immigrants as narrative materials for categorical analysis, which answered the research questions on Southeast Asian ageing immigrants' well-being, their needs and suggestion to Finnish social and health care programs and services.

1. The Filipino and Thai ageing informants have relatively good subjective well-being in Finland, which is culturally associated by the informant to different factors like self-care and lifestyle, support system, government support, spirituality, economic, environment, resiliency and adaptation to Finnish society. The Filipino and Thai ageing immigrants have retained their cultural identity, which is manifested by their set of values, belief systems and practices. The informants' faith, resiliency, value for elderly and cohesiveness are some of their set of values and belief system identified.

2. The needs of the ageing Filipino and Thai immigrants are based on the narratives of the verbatims of the informants and the challenges of the informants in migration, utilization of Finnish social and health care services and ageing. The needs that were co-constructed using the CCA include social protection, work and productive and recreational activities, elderly care, support network, knowledge in seeking social support, improvement of communication, aids in well-being service fees and dental care and culturally-centered social and health care profession and ageing immigrant communication.

3. The suggestion for the social and health care programs and services, like the Jade activity center, is to foreground on the enabling factors to the subjective well-being of the Southeast Asian immigrants which include self-care and lifestyle, social support, government support, spirituality, economic, environment, resiliency and adaptation to Finnish society. It is recommended to focus on the needs of Southeast Asian immigrants and other ageing immigrants, whilst taking into consideration on the culturally constructed meanings of ageing immigrants' well-being. The researcher posits that cultural understanding is imperative, while the culturally centred approach is crucial in social and health care settings. In this study, the informants have constructed the association of different factors to their well-being, which must be taken into consideration by the public, private and non-government social and health care institutions. For example, the informants have associated their faith and spirituality and culture of cohesiveness to their well-being. This can be promoted in the social organization by promoting prayers and worships and other social gatherings like dancing, singing and cooking among the cultural group. The identified set of values, belief systems and practices and the immigrants' cultural identity needs to be respected and encouraged to develop quality and culturally-centered health and social service experience. The language is one of the main issues identified in health communication. The use of English, for instance, to some of the immigrants is a factor which improves their agency, while having a translator to ensure understanding in health and social service settings will foster better understanding, hence better social and health care plan, intervention and experience. The improvement of Finnish language skills of ageing immigrants and improvement of social and health care professionals' skills in using other languages like English is thus recommended.

The narrative analysis also revealed the association of culture of resiliency and well-being among the ageing Filipino and Thai immigrants. This can be promoted by promoting mental health and self-care among the ageing immigrants, because resiliency is related to their ability to recover from any mental, emotional, physical stress and is characterized by five characteristics which include optimism, helping others, spirituality, asking for help and focus on health. The mental health of the ageing immigrants can be promoted by fostering optimism and professional interventions, so that they get help to focus on their health, have a positive outlook in life in a foreign country and to helping others of the similar situation.

There is a need for an inclusive and diversified social and health care programs. The key informants of the study use integration as a strategy for acculturation in Finnish society. This is achieved by maintaining and valuing own cultural identity while also valuing to maintain a relationship with Finnish society. As was revealed in the study, there are some other ageing immigrants reported by the informants who are not open to maintain a relationship in Finnish society, which led to his or her exclusion. In Berry's (1997) acculturation model, some are using separation strategy when they have their own set of value and culture, but 'close' to maintaining a relationship to larger society. Social and health care programs and services can

be geared towards a greater number of ageing immigrants, to include catchment to those socially integrating and socially separating ageing immigrants. Increasing the agency of the socially separating individuals can be initially motivated to participate in this programs and services through marketing of social and health services available for them and inviting key cultural members who can invite more people to participate. The social and health care programs can be 'culturally inviting' to the ageing immigrants, which can provide a platform to showcase own cultural identity in the form of cultural dance, music, arts, lifestyles such as beauty regimen and others. The establishment of solid partnership and collaboration among cultural organizations, like Finnish-Thai and Finnish-Philippines Association is recommended to foster a multi-faceted, collaborative program plan and implementation. A crucial step in integration can be bilateral and multicultural' initiatives, where both Southeast Asian and Finnish culture co-exist. These initiatives can be done through a cultural exchange, like learning of Finnish culture and vice-versa.

The Southeast Asian ageing immigrants' agency is manifested by self-care. Self-care was related by the informants to their well-being. The programs and services for ageing immigrants can be promoting self-care by enhancing their knowledge base and skills to care for social and health issues. Increasing the ageing immigrants' capacity to take care their health is imperative to enhance their resilience, hence their well-being. Some capacity building initiatives can be a balanced diet for ageing immigrants, control of non-communicable diseases, exercise and others. The dental services, which was verbalized by the informants to be expensive in Finland, can be promoted by capacitating the ageing immigrant on oral health.

The Southeast Asian has a cohesive culture. They are fond of social gathering and other festivities. This can be augmented by foregrounding initiatives towards promoting socialization among and between cultural groups. This can also be an opportunity as an intervention to social and health issues like depression, where ageing immigrants can build a cohesive environment among their group and build network and camaraderie, whilst seeking and rendering help to others. For example, is on the stress management. The ageing immigrants can relieve stress by being with friends, whom they can have fun and share stories and experiences.

The constraints in Finnish social and health care is embedded in the challenges that the Filipino and Thai ageing immigrants have experienced. The health care facilities must consider the experiences of the clients that resulted to dissatisfaction, like queuing in emergency care, miscommunication because of language, mistakes in health care, health staff deficiency and lack of experience of some staffs. This calls for improvement of the hospital and health care settings' system, especially on emergency care services in emergency rooms, which was narrated by several informants who had previous negative experience in emergency rooms. Other constraints that were analyzed was on racial discrimination and cultural difference.

Non-tolerance of racial discrimination in health care settings must be imperative, while cultural difference can be conceded with bilateral cultural understanding and promotion of cultural diversity and inclusion in the workplace, hospital and social care settings. The constraints on ageing include elderly people taken for granted and has nothing to do, being alone and resistance to living in the elderly home. Solutions to these constraints can be rather complex, but the recommendation on promoting home-based care, self and family care, participating in activity centers among retirees and other social gatherings and activities can be paramount steps to improve the ageing experience of ageing immigrants. The citizenship of ageing immigrants is both as constraint and resource. Some informants have no Finnish citizenship, because of the difficulty of the Finnish language examination. The efforts must be done to help ageing immigrant secure citizenship of their own desire, like helping in Finnish language examination.

The societal change and support from Finnish social and health care system are resources by the key informants. Support must be given to ageing immigrants in the utilization of this social and health care services by enhancing their knowledge on its utilization, help-desk for ageing immigrants, language sensitive information and other initiatives.

The results of the study have generated wide dimension on the well-being of Filipino and Thai ageing immigrants. The interventions to improve their well-being can be complex because it requires multi-partite efforts. However, the above-mentioned recommendations have implications to social and health care settings in their service planning and implementation. The planning of services for ageing migrants may focus on the improvement of the four experiential areas suggested by Dutta (2008, 176) which include health capacity, prevention programs, social and health utilization and communication infrastructures.

This study utilizes culture-centered approach exploration, which is used in various studies of migrant workers and marginalized group. This study used the same conceptual framework, which includes culture, agency and structure. The study's focus on ageing Southeast Asian immigrants is novel to the CCA studies and it is one of the few studies that are related to ageing immigrants in Finland. It has explored the narratives of the key informants and has contributed to the knowledge base on the well-being of ageing immigrants. This study can contribute to studies relating to immigrant's well-being, ageing, integration and migration and cultural related studies in the future. This study recommends a wider scope of the study, to focus to other cultural groups of ageing immigrants and to foreground study to the activities of daily living, work conditions and utilization of health and social services of ageing immigrants.

There are no conflicts of interest related to this study.

9 Dissemination

The study will be a public document in pursuant to a decision by Laurea's President (Laurea's thesis guidelines 2017). Results of the study will be disseminated to the Jade activity center as a collaborating agency, as well as to the key informants of Finnish-Philippines Association and Finnish-Thai Association for validation. An evaluation from a representative of Jade activity center is sought and the thesis work is presented during the thesis seminar. Once finalized, the paper is published in Theseus archive (Laurea UAS, Thesis process 2017).

References

Printed sources

Dutta, M. 2008. *Communicating Health; a Culture Centred Approach*. Cambridge: Policy Press, 4-7,70-73, 76-79 176,177,179,180, 189.

Green, J. & Thorogood, N. 2004. *Qualitative Methods for Health Research*. London: Sage, 177-178, 191.

Holloway and Wheeler 2010. *Qualitative Research in Nursing and Healthcare*. 3rd edition. West Sussex: Wiley-Blackwell, 43,198,199, 299,300.

Holloway, I. & Freshwater, D. 2007. *Narrative Research in Nursing*. Oxford: Blackwell, 18,69,70,72-73,77.

Merriam, S. & Tisdell, E. 2016. *Qualitative Research: A guide to design and implementation*. San Fransisco: Jossey-Bass, 25-26.

Squire, C. 2008. Experience-centered and culturally-oriented approaches to narrative. *Doing Narrative Research*. Edited. London: Sage, 48.

Silverman, D. & Marvasti, A. 2008. *Doing Qualitative Research; a Comprehensive Guide*. United States of America: Sage Publication, 311.

Electronic sources

Albert, S. and Freedman, V. 2010. *Public Health and Ageing; Maintaining Function and Well-being*. Accessed 17 March 2018 <https://ebookcentral.proquest.com/lib/Laurea/detail.action?docID=475130>

Berry, J. 1997. *Immigration, Acculturation, and Adaptation*. Accessed 4 November 2017. <http://www.ucd.ie/mcri/resources/Dermot%20Ryan%20Reading.pdf>

Brothers, T., Theu, O. & Rockwood, K. 2013. *Frailty and migration in middle-aged and older Europeans*. Accessed 19 April 2018 <https://doi.org/10.1016/j.archger.2013.07.008>

Castaneda, A., Rask, D. Koponen, P., Mölsä, M. & Koskinen, S. 2012. *Migrant health and well-being. A study on persons of Russian, Somali and Kurdish origin in Finland*. National Institute for Health and Welfare (THL). Accessed 17 March 2018 https://thl.fi/documents/10531/697263/Maamu_loppuraportti_tiivistelma_EN_.pdf/3042f532-c876-45ec-a1d4-756943fe7b94

Correll, D. & Chai, M. 2009. *Social Integration*. *Global Social Policy*. 2009. Volume 9. Accessed 8 June 2018. <https://doi-org.nelli.laurea.fi/10.1177/14680181090090010812>

- Dubus, N. 2008. "I feel like her daughter not her mother": Ethnographic trans-cultural perspective of the experiences of ageing for a group of Southeast Asian refugees in the United States. Accessed 17 March 2018 https://www-sciencedirect-com.nelli.laurea.fi/science/article/pii/S0890406510000058?_rdoc=1&_fmt=high&_origin=gateway&_docanchor=&md5=b8429449ccfc9c30159a5f9aeaa92ffb&ccp=y
- Dutta, M. & Jamil, R. 2012. Health at the Margins of Migration: Culture-Centered Co-Constructions Among Bangladeshi Immigrants. Accessed 13 March 2018.
- Dutta, M. Comer, S. Teo, D. Luk, P. Lee, M. Zapata, D. Krishnaswamy, A. & Kaur, S. 2017. Health Meanings among Foreign Domestic Workers in Singapore: A Culture-Centered Approach. Accessed 8 June 2018. <https://doi.org/10.1080/10410236.2017.1292576>
- Elo, S. & Kyngäs, H. 2007. The qualitative content analysis process. University of Oulu, Finland. Accessed 17 February 2018 <https://optima.discendum.com/learning/id810/bin/user?rand=20990>
- Finnish Advisory Board on Research Integrity. 2012. Responsible conduct of research and procedures for handling allegations of misconduct in Finland. Accessed 12 March 2018. http://www.tenk.fi/sites/tenk.fi/files/HTK_ohje_2012.pdf
- Finnish Social Science Data Archive. Data Management Guideline. University of Tampere. Accessed 5 November 2018. <https://www.fsd.uta.fi/aineistonhallinta/en/>
- Gao, H. Dutta, M. Okoror, T. 2016. Listening to Chinese Immigrant Restaurant Workers in the Midwest: Application of the Culture-Centered Approach (CCA) to Explore Perceptions of Health and Health Care, Health Communication. Accessed 8 June 2018. 10.1080/10410236.2014.989383
- Herzog, T. & Strevey, S. 2008. Contact with Nature, Sense of Humor and Psychological Well-being. Accessed 25 November 2018. <https://doi-org.nelli.laurea.fi/10.1177/0013916507308524>
- Hsieh, H. & Shannon, S. 2005. Three Approaches to Qualitative Content Analysis. Accessed 14 February 2018 <http://journals.sagepub.com.nelli.laurea.fi/doi/pdf/10.1177/1049732305276687>
- Jamshed, S. 2014. Qualitative research method-interviewing and observation. Accessed 14 February 2018 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4194943/>
- Joyner, B. 2010. Resiliency. Accessed 2 November 2018. <https://search-proquest-com.nelli.laurea.fi/docview/230001060>
- Kristiansen, M., Razum, O., Tezcan-Güntekin, H. and Krasnik, A. 2016. Ageing and health among migrants in a European perspective. Accessed 11 March 2018 <https://www.biomedcentral.com/track/pdf/10.1186/s40985-016-0036-1?site=publichealthreviews.biomedcentral.com>
- Koenig, C., Dutta, J., Kandula, N. & Palaniappan, J. 2012. "All of Those Things We Don't Eat": A Culture-Centered Approach to Dietary Health Meanings for Asian Indians Living in the United States. Accessed 5 October 2017. <http://dx.doi.org.nelli.laurea.fi/10.1080/10410236.2011.651708>
- Lanari, D. Bussini, O. Minelli, L. Self-perceived health among Eastern European immigrants over 50 living in Western Europe. Accessed 22 November 2018. <https://www.ncbi.nlm.nih.gov/pubmed/25511323>

Lieblich, A. Tuval-Mashiach, R. Zilber, T. 1998. Narrative Research; Reading, Analysis and Interpretation. Accessed 17 March 2018. <https://ecu.on.worldcat.org/oclc/681504795>

Napier, D., Ancarno, C., Butler, B., Calabrese, J., Charter, A., Chatterjee, H., Guesnet, F., Horne, R., Jacyna, S., Jadhav, S., Macdonald, A., Neuendorf, U., Parkhurst, A., Reynolds, R., Scambler, G., Shamdassani, S., Smith, S.Z., Stougaard-Nielsen, J., Thomson, T., Tyler, N., Volkmann, A.M., Walker, T., Watson, J., Williams, A., Willott, C., Wilson, J., & Woolf, K. 2014. Culture and Health. *The Lancet*. Accessed 17 March 2018. <https://search-proquest-com.nelli.laurea.fi/docview/1652765586>

Nordin, S. Mckee, K., Wilk, H. & Elf, M. The association between the physical environment and the well-being of older people in residential care facilities: A multilevel analysis. Accessed 25 November 2018. <https://onlinelibrary.wiley.com/doi/full/10.1111/jan.13358>

Michener, W. 2015. Ten Simple Rules for Creating a Good Data Management Plan. Accessed 5 November 2018. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4619636/>

Napier Depledge, M. Knipper, M. Lovell, R. Ponarin, E. Sanabria, E. Thomas, F. 2017. Culture matters: using a cultural context of health approach to enhance policy-making. *World Health Organization Europe*. Accessed 8 June 2018. http://www.euro.who.int/__data/assets/pdf_file/0009/334269/14780_World-Health-Organisation_Context-of-Health_TEXT-AW-WEB.pdf

National Institute for Health and Well-being. 2017. Ageing policy; Finland is rapidly ageing. Accessed 11 March 2018. <https://thl.fi/en/web/ageing/ageing-policy>

National Institute for Health and Well-being. 2016. Immigrants and Multiculturalism. Accessed 17 March 2018 <https://thl.fi/en/web/immigrants-and-multiculturalism/health-and-well-being>

National Advisory Board on Research Ethics. 2009. Ethical principles of research in the humanities and social and behavioural sciences and proposals for ethical review. Accessed 12 March 2018 <http://www.tenk.fi/sites/tenk.fi/files/ethicalprinciples.pdf>

National Institute for Health and Wellbeing. 2018. Accessed 13 February 2018 <https://www.thl.fi/en/web/thlfi-en//about-us/organisation/departments-and-units/welfare/equality-and-inclusion>

Pöntinen, A. & Ylhäisi, M. 2015. Supporting Ageing Somali Women Low threshold activities as part of promoting overall well-being in everyday life. Helsinki Metropolia University of Applied Sciences. Accessed 13 March 2018. <http://urn.fi/URN:NBN:fi:amk-2015102215640>

Porche, D. 2013. Beyond Gender: Cultural Sensitivity— International Lessons Learned. Accessed 8 June 2018. doi/pdf/10.1177/1557988313476541.

Rantala, H. Moalim, H. & Franco, R. Inclusion, Respect and Somali Dialogue. Jade Project Final Report (2013-2015). Käpyrinne Ry. Accessed 12 March 2018.

Robinson, O. 2013. Sampling in Interview-Based Qualitative Research: A Theoretical and Practical Guide. Accessed 8 June 2018. <https://doi.org/10.1080/14780887.2013.801543>.

Sand, G. & Gruber, S. 2016. Differences in Subjective Well-being Between Older Migrants and Natives in Europe. Accessed 14 March 2018 10.1007/s10903-016-0537-5

Survey of Health, Ageing and Retirement in Europe. 2012. Accessed 15 November 2018. http://www.share-project.org/fileadmin/SHARE_Brochure/share_broschuere_web_final.pdf

Shrestha, A. Immigrants' access and utilization of health care services in Finland: Maamu study. University of Eastern Finland. Accessed 17 March 2018 http://epublications.uef.fi/pub/urn_nbn_fi_uef-20170761/urn_nbn_fi_uef-20170761.pdf

Statistics Finland. 2016. Population 31.12. by Region, Nationality, Sex, Year and Age. Accessed 9 January 2018 http://pxnet2.stat.fi/PXWeb/pxweb/en/StatFin/StatFin__vrm__vaerak/statfin_vaerak_pxt_008.px/table/tableViewLayout1/?rxid=e66fea99-e891-4c2f-b3b5-8e21b8e7fb59

Solé-Auró, A. & Crimmins, E. 2008. Health of Immigrants in European countries. Accessed 14 March 2018 10.1111/j.1747-7379.2008.00150.x

Solé-Auró, A., Crimmins, E. & Guillen, M. 2009. Health care usage among immigrants and native-born elderly populations in eleven European countries: results from SHARE. Accessed 19 April 2018 10.1007/s10198-011-0327-x

Wall, D. 2017. Growing old as a migrant in Finland: "I feel like I'm driving half blind". Accessed 16 March 2018 https://yle.fi/uutiset/osasto/news/growing_old_as_a_migrant_in_finland_i_feel_like_im_driving_half_blind/9811882

World Health Organization. 2015. Number of people over 60 years set to double by 2050; major societal changes required. News Release. Accessed 11 March 2018 <http://www.who.int/mediacentre/news/releases/2015/older-persons-day/en/>

United Nations. 2017. The International Migration Report 2017. Accessed 11 March 2018 <https://www.un.org/development/desa/publications/international-migration-report-2017.html>

Unpublished sources

Laurea University of Applied Science. Research Permits. Accessed 12 March 2018 <https://www.laurea.fi/en/research-development-and-innovations/research-permit>

Laurea University of Applied Science. Laurea's thesis guidelines. Accessed 12 March 2018 <https://laureauas.sharepoint.com/sites/linken/Documents/Laurea's%20thesis%20guidelines.pdf>

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Appendix 1: Research Table

| Reference | Country | Purpose and aim of the study | Design | Data and methods | Results |
|---|--------------------------|---|---|---|---|
| Pöntinen, A. & Ylhäisi, M. 2015. Supporting Ageing Somali Women Low threshold activities as part of promoting overall well-being in everyday life. Helsinki Metropolia University of Applied Sciences. Accessed 13 March 2018 | Finland | To explore the lived experiences of ageing Somali women on services and activities that support their overall well-being under Jade Project | A qualitative design of research was used using a semi-structured group interview. | A semi-structured group interview was conducted with seven informants. Empowerment was used in the study as a conceptual framework. Thematic analysis was used to analyze narratives. | <p>The study shows that informants are rather satisfied with the services and activities under the Jade project. Other major themes arrived at are:</p> <ol style="list-style-type: none"> impact of language on the quality of life the social impact of Jade project resources and utilization culture and religion sports activities handicrafts <p>One key theme looked upon in the study is the wish of the informants to showcase and pass on their talents to the next generation.</p> |
| Dutta, M. & Jamil, R. 2012. Health at the Margins of Migration: Culture-Centered Co-Constructions Among Bangladeshi Immigrants. Accessed 13 March 2018. | United States of America | To co-construct using a culture-centered approach the health experiences of low-income Bangladesh immigrants and how do informants negotiate these experiences to the United States health care system. | The study employed a qualitative approach to explore the health meaning and experiences of Bangladesh immigrants. | An in-depth interview of 20 informants was conducted. Informants should have at least 4 years residency in the United States. | <p>There were three dialectical tensions on the meaning of health:</p> <ol style="list-style-type: none"> individual and collective roots of health. The structure as a resource and as a constraint. working with and challenging structures. |

| | | | | | |
|---|---|--|--|---|---|
| <p>Solé-Auró, A. & Crimmins, E. 2008. Health of Immigrants in European countries. Accessed 14 March 2018. 10.1111/j.1747-7379.2008.00150.x</p> | <p>Austria Belgium Denmark France Germany Greece Italy Netherlands Spain Sweden Switzerland</p> | <p>To explore and examine the differences in health between 50 years old and above Native-born Europeans of 11 European countries and immigrants</p> | <p>The study employed a cross-sectional approach to use secondary data from the Survey of Health, Ageing and Retirement (SHARE) collected 2004-2005 from European countries to determine the health, socioeconomic status of individuals 50 years old and above.</p> | <p>To determine the effect of being an immigrant to health indicators and health behaviour, the researcher used logistic regressions.</p> | <p>The study revealed that generally, the health status of immigrants ages 50 years old and above is lower than native-born Europeans. a. There is a significant difference between immigrants and non-immigrants functioning (IADL) and disability b. self-perceived health status is lower among immigrants</p> |
| <p>Sand, G. & Gruber, S. 2016. Differences in Subjective Well-being Between Older Migrants and Natives in Europe. Accessed 14 March 2018. 10.1007/s10903-016-0537-5</p> | <p>Europe</p> | <p>To study the disparities in subjective well-being among older immigrants and native-born in Europe.</p> | <p>A cross-sectional study using data from Survey of Health, Ageing and Retirement (SHARE) 1,2,4 and 5 conducted in 20 European countries including Israel.</p> | <p>Multivariate random effects (RE) regression models with individual-level clustered robust standard errors were used to determine the difference of subjective well-being between immigrants and native-born Europeans.</p> | <p>There was a significant gap in subjective well-being among the migrants as compared to non-migrants. This gap becomes smaller after interventions on sociodemographic, health, financial, citizenship, age at migration and residency longitude.</p> |
| <p>Dubus, N. 2008. "I feel like her daughter not her mother": Ethnographic trans-cultural the perspective of the experiences of ageing for a group of Southeast Asian refugees in the United States. Accessed 17 March 2018</p> | <p>United States of America</p> | <p>To explore the transcultural ageing and stressors among Cambodian refugee</p> | <p>An ethnographic approach in the qualitative study has been used.</p> | <p>Thematic analysis of the narratives from series of interviews to 16 Cambodian informants.</p> | <p>The central themes derived from the content analysis were: (a) loss of role as a respected elder, (b) fear of living separate from children, (c) feeling devalued by children, and (d) feeling self-blame for an intergenerational cultural gap</p> |

| | | | | | |
|---|----------------|---|--|--|--|
| <p>Castaneda, A. et al. 2012. Migrant health and well-being. A study on persons of Russian, Somali and Kurdish origin in Finland. National Institute for Health and Welfare (THL). Accessed 17 March 2018</p> | <p>Finland</p> | <p>To study the health and well-being status of Russian, Somali and Kurdish immigrants in Finland</p> | <p>Cross-sectional study under Maamu Project.</p> | <p>3000 Immigrants, 1000 in each cultural group were included in the study. Questionnaire and physical and medical checkup were conducted in a 2-3 study period.</p> | <p>revealed a lower employment rate, low perception of health among Russian and Kurdish women, satisfaction among Somali group on quality of life, physical function highest among Russian immigrants and experience of discrimination common among people who had longer residency in the country</p> |
| <p>Shrestha, A. Immigrants' access and utilization of health care services in Finland: Maamu study. University of Eastern Finland</p> | <p>Finland</p> | <p>To explore the health care access and utilization among immigrants in Finland.</p> | <p>A cross-sectional study based on Immigrant health and welfare study (Maamu) conducted from 2010 to 2012</p> | <p>Secondary data from Maamu project was obtained to perform an analysis.</p> | <p>Significant findings in the study include: 1. low access to doctors or nurses 2. high trust to Finnish health care system 3. small number of discrimination report 4. gender, age, income, marital status, language proficiency, length of stay and education were found to have a relative association with access to and utilization of health care services.</p> |

Appendix 2: Letter to Jade Activity Center

Susanna Lehtovaara
Jade Activity Center
Humalistonkatu 4, Helsinki
00250

Dear Ms Lehtovaara,

I am, Keempee Labi, a Masters degree student in Global Development and Management in Healthcare in the Laurea University of Applied Science. I am currently planning and proposing my thesis project regarding ageing and migration. I have noticed that there is a paucity of study on ageing immigrants' well-being in Finland, and this motivates me to pursue a study on ageing immigrants, specifically on Southeast Asian immigrants living in Finland.

As such, please have this communicate serve as a letter of request for working cooperation and development for the conduct of the study. The result of the study will yield to information on culturally contexed perception on ageing and well-being, which I believe will benefit your esteemed organization's plans in expanding your programs, projects and activities to other ageing immigrants from a different cultural background.

Furthermore, I am humbly asking for assistance in some resources that is out of my capability to provide, such as premises for the focus group interview, translator for the Thai group, as the need arises, and others deemed necessary to the progress of this study. Please find the herewith attached summary of thesis proposal for your reference.

Hoping for a cooperative partnership with your organization.

Thank you very much.

Sincerely,
Keempee Labi
Vantaa, Finland

Jorma Jokela, PhD, LisHSc, MPH, RN
Principal Lecturer
Associate Professor in Simulation Pedagogy
Laurea University of Applied Science

Appendix 3: Letter to Finnish Thai Association

Vanitsri Tirkkonen
Finnish-Thai Association ry
Founder

Dear Ms Tirkkonen,

The issues on inclusion, health and well-being among ageing immigrants have not been well studied before, however, this is a foreseeable crisis, as immigrants who came to Finland ages. This motivates the undersigned to conduct a study on health and well-being among Southeast Asian immigrants ages 50 years old and above, primarily those of Thai and Filipino background, living in Finland.

As such, please have this communique serve as a letter of request seeking approval and cooperation between the undersigned researcher/student and your esteemed organization for the recruitment of the member of your organization as informants for the study.

This proposed study is to be done in cooperation with Jade Activity Center, which is a non-profit organization focusing on ageing immigrants particularly on inclusion to Finnish society and well-being. Attached herewith is the summary of the thesis proposal for specific information regarding the conduct of the study.

Hoping for an affirmative response to this request.

Thank you.

Sincerely,

Keempee Labi
Vantaa, Finland

Jorma Jokela, PhD, LiSHSc, MPH, RN
Principal Lecturer
Associate Professor in Simulation Pedagogy
Laurea University of Applied Science

Appendix 4: Letter to Finnish Philippine Association

All Officers

Finnish-Philippine Association
Helsinki, Finland

Thru: **Genebe Paavola**
Finnish-Philippine Association Officer

Dear Ms Paavola,

Greetings.

The issues on inclusion, health and well-being among ageing immigrants have not been well studied before, however, this is a foreseeable crisis, as immigrants who came to Finland ages. This motivates the undersigned to conduct a study on health and well-being among Southeast Asian immigrants ages 50 years old and above, primarily those of Thai and Filipino background, living in Finland.

As such, please have this communique serve as a letter of request seeking approval and cooperation between the undersigned researcher/student and your esteemed organization for the recruitment of the member of your organization as informants for the study.

This proposed study is to be done in cooperation with Jade Activity Center, which is a non-profit organization focusing on ageing immigrants particularly on inclusion to Finnish society and well-being. Attached herewith is the summary of the thesis proposal for specific information regarding the conduct of the study.

Hoping for an affirmative response to this request.

Thank you.

Sincerely,

Keempee Labi
Vantaa, Finland

Jorma Jokela, PhD, LiSHSc, MPH, RN
Principal Lecturer
Associate Professor in Simulation Pedagogy
Laurea University of Applied Science

Appendix 5: Informed Consent to Participate in Study

Title: *Voices Unheard: Well-being of Southeast Asian Ageing Immigrants Living in Finland.*

Aim and Purposes: The goal of the study is to increase awareness on the well-being of ageing immigrants in Finland and understand their needs. The result of this study may be used to inspire well-being policies and service implementation under Jade Activity Center and other social and health care organizations.

Researcher: Keempee Labi, Global Development and Management in Health Care Masters students Keempee.Labi@student.laurea.fi (+358465712514)

Institution: Laurea University of Applied Science.

Supervisor: Jorma Jokela, PhD, LisHSc, MPH, RN

As a research participant, I have received information about the above-mentioned research project and its aims.

The researcher has informed me of that the information I give in the interview will be used in the following way:

- 1) The things I say in the narrative interview will be reported in project reports in ways that it does not allow the identification of me or any other individual person that I mention.
- 2) The narrative interview materials obtained are secured so that all persons who come in the contact with the interview materials sign a confidentiality agreement.
- 3) The narrative interview will be transcribed into a text file. My name and the names of other persons and organizations and other personal information will not be included in the text file. My name will be referred to as 'Informant A, B...'
- 4) When the master's thesis reporting of the study is completed, the recording of the interview will be destroyed.
- 5) After the above-mentioned study is completed the text file prepared from the interview will only be used in this research. Each person who uses the text file will sign a confidentiality agreement. The use of the materials is supervised by **Jorma Jokela, PhD, LisHSc, MPH, RN**. The copyright to the collected materials belongs to **Keempee Labi**.

This document has been done in two identical copies, one of which remains with the researcher and the second with the informant.

Place and date _____
 Signature of the informant _____
 Signature of the researcher _____

Appendix 6: Confidentiality and Non-Disclosure Agreement for Sharing of Data

Confidentiality and Non-Disclosure Agreement for Sharing of Narrative Data

Aim and Purposes: The goal of the study is to increase awareness on the well-being of ageing immigrants in Finland and understand their needs. The result of this study may be used to inspire well-being policies and service implementation under Jade Activity Center and other social and health care organizations.

Researcher: Keempee Labi, Global Development and Management in Health Care Masters students Keempee.Labi@student.laurea.fi (+358465712514)

Institution: Laurea University of Applied Science.

Supervisor: Jorma Jokela, PhD, LisHSc, MPH, RN

This agreement set forth the terms and conditions for confidential and non-disclosure of private information and other possible identifiers to the informants who participated in the study.

By signing below, both parties acknowledge and accepts the following terms and conditions

- 1) The transcribed narrative verbatims of the informants in doc form can be shared only to supervisor and panel members, if necessary after signing this document. Audio files will not be shared unless deemed necessary.
- 2) When the master's thesis publication is completed, the recording of the interview will be destroyed and both parties have no access to these data.
- 3) Both parties will not disclose the following identifiable data to any external person or groups (According to Finnish Social Science Data Archive Data Management Guide-line):
 - a. **Personal data-** are any kind of data that may be used to identify a natural person or a cluster of persons, such as individuals in the same household
 - b. **Secondary personal data-** which could identify individual or group like location or address
 - c. **Indirect identifiers** such as variables of municipality or individuals named by the informants.
- 4) The use of the materials is supervised by **Jorma Jokela, PhD, LisHSc, MPH, RN**. The copyright to the collected materials belongs to **Keempee Labi**.

This document has been done in two identical copies, one of which remains with the researcher and the second with the other party.

| | FIRST PARTY | SECOND PARTY |
|--------------------|-------------|--------------|
| NAME AND SIGNATURE | | |
| DATE AND PLACE | | |

Appendix 7: Principal Sentences and Categorization

| Principal sentences | Subtexts | Categories |
|--|---|-----------------------------|
| 1. <i>Life is difficult there (Philippines)</i> | 1. Condition in the country of origin | 1. Motivation for migration |
| 2. <i>I could not find a job and studied more English. I came back to Bangkok, no job.</i> | | |
| 3. <i>I am the breadwinner and I am sending my children to school</i> | 2. Family responsibility | |
| 4. <i>I wanted to have own house, so we can stay there with my youngest child.</i> | | |
| 5. <i>I may change my life in Italy</i> | 3. Life improvement | |
| 6. <i>(Family reunification) It is very important for me.</i> | 4. Family reunification | |
| 7. <i>my mother in law helped me to go abroad</i> | 5. Encouragement and help from support system | |
| 8. <i>One reason why I went to Finland is because of the view... I feel in love with it, as well as the shape of the river</i> | 6. Environmental factor | |
| 9. <i>We must get out of Greece, because of the politics, they are trying that 'extrang hero' will go out.</i> | 7. Political reason | |
| 10. <i>Yes alone, as a student.</i> | 8. Education | |
| | | 2. Values and beliefs |
| 11. <i>Until the time I went to St. Henry's where I got to meet other Filipinos.</i> | 9. Faith and spirituality | |
| 12. <i>Our faith and belief on God.</i> | | |
| 13. <i>God knows well because He is the one who knows what will happen.</i> | | |
| 14. <i>I lived in a religious family and I was the only female child.</i> | | |
| 15. <i>But God is there, to guide us in work and at least brisk at work</i> | | |
| 16. <i>I am a Catholic</i> | | |
| 17. <i>And then my children are Catholics also</i> | | |
| 18. <i>I am still I am more strengthened spiritually because materially we do not, so I still continue to joining all kinds of activities where church is involved</i> | | |
| 19. <i>They seek for guidance spiritually.</i> | | |
| 20. <i>The Thai people are Buddhist.</i> | | |
| 21. <i>because they respect Buddhism.</i> | | |
| 22. <i>they believe in their karma and the way that you give on their temple, they will gain something back.</i> | | |
| 23. <i>I am quite religious woman.</i> | | |

| | |
|--|------------------------|
| <p>24. <i>I try to follow my law of Buddha.</i></p> <p>25. <i>teaching of law of Buddha, you can follow your daily lives</i></p> | |
| <p>26. <i>There are ups and downs, but still here standing up.</i></p> <p>27. <i>It is important. In this way (culture), we can show that we are not weak as Filipinos or Filipinas even though we have problems.</i></p> <p>28. <i>In my daily life, its ok, sometimes life is like a wheel, sometimes sad, sometimes there are series of problems but everything goes well at least</i></p> <p>29. <i>. In the Philippines, even there is flood, there is calamity, they do not care the material thing, there is still hope to be more strengthened.</i></p> <p>30. <i>Always happy every day. That is my attitude in life,</i></p> <p>31. <i>This is my secret, I always say to myself, that everything will be alright.</i></p> <p>32. <i>I solve immediately the problem, that is the way</i></p> <p>33. <i>We have to be positive to these people, who live with you in this society and the culture if we try to learn from each other</i></p> | 10. Resiliency |
| <p>34. <i>It is our practice to help as a Filipino is to help.</i></p> <p>35. <i>Filipinos help each other here</i></p> <p>36. <i>My plan was to help relatives from the Philippines</i></p> <p>37. <i>That is what we are acclaimed for, because our culture, like the culture of being caring to others, helping others, even though not fellow Filipinos, like when you see someone there who needs assistance.</i></p> <p>38. <i>I like to help the people.</i></p> <p>39. <i>Thai have very very strong and they want to help each other</i></p> <p>40. <i>I have a big family, of course, you need to support them</i></p> | 11. Culture of helping |
| <p>41. <i>That is what we are acclaimed for, because our culture, like the culture of being caring to others, helping others, even though not fellow Filipinos, like when you see someone there who needs assistance.</i></p> | 12. Caring |

| | |
|--|---|
| <p>42. <i>I speak in Finnish even I am not fluent</i></p> <p>43. <i>I can take care of bank matters even if I am alone, or even without help.</i></p> <p>44. <i>I can take care of bank matters even if I am alone, or even without help.</i></p> | 13. Driven behaviour |
| <p>45. <i>I can say that our culture as Filipinos, we are giving elderly people with high value.</i></p> <p>46. <i>respect for the elders</i></p> <p>47. <i>very strong kind of respect for the elderly</i></p> <p>48. <i>we should respect them because they have lots of experiences</i></p> | 14. Value on the elderly |
| <p>49. <i>..culture that when we are at work, we show good things at work, even though we are tired, we do not think much of being tired.</i></p> <p>50. <i>I was in a medical school and your family is in the middle (middle income) and I was brushing the toilet bowls</i></p> <p>51. <i>I would like to cry while washing toilets, but I thought of the euros</i></p> | 15. Work culture |
| <p>52. <i>(Family reunification) It is very important for me.</i></p> <p>53. <i>I am happy because my children are here.</i></p> <p>54. <i>My child said to me ' Mama, I will be graduating, mama can you go home?...he said that I will be staying for good there so I will take care of (name).</i></p> <p>55. <i>I plan that by next year or 2020, I want to get my children (to Finland)</i></p> <p>56. <i>Family is important</i></p> | 16. Family |
| <p>57. <i>They are using those 'tita, ninang, like that... They must call us 'Āiti' or 'Isä'... So I thought them how to respect their parents</i></p> <p>58. <i>younger ones is fighting against their parents</i></p> | 17. Respect |
| <p>59. <i>Sometimes your mind is blocked, but sometimes you get to meet people, so these are able to help economically and from depression or other things you feel when you were new here...</i></p> <p>60. <i>...they get like a leisure time. That is most important because they are far from their family, they do not have someone with, like me.</i></p> <p>61. <i>Because you are alone, we really need that to relieve some of our problems. At</i></p> | 18. Social values on gathering and cohesiveness |

| | |
|--|-------------------------------|
| <p><i>least, you get to laugh and smile, even though deep inside you are carrying a heavyweight.</i></p> <p>62. <i>We need to have fun so that at least for a short time we can take away our problems</i></p> <p>63. <i>Gathering helps relieve stress when you are with other Filipino</i></p> <p>64. <i>They are getting old and at least they find time to have past time.</i></p> <p>65. <i>Then I began to socialize with other people, having friends everywhere</i></p> <p>66. <i>I like to make communication, regardless of ethnicity to relieve melancholy</i></p> <p>67. <i>I begun to make friends, we have bonding that helped me from depression and melancholy.</i></p> <p>68. <i>Life is good here, especially if Philippine association gather together.</i></p> <p>69. <i>... getting to know, unite and be happy together</i></p> <p>70. <i>The time when we hold our hands in everything, even though if not about money, we can help to comfort by listening to what they want to share</i></p> <p>71. <i>From time to time to have togetherness, sharing everything you want to express or give opinion.</i></p> <p>72. <i>When we meet in Helsinki, we go to Mcdonald and we shall change the diapers of our children</i></p> <p>73. <i>you can tell them your experiences so they will know, sometimes maybe like small talk helping them to</i></p> <p>74. <i>maintain unity in our own community, to make ourselves strong.</i></p> <p>75. <i>They all cooperate with each other.</i></p> <p>76. <i>they just enjoy their life with their own family, in their own group to eat together.</i></p> <p>77. <i>in different group they go to party, karaoke, old people they dancing</i></p> | |
| <p>78. <i>when eating they will not ask you to eat.. our children, they are sharing the food.</i></p> | <p>19. Culture of sharing</p> |
| <p>79. <i>I still think that I am Filipino.</i></p> | <p>20. Cultural Identity</p> |

| | | |
|--|--|---|
| <p>80. <i>But I still have the passion to teach Philippine folk dance</i></p> <p>81. <i>In terms of culture, I am still Thai, but I adapt very much.</i></p> <p>82. <i>to strengthen Asian community, so they can promote themselves and people can see what is Asian, what is Asia actually</i></p> <p>83. <i>to show up their culture which is the people can respect. Cultural identity.</i></p> <p>84. <i>It's a good thing if we are one, ASEAN, loving each other. We show culture, by dancing, same as Philippines or Indonesia, then food.</i></p> <p>85. <i>When I hear Thai music, very proud. We are quite very Thai.</i></p> <p>86. <i>I always watch Thai tv, sometimes Finnish TV.</i></p> | | |
| <p>87. <i>when you are friendly, the people will be friendly to you.</i></p> | 21. Friendliness | |
| <p>88. <i>We are Asian, we are used to adapt ourselves to anywhere.</i></p> | 22. Ability to adapt | |
| <p>89. <i>I was operated at back, and I got disabled.</i></p> <p>90. <i>the doctor said, there is nothing to worry about, and when you have few medicines, I got worried.</i></p> <p>91. <i>The doctors here also do mistake, even though they are the best doctor in Finland</i></p> <p>92. <i>I think that they need to improve doctor services, because sometimes here doctors do mistakes like for some countrymen I heard of who was operated, and they operated wrongly and it seemed like nothing happened.</i></p> | 23. Medical mistakes as a challenge to medical services- Negative | 3. Informants experience on Finnish social and health care system |
| <p>93. <i>when we were in Espoo when my child was sick there was not doctor there and I have to go to Leppäväära.</i></p> | 24. Health staff deficiency - negative | |
| <p>94. <i>What is paid was my dental. That is something that is expensive here, even though you have Kela, you still need to pay</i></p> <p>95. <i>It's very expensive here when you go the dentist</i></p> | 25. Expensive dental service as a challenge to oral health- negative | |
| <p>96. <i>But I cannot do it because it is expensive</i></p> <p>97. <i>But sometimes, I hope to have free medicine, because it is expensive</i></p> | 26. Wellbeing service fees as a challenge to access- negative | |
| <p>98. <i>I was brought by my friend to Haartmaani because it was Sunday, the queue was so long.. I was so disappointed that time</i></p> | 27. Queuing as a challenge in | |

| | |
|---|---|
| 99. <i>They need to get help from health problems, doctors, queuing, something like that.</i> | emergency care-negative |
| 100. <i>it was better to go to the government, instead of going to private, because it was more expensive</i> | 28. Preference on the public over private services - Neutral |
| 101. <i>It was good here in Finland, because of Kela.</i> 102. <i>The government will not let take you for granted.</i> 103. <i>I get help in the Finnish government. They really support those who want to start their company.</i> 104. <i>they are willing to help people who are willing to live in Finland</i> 105. <i>Finland is one of the best in taking care of its people</i> | 29. General evaluation of government/social support - Positive |
| 106. <i>My house is from the government, I am helped by the government</i> 107. <i>They said it is possible to get housing (support) here (in Finland)</i> | 30. Housing support - Positive |
| 108. <i>the nurses are kind</i> 109. <i>There is a need to improve understanding because sometimes doctors do not speak good English.</i> | 31. Health care workers attitude and language skills - Positive |
| 110. <i>In Finland, I can go out anytime, because I have that (referring to scooter).</i> | 32. Assistive devices for elderly - Positive |
| 111. <i>It is ok here to get sick, in the Philippines when you get sick you will die.</i> 112. <i>when I was operated in ears, not much of expenses</i> 113. <i>When you are sick, you get support.</i> 114. <i>Then I never know that that I will get money and I got 20,000.</i> | 33. Medical expenses support - Positive |
| 115. <i>They have good service, especially the health center.</i> 116. <i>I did not have any bad experience in hospital</i> 117. <i>he got helped by medicines and psychologist and psychiatrist.</i> | 34. General positive evaluation of health care facilities - Positive |
| 118. <i>When I go to the health center, they have numbers, they were good</i> | 35. Queuing system in Health centers - Positive |
| 119. <i>When I reached 50, they require me to have a pap's smear and the breast mammography</i> | 36. Health and wellbeing services for ageing as an opportunity |

| | |
|---|--|
| <p>120. <i>we go to Kaivo for free activities for one hour.. Zumba Zumba</i></p> | <p>- Positive</p> |
| <p>121. <i>I like to have water therapy, swimming, and walking</i></p> <p>122. <i>I am happy when I was able to get to places, together with those who have disability</i></p> <p>123. <i>I started have aerobics and in hospital... Dancing lessons like flamingo (laughs)</i></p> <p>124. <i>do what is good for the health and for the body.</i></p> <p>125. <i>to help teach for old people, because the dance I want to teach is about balance</i></p> <p>126. <i>entertainment and any kinds of entertainment, maybe sing together, dancing, but we need to also need to take them.</i></p> <p>127. <i>encouragement and self-confidence.</i></p> <p>128. <i>They love to entertain. They do not like meeting or doing this kind of thing, they like to move and want to see themselves beauty.</i></p> <p>129. <i>Maybe cooking, they can show themselves to other NGOs to show their cooking.</i></p> | <p>37. Motivations and attitude to wellbeing activities - Positive</p> |
| <p>130. <i>How will she know she is very young. She has no experience</i></p> <p>131. <i>And when I went there, they kick me out, they did not accept me</i></p> <p>132. <i>Their observation is not enough.</i></p> <p>133. <i>That healthcare is not really good here</i></p> | <p>38. General negative experiences in health care services - Negative</p> |
| <p>134. <i>It good that enough knowledge to help myself</i></p> | <p>39. Self-help- Positive</p> |

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| <p>135. <i>My salary is minimal</i></p> <p>136. <i>it is difficult if you go every year because my budget is not enough.</i></p> <p>137. <i>I experienced just enough (money) to buy rice, the porridge.</i></p> <p>138. <i>My family did not get to get here, because I have no property</i></p> <p>139. <i>I was helped economically because we have to send monthly money (Philippines).</i></p> <p>140. <i>but it was difficult to look for job until three months has passed we do not have job yet until the time when we spent all our money</i></p> <p>141. <i>together with my boyfriend, we picked bottles and cans.</i></p> <p>142. <i>Health. Money (laughs), yeah money, money (laughs) and then health. For the family, it would be house.</i></p> <p>143. <i>The one in the Philippines is hungry, until the time that (we) slowly recovered.</i></p> <p>144. <i>I want my family to be here, which I cannot do because I am not that rich.</i></p> <p>145. <i>it's so hard to live in Finland with only one, (husband) working</i></p> <p>146. <i>It was so hard, but still, I've got money and the life comes (Laughs) smiling</i></p> <p>147. <i>You don't have any money for ..luxury</i></p> | <p>40. Economic- Arrival</p> | <p>4. Informants experience on migration</p> |
| <p>148. <i>It's important because it is not just English. We need also to learn Finnish, to understand Finnish, but it is really difficult.</i></p> <p>149. <i>Sometimes it helps if they will call for someone who knows how to speak in English because now I do not know how to speak good Finnish.</i></p> <p>150. <i>But to be realistic, it is difficult to find job here if you do not know how to speak their language</i></p> <p>151. <i>There are conditions that I do not understand...they try to speak in English to explain which I think is good.</i></p> <p>152. <i>I know in English but I cannot translate it in Finnish.</i></p> | <p>41. Language as a challenge in communication and a need - Adaptation</p> | |

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| <p>153. <i>if you know the language, there are friends who will teach you about the system here.</i></p> <p>154. <i>you must learn by own self because language is very important</i></p> <p>155. <i>finding friends is also difficult in the first year. To Finnish friend, you have to learn the language</i></p> <p>156. <i>But when I first came here, of course, I have to learn the language</i></p> <p>157. <i>Study language</i></p> | |
| <p>158. <i>It seemed easier because they know how to speak English</i></p> <p>159. <i>...it is easier to communicate with the Finnish when they speak English</i></p> <p>160. <i>... because I can speak in English.</i></p> <p>161. <i>When I have something to say, I speak in English.</i></p> | <p>42. Use of English as an agentic factor in communication - Adaptation</p> |
| <p>162. <i>My partner is very kind and supports me.</i></p> <p>163. <i>I have a steady Finnish boyfriend.</i></p> <p>164. <i>But I met someone in Italy,</i></p> <p>165. <i>I have learnt while studying, but I learnt much with my partner when I am speaking with him in Finnish.</i></p> <p>166. <i>There are times that we are going there with our husband and children and then we can talk.</i></p> <p>167. <i>when you are around relatives because there are always love given by relatives, there is love, but here it is different, the culture where you have been</i></p> <p>168. <i>When we do not know where to go, they ask from a friend they know.</i></p> <p>169. <i>try to help yourself to settle down to right connection and I try myself with the students, with Thai community</i></p> <p>170. <i>so I use the people, not in a bad way, to make myself feeling that I am not alone solving the problem.</i></p> <p>171. <i>I use these resources, networks, friends to make myself that I am not alone, so I do not get mentally depressed</i></p> | <p>43. Support network as an agentic factor- Adaptation</p> |

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| <p>172. <i>I think I select positive people surround me.</i></p> <p>173. <i>I speak with them in English. When I was checking for the doctor, I have some friends who came as translator, because I would like to know.</i></p> | |
| <p>174. <i>my children cannot bring me to a commercial center, even though we have car because they have work, and they might be disturbed at work</i></p> <p>175. <i>My family cannot take care of me.</i></p> <p>176. <i>we do not have complete family.</i></p> | <p>44. Lack of support network - Adaptation</p> |
| <p>177. <i>All Finns are kind, but you cannot take away from any ethnicity, there are those mean</i></p> <p>178. <i>A car stopped in front of us and pointed his finger at us and I saw that they have gun inside.. scaring us.</i></p> <p>179. <i>Back then, you can easily notice racist people.</i></p> <p>180. <i>like they want us to return to our country because they does not need us here.</i></p> <p>181. <i>Before it was very rampant, there was even stabbing.</i></p> <p>182. <i>My workmates are all black. Suddenly I hear someone shouting. What I understand during the time was the word 'paska' and when I looked back I saw my workmates and 4 racists having a fight... I thought it was so frightening.</i></p> <p>183. <i>Outside work, it is good. Sometimes there are racist, but I do not care.</i></p> <p>184. <i>They just wanted to put me down that in your country you are poor</i></p> <p>185. <i>There is very big racism then not like now .</i></p> | <p>45. Racial marginalization - Adaptation</p> |
| <p>186. <i>I was looking for the Filipino, we are friendly. They (Finns) prefer to be quiet.</i></p> <p>187. <i>I also discovered the different situation in every country, there are differences.</i></p> <p>188. <i>Trying to get the Finn to understand our culture is a real challenge.</i></p> | <p>46. Cultural diversity and understanding - Adaptation</p> |

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| <p>189. because I think the Thai women had been seen in their negative way</p> <p>190. So I am kind of prepared to be like this, so it was not difficult for me.</p> <p>191. we have to deal with Finnish culture and different kinds of network culture and my own culture.</p> <p>192. because it makes me feel diversity, curious to know, I want to explore, and the knowledge that I suck every day especially with different culture</p> | |
| <p>193. ..because they think Thai women are cheating and they just think about the money and the love is nothing</p> <p>194. Asians, you know countrywomen, are seen as not as strong as weak, need some support and need to respect men</p> | 47. Stereotypes - Adaptation |
| <p>195. They have doctor, nurses and you can go anywhere. But I do not know how to apply (nursing homes).</p> <p>196. I applied for early retirement due to my asthma, they did not grant, because asthma is not acute.</p> <p>197. When I went to Kela to ask for help, there were a lot of papers, and their answer was that they are not able to help me, because my partner has a job, because we are registered as a couple.</p> | 48. Lack of knowledge on seeking social support - Adaptation |
| <p>198. Here we have equal rights, men or women, but sometimes women has more rights here</p> <p>199. with immigrants, we are equal and have same treatment.</p> | 49. Equality - Social change |
| <p>200. But now, you cannot see racist anymore, and they began to speak English more... Before you know that they know how to speak in English but is not confident to speak.</p> <p>201. They began to express their hospitality to 'extrang hero' (referring to migrants)</p> <p>202. But when Finland entered European Union, there was a big change in Finland.</p> <p>203. There is a lot of change. Happier now. They are very welcoming to migrants, but still, you cannot go away with some bystanders</p> <p>204. Maybe there is still yet, but I would say they are only 10 %,</p> | 50. Lesser racial discrimination and acceptance of migrants- Social change |

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| <p>205. <i>Now it is good, I do not know about other race, but for us Filipinos, I think that they have good feeling for us.</i></p> <p>206. <i>They are welcoming to Filipinos and Filipinas here.</i></p> <p>207. <i>I think 80% of the Finns are of good heart, and 60-70% in hospitality.</i></p> <p>208. <i>Like they are used to the culture of Filipinos, who became their housemaid and other peoples they meet</i></p> <p>209. <i>But I feel that the people are kind, clean here.</i></p> | |
| <p>210. <i>It is needed to adapt.</i></p> <p>211. <i>I feel that I am at home here in Finland... I consider this as my third home.</i></p> <p>212. <i>I am hoping that we will have a peaceful and happy relationship in Finland, together</i></p> <p>213. <i>Ageing is colourful here. It is happy, especially when I am with my partner.</i></p> <p>214. <i>the privileges are good here, like for adolescents, but I really feel at home here, but of course, it is different still in your own country.</i></p> <p>215. <i>There are things you notice easily with the people, but I think in Finland is okay.</i></p> <p>216. <i>how to win the Finnish people heart</i></p> <p>217. <i>I love Finland as my second home</i></p> <p>218. <i>Of course, I am willing to be a nice citizen here, because this country is with plenty of opportunities.</i></p> | <p>51. Positive attitude on social integration - Acculturation</p> |
| <p>219. <i>Even though my children are here, I felt homesick.</i></p> <p>220. <i>But I also experienced too many difficulties</i></p> <p>221. <i>It was fun yet sad and boring experience the first time I got here</i></p> <p>222. <i>I want to go back. Something like that, and then later you can adjust.</i></p> <p>223. <i>I left my son, when he is 1.5 years or one year, to my parents and just continue to come to Finland</i></p> | <p>52. Loneliness and homesickness- Arrival</p> |

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| <p>224. <i>At first, I do not like here, because of the weather</i></p> <p>225. <i>During that time, I was lost. (laughs)... the coldness.</i></p> | <p>53. Weather-related difficulties - Arrival</p> |
| <p>226. <i>I need to survive. I just said that and I put myself alone</i></p> | <p>54. Need to survive - Adaptation</p> |
| <p>227. <i>Nobody guide me, not like today that there are Facebook and a lot of communications. But back 25 years ago, there is nothing to help you so much and you have to fight for.</i></p> <p>228. <i>I have also support of my relatives, we use the phone almost every day.</i></p> | <p>55. Need for communication to family - Adaptation</p> |
| <p>229. <i>I admire this Finnish culture or hobbies that they must go the forest and pick berries</i></p> <p>230. <i>I love Finland because this is the land of my children.</i></p> <p>231. <i>I want to know their culture, try to learn their language. Get deeper way of thinking.</i></p> <p>232.</p> | <p>56. Cultural understanding</p> |
| <p>233. <i>Yeah those were the times that very active because we want to be integrated to the Finnish community, so we joined some other associations</i></p> | <p>57. Joining organization as an agentic factor to integration - Adaptation</p> |
| <p>234. <i>Then the first thing we do go to church and be find peace there and try to find hope</i></p> <p>235. <i>We meet Filipinos and we always go to church. St. Mary's, was is the first thing where Filipinos go there</i></p> | <p>58. Place of worship as the venue of socialization - Adaptation</p> |
| <p>236. <i>to promote our culture and try to gather Thai people and Finns to do somethings for activities together to kind of strengthen their relationship</i></p> <p>237. <i>they have life here, you just maybe they can help me to plan together to do something meaningful to help society.</i></p> <p>238. <i>but they can volunteer in their own community and then make themselves make important.</i></p> | <p>59. Strengthening bonds in Finnish society - Acculturation</p> |
| <p>239. <i>The youngsters, also keep me, because they are fresh, they want to find themselves, more and more and get to know more in this world, how they ask for help, and these youngsters, they make me feel that I am important for them.</i></p> | <p>60. Intergenerational transfer of culture- Acculturation</p> |

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| 240. <i>There are no much people. But I like it because no rushing, not like in Bangkok, traffic and here I feel so free and lovely and peaceful country</i> | 61. Security-Adaptation | |
| 241. <i>Because the income that you have is enough to stay in here</i> 242. <i>My son feel secured.</i> | 62. Material security - Adaptation | |
| 243. <i>They feel excluded. It is about them, their self-expression.</i> 244. <i>why they do not feel, because they are not open up,</i> | 63. Self-exclusion - Acculturation | |
| 245. <i>I would suggest them to go to school directly, so they will have good job and to know the system</i> | 64. Education for immigrants - Adaptation | |
| 246. <i>you are healthy here, especially the environment, walking unlike in Philippines that is polluted.</i> 247. <i>I am healthy here, especially the food.</i> 248. <i>I observed that when I was here, I had lesser migraine episodes and stomach ache</i> 249. <i>by this time I am satisfied, I am not poor (laughs) and my children have own life</i> 250. <i>you cannot be healthy when you are getting older, but I try to help myself, I exercise I eat the right food.</i> 251. <i>I am healthier at my age comparing to other younger Filipinos (Laughs).</i> 252. <i>I will be healthier in the Philippines,</i> 253. <i>Wellbeing, not just getting money, but happiness... Of course, Thailand, our home</i> 254. <i>I can also say that my life is very successful.</i> | 65. Subjective wellbeing | 5. Subjective well-being |
| 255. <i>in the morning, we are near the harbour and sometimes I walk and do inhale and exhale exercise</i> 256. <i>Maybe because of climate, the environment, fresh air, which are great</i> 257. <i>you are healthy here, especially the environment, walking unlike in Philippines that is polluted.</i> 258. <i>I like better colder climate than warm</i> | 66. Environmental factor affecting health | |
| 259. <i>With the migraine, I just maybe need to sleep overnight and then it is gone. I</i> | 67. Self-care | |

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| <p><i>self-heal with this positive mind and everyday everything will be alright.</i></p> <p>260. <i>I had brought Thai books on self-care. I stopped eating meats, only fish, exercise, no alcohol and you can be alive.</i></p> <p>261. <i>In the morning I take a walk, 5-6 kilometers and I eat well and no alcohol, so you will survive.</i></p> <p>262. <i>I continue to take care of myself. Until not I do not drink alcohol. Alcohol and sugar are food for cancer</i></p> <p>263. <i>I do meditation, maximum 20 minutes.</i></p> <p>264. <i>I do not worry about my son, only myself now to take care of</i></p> | | |
| <p>265. <i>I want that my lifestyle will be at certain level I feel comfortable. I can say that my wellbeing is plus, its good and I want to keep this standard.</i></p> <p>266. <i>they have their own way of living in own Thai community,</i></p> | 68. Lifestyle | |
| <p>267. <i>it seemed that old people are taken for granted because they are near to be out of this world like they are not needed anymore</i></p> <p>268. <i>My feeling of old age here is that older people are taken for granted, because nothing more to do here.. while in our country at least there is family who will never mind how poor you are, you are still taken cared for</i></p> <p>269. <i>here it is very different because I have been here in 38 years and I have been people here die alone in their houses</i></p> <p>270. <i>there are caregiver but they do not see that people are already dying</i></p> <p>271. <i>As for old people, it's not really good to stay here, because of cold weather. I thought to retire in the Philippines.</i></p> <p>272. <i>They do not want to live here, because of the weather, many things that they belong.</i></p> <p>273. <i>Little by little I learn to build restaurant because I do not know anything to do here in Finland.</i></p> <p>274. <i>I am thinking to do something for them as well, not staying at home only.</i></p> | 69. Ageing people in Finland | 6. Informants experience on ageing in Finland |
| <p>275. <i>It's because immigration is strict nowadays</i></p> <p>276. <i>Then in 2014, I got my documents, my visa</i></p> | 70. Migration status | |

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| <p>277. <i>I hope they will not be strict in giving Visa.</i></p> <p>278. <i>I like to have Finnish Citizenship someday so that at least after I retire, I have something.</i></p> <p>279. <i>Now before you get citizenship you need to pass the exam. I have been in the test, but I failed</i></p> | |
| <p>280. <i>I am ageing, I am losing my strength.</i></p> <p>281. <i>I did have menopausal experience</i></p> <p>282. <i>have a change in temperature, and I felt more (ailments?).</i></p> <p>283. <i>I got sick in 2015, I had allergy, where I had difficulty breathing. I was in health center for like once a week.</i></p> <p>284. <i>Like the problems, sometimes, I get stress... I borrowed a book about stress, even though I will talked about, I did not care.</i></p> <p>285. <i>Because I work a lot. Physical stress, not mental.</i></p> <p>286. <i>my eating habit is bad.</i></p> <p>287. <i>I sleep too little and never ever used this sleeping pill.</i></p> | 71. Health issues related to ageing |
| <p>288. <i>I think their needs is that they will be helped and that someone would take care for them.</i></p> <p>289. <i>I do not have companion at home. If I do not have someone to help me, I cannot stand</i></p> <p>290. <i>if my partner is gone, someone will take care of me, with the help from the government</i></p> <p>291. <i>I went out immediately, because I am bored at home, even though I have computer, big television.</i></p> <p>292. <i>when you have your home, do not go to nursing home, they will have nurses to come to your place</i></p> | 72. Need of elderly to be taken cared for |
| <p>293. <i>I plan to live in Philippines... Here I am lonely.</i></p> <p>294. <i>I feel that I like (to retire) it here (laughs). How much is retirement benefit? (laughs)</i></p> <p>295. <i>I do not speak with assurance, but I think that I will die here because my siblings have their own family and of course you</i></p> | 73. Retirement |

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| <p>296. <i>so there are many Filipinos who do not want to go back to Philippines (for retirement), even though work is not good</i></p> | |
| <p>297. <i>The elderly to get help from government, to get attention, as a working force in Finland.</i></p> <p>298. <i>Even old people can still work</i></p> <p>299. <i>Of course, there are mean Finns, for example at work, when they said this is how you must do it, however, I know better how to do it</i></p> <p>300. <i>I was satisfied, but later on, I have to work (laughs).</i></p> <p>301. <i>I think I do not have any problem. But... At work, because I was the first foreigner there in Kauniala.</i></p> <p>302. <i>But for the staff, usually, but they are maybe, they treat me that I am, I was a threat to them</i></p> <p>303. <i>I fight back. I became a head nurse here. It was really really hard, so I retired at age 63 because my health would be damaged</i></p> <p>304. <i>But I feel like nothing to do... I have to work.</i></p> | <p>74. Ageing immigrants in the workforce</p> |
| <p>305. <i>I do not like home for the old people</i></p> | <p>75. Assisted living for elderly</p> |
| <p>306. <i>But when you die, you do not take things with you</i></p> <p>307. <i>they say prepare to die, so when you are closer to die, you will not scare</i></p> <p>308. <i>when you are born, you are alone, when you die, you are alone.</i></p> <p>309. <i>Go to better place, if you practice. In Buddhist, you soon will go there.</i></p> | <p>76. Ageing and dying</p> |

Appendix 8: Letter from Laurea Research Ethical Board



Ethical statement

10.10.2018

Laurea Research Ethical Board

Ethical statement for the Labi Keempee thesis work “‘Aging with colors’; a Culture Centered Approach Exploration on Wellbeing of Southeast Asian Aging Immigrants Living in Finland”

Donors: Mikko Julin, Marilla Kortesalmi

Time: 10th October 2018

Ethical board dealt with the ethical statement request of the Labi Keempee thesis work “‘Aging with colors’; a Culture Centered Approach Exploration on Wellbeing of Southeast Asian Aging Immigrants Living in Finland”.

The thesis aims to explore the experiences of aging and wellbeing in Finland as an immigrant. The target group is aging Southeast Asian immigrants, primarily the aging immigrants with Filipino and Thai background, ages 50 years old and above living in the urban Finland.

The thesis is a nature of qualitative research with phenomenological qualitative form of research. The study will be conducted in the Finland primarily in the Region of Uusimaa such as Espoo, Vantaa and Helsinki. Convenience sampling is done by selecting available respondents from the Finnish-Philippine Association. The focus group discussion will be conducted in Jade Activity Center.

The thesis plan describes that three permissions from three stakeholders will be asked. It is important that the permissions are in condition. Permission request should also include the thesis plan attached for the partners to understand the thesis purpose, process, methodology and nature.

The data management plan is a key issue on the studies and as well as on the thesis works. This thesis plan is lacking the data management plan. Before starting the thesis work actions also the data management plan needs to be ready. The Rectors’ Conference of Finnish Universities of Applied Sciences - [Arene](#), has good pages for the Ethical issues in the thesis process and also directions for the data handling issues. Before starting the data collection, the data management plan must be clear and well described to the stakeholders.

The consent inform for the participant should be always in use for research in the humanities. It explains the purpose and the course of the study, data management, privacy issues, participant’s right and duties during the research and publication. It also should have contact details for the participants in case of their questions.

Overall this thesis plan is interesting and ambitious. Before starting the actions detailed data management plan and consent inform must be in order. Since the topic might interest many other as well the thesis authors could consider the Open science approach, data available for the others. This could be talked with the thesis tutor.

On behalf of the Laurea Research Ethical Board,

Mikko Julin

Marilla Kortesalmi

Appendix 9: Agreement Letter for Cooperation

5th April 2018



Keempee Labi
Global Development and Management in Healthcare
Laurea University of Applied Sciences
Vantaa, Finland

Letter of approval of cooperation

JADE activity center promotes inclusion, participation and well-being of the ageing migrants through weekly activities, service guidance and the entrenchment of social networks. Activity center also provides information about the needs of ageing immigrants, as well as training for students and professionals working in the NGO's and elderly care sector. JADE activity center is managed by Käpyrinne ry which is a non-governmental social organization and the activities are funded in 2018-2020 by STEA (Funding Centre for Social Welfare and Health Organisations).

At the moment we have group activities for Somalian speaking women, Arabic and Chinese Mandarin speaking men and women of over 50 years of age. JADE activity center is planning to establish a new space (toimitila) in Helsinki during summer 2018. From autumn 2018 onwards we wish to establish more activities for new language groups of elderly migrants. The priority languages and groups include Kurdish, Turkish, Farsi, Vietnamese and Thai speaking elderly but other language groups are also possible in case we find out there's a need for group activities and peer groups. The activity center is an open space for everyone regardless of language.

JADE activity center is interested in starting cooperation with Keempee Labi's research and master thesis project concerning Southeast Asian elderly migrants living in Finland. We are willing to assist in providing the premises for focus group interviews and translator costs for Thai group interviews. We're also willing to plan new activities and assist where needed during and after the research project.

Helsinki 5.4.2018

Susanna Lehtovaara
Planner / Suunnittelija
JADE Activity Center / JADE -toimintakeskus
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puh. 050 371 0555
www.jadeprojekti.fi



Appendix 10: Data Management Plan

| Data Cycle | Planned activities | Responsibility |
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| 1. Data Collection | <ul style="list-style-type: none"> - Type: Audio files - Source: One on one face to face interview - Volume: 45 minutes - 1 hour - Data File format: m4a file | <p>The undersigned researcher will make sure the availability of the materials for data collection and saving of the file using the file format.</p> |
| 2. Data Organization | <ul style="list-style-type: none"> - Transcription of verbatims using Microsoft Word in two data files: <ol style="list-style-type: none"> 1. 1informantsfile.doc 2. 2informantsfile.doc - Audio Data files are named as A, B, C corresponding to informants' pseudonym etc. | <p>The researcher will transcribe the verbatims using Microsoft Word using basic level transcription, where repetitions, cut-offs, fillers are neglected (Finnish Social Science Data Archive 2016).</p> |
| 3. Data Documentation | <p>Pseudonymous data- Personal names and information about the informant will not be transcribed, instead replaced with A, B, C. If mentioned names are included in an audio file, it will be replaced with (name of...)</p> <p>Anonymous data will be used in quotations and writing of the paper, where no identifiers are included (Finnish Social Science Data Archive 2016).</p> | <p>The researcher will take into consideration during the study implementation the guidelines on Personal Data Act, that no personal data or identifiers to the informants will be revealed. The pseudonymous data is the removal of identifiers and replacement with a code (Finnish Social Science Data Archive 2016).</p> |

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| 4. Data Storage and disposal | <p>Data storage platform: Personal computer</p> <p>Data storage duplicate: Expandable storage drive 1 TB capacity</p> <p>Data Protection: Password enabled personal computer.</p> <p>Data Storage Duration: All data will be disposed of after the publication of the final thesis in Theseus.</p> <p>- Digital disposal- Erasure of files in a computer including recycle bin</p> <p>- Physical disposal- The papers, field notes, including consent form which includes informants signature will be disposed of via shredding inside the campus.</p> | <p>The researcher will ensure :</p> <ol style="list-style-type: none"> 1. Security of information 2. Physical security 3. Software updates 4. Virus protection <p>(Finnish Social Science Data Archive 2016).</p> |
| 5. Quality assurance | <p>Rigour in transcription is ensured by using basic transcription level and systematic and consistent when transcribing data (Finnish Social Science Data Archive 2016).</p> | <p>The researcher will transcribe systematically. Transcripts can be supervised by the thesis panel upon signing of a confidentiality agreement.</p> |
| 6. Data Policies | <p>The supervisor has the right to read into the transcribed data, while thesis panel members who wish to read the transcribed data will have to sign a confidentiality agreement.</p> | <p>The researcher to prepare a confidentiality.</p> |

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| 7. Data Dis-semination | The final paper will be disseminated and stored in the open repository or archive in Theseus. The raw transcription and audio files will not be shared nor stored publicly, however, the subtext and principal sentences will be stored for further use. | The researcher will agree on the publication of the study. |
| 8. Research cooperation requirement | - Coordinate with the Research and Development partner organization (Jade Activity Center) for the expected range of data. | - The researcher will provide to Jade Activity Center a summary of the plan including what type of data to be gathered. Feedback from Jade Activity Center will be taken into consideration. |
| 9. Roles and responsibilities | <p>Ensure ethical principles of research in humanities</p> <p>1. Respecting the autonomy of research subjects- The informants will sign informed consent, which indicates all information:</p> <ul style="list-style-type: none"> a. contact information of researcher b. research topic c. method of data collection d. purpose e. voluntary nature (TENK) <p>2. Avoiding harm - The informant's data will be treated with utmost confidentiality</p> | Since the researcher is doing the study alone with a supervisor, the researcher has the sole copyright of the materials in the study. The researcher has sole responsibility for any breach to the 3 ethical principles of respecting autonomy, avoiding harm and privacy and data protection. |

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| | 3. Privacy and data protection- The researcher will prepare a confidentiality statement that whoever might want to read the transcript will have to sign the confidentiality statement. | |
| 10. Budget | - No outsource funding for data management | - The researcher will cover all incidental cost related to data management |