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# Views of Male Asylum Seekers in Finland About Sexual Health

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About Sexual Health**

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The purpose of the current study is to determine on how sexual health of male asylum seekers' can be promoted and to provide culturally sound recommendations on promoting the sexual health of this vulnerable population.

Migrant population in Europe constitutes a large part of its population. Having said that, meagre is known about migrants' sexual health and their perceptions about it. Although various research about sexual health accessibilities and sexual health risks amongst migrant population had been published recently, little is provided for adequately addressing sexual health promotion issues. In Finland, a well-reviewed study about migrants most particularly male asylum seekers' sexual health will generally yield zero results. This study vividly explores male asylum-seekers' definition of sexual health, the channels they use in searching information about sex and sexuality and the determinants that they view important with regard to sexual health in general.

The main objective of this study was to provide an understanding on how male asylum seekers in Finland views sexual health, its definition and importance to them. Furthermore, this paper aimed to provide an overview of how male asylum seekers in various Finnish reception centers define sexual health, what are the common channels used in getting sexual health-related information and the determinant factors that affect their sexual health after fleeing from their home country and seek asylum to Finland.

The qualitative research method with individual one-on-one interviews as the data collection method incorporating discussion with five participants and transcription of voice recorded data was used in the study. Five individual interviews were involved to ensure consistency and orientation. The results of this study entail that male asylum seekers are at risk of sexual-ill health and their legal status in Finland can be considered as an important determinant of their sexual health. The improved sexual health of asylum seekers cannot be singularly addressed by just occasional lectures about sexual health and sexually transmitted diseases. Rather, a continuous educational drive using different channels in providing sexual information could be beneficial. This research found out that information dissemination and access is greatly important in promoting the sexual health of asylum seekers. The use of multiple channels when providing sexual health and related issues could be employed. Moreover, a culturally-sound system in accessing care and sexual health information should be established in order to promote the sexual health of this vulnerable group. Sexual health promotion activities should be talked upon in a culturally sensitive manner and should consider the identified social sexual health determinants of this study.

Keywords: Sexual Health, Asylum seekers, Sexuality, Sexual Health Determinants, Content Analysis

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## 1 Introduction

The recent refugee crisis in Europe has brought a substantial number of people seeking for asylum to European states including Finland. The rising number of new populace coming from other countries increases the diversity in culture and understanding about certain topics such as sexual health. Although the European population comprises a substantial amount of migrants, meager is known about their understanding of sexual health. This study explores the definition of sexual health, the channels used in searching information about sex and sexuality and the determinants viewed important regarding to sexual health in general among the male asylum-seekers' in Finland.

The World Health Organization (WHO) defines sexual health as a state of physical, emotional, mental and social well-being in relation to sexuality and not merely the absence of disease and infirmity (WHO 2018). Sexual health is not simply about the epidemiology of sexually transmitted infections but rather a wider understanding on issues like contraception, teenage pregnancy, the human immunodeficiency virus (HIV), menopause, sexual assault, male and female sexuality and reproduction. There is a lot of sexual health discussion and we are drawn to these by either the elements of media with messages to inform us that young people are out of control of their sexuality or by the figures and rates of sexually transmitted infections, abortions and conceptions (French 2009, 1). These kinds of information often mislead peoples' understanding about sexual health and only refer to it when something is unwell about their sexuality. Having said that, it is optimistic to hear that sexual health is being mentioned gradually because anything to do with sexual health is often viewed as taboo and something that should be discussed privately and at closed doors.

Although nowadays some improvement on discussing sexual health in general is established, little is known about the sexual health of minority groups, most especially vulnerable groups, like migrants in certain populace. Often, researches about sexual health focus on accessibility and availability of sexual health services and not on how one perceive the meaning and importance of sexual health itself (Keygnaert, Vettenburg, Roelens & Temmerman 2014). A well-reviewed study about migrants most particularly male asylum seekers' sexual health will generally yield zero results in Finland. Because of the sensitive matter of the topic, people mostly rely on hearsays and general stereotypes about the understanding of asylum seekers about sexuality and sexual health. It is with this in mind that this study is inspired, as it is necessary, to imply that there is a need for the improvement on discussing this limitedly-studied topic in the country like Finland that is rapidly becoming more multicultural and destination for immigration.

This study has a key purpose of evaluating the male asylum seekers' definition of sexual health and its determinants because through this a more personal perspective with regard to the issue could be provided. The driving force for the study is the fact that no research exists about the meaning of sexual health in migrant population living in Finland and for the reason that the topic is considered as a taboo by mainstream society. Moreover, the interest of this study is not to explore every single detail of the male asylum seekers' sexual lives but rather to create a culturally sound and healthy understanding of their perspective of sexual health to further identify areas of improvement and eventually make recommendations on the promotion of sexual health of male asylum applicants living in Finland. The aim of this study is to add value to the lives of these vulnerable groups, recognizing them as subjects in the process and not simply as sources of data (Pittaway, Bartolomei & Hugman 2010). It is my pleasure that the issue is finally taken into limelight and it calls for attention.

## 2 Asylum Seeker: Definitions, Facts and Figures

### 2.1 Asylum Seeker Definition

The term asylum seeker is often used on media, publications, newspapers, political discussions and other associations and gatherings. The meaning of the term is rather complex, vague, often misunderstood and hotly debated upon. While the proper definition is being argued, elsewhere are active movement of people who are in turmoil fleeing danger, persecution, deprived of normal lives and hoping to have fair share of peaceful settlements in well-off countries (Whittaker 2015, 2).

The United Nations High Commission for Refugees (UNHCR) through a convention in 1951 framed the definition of the word "refugee" that would eventually be the modern guide in proper enactment of granting asylum to anyone at risk and danger. UNHCR published a very clear definition of the term refugee as an individual owing to the well-founded fear of being persecuted for reasons of religion, race and/or nationality, or membership of a particular social group or political opinion. In addition, he/she is a person who is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself/herself of the protection of that country; or who, not having a nationality and being outside the country of his/her former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it. The contexts of this definition must be applied to all without prejudice to a person's race, country of origin or religion. However, it was understood by the signatories of the convention that they are not obliged to give permanent asylum to every refugee but rather must do their best in ensuring effective and adequate protection.

Aside from the term refugee that was properly outlined and defined by the UNHCR, the meaning of the word 'asylum seeker' is also often contested. Here the definitions are considered looser. Moving from one place to another is tantamount to being commonsensical, defensible and worth of ready assistance. In general, an asylum seeker is defined as a person in transit who is applying for sanctuary into another place than his motherland. He is a migrant in search for something better and in that sense an intending immigrant. He has moved across frontiers, a thing in common with a recognized refugee, but the experiences and intentions will be thoroughly examined to see whether or not they meet the strict definition enacted in the UNHCR Convention of 1951 and Protocol 1967 relating to the status of refugees (Whittaker 2005, 6). Throughout this study, the word 'asylum seeker' will be used in order to differentiate a legitimate refugee to that of a person applying for asylum. It is worth to restate that the respondents of this research are individuals seeking asylum in Finland living in reception centres while waiting for the Finnish Immigration Authority's decision for a refugee-status.

## 2.2 Asylum Seekers by Numbers

The number of people seeking refugee status in Europe has increased in the recent years. This is brought about by wars and conflicts in countries like Iraq, Syria, Yemen, Afghanistan, Eritrea and other unstable states. In their desperate attempt to search for peaceful relocation many people from these war-torn countries risk their lives to cross the seas, unsure of the perils they might face in their dangerous journey across the Mediterranean. According to the UNHCR the number of forcibly displaced people worldwide stands at an enormous number of 65.6 million, from which 22.5 million were refugees and 2.8 million were asylum-seekers at the end- 2016.

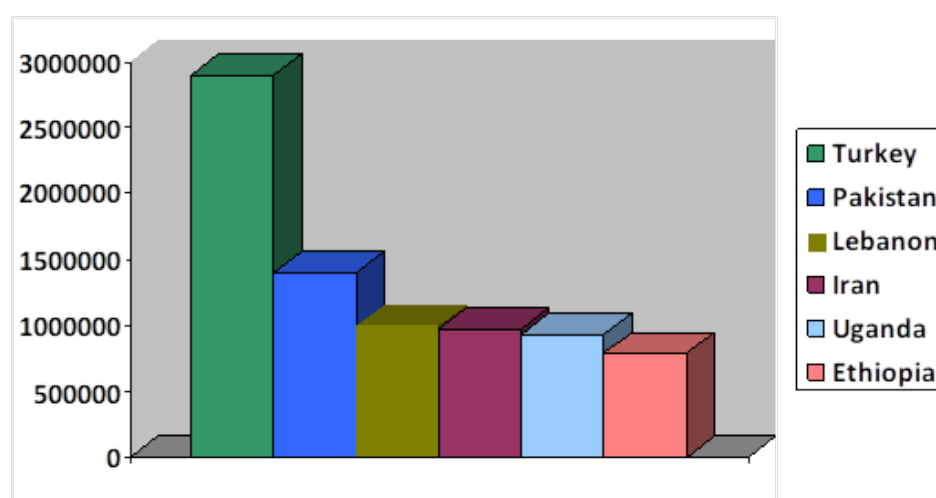


Figure 1: Major Refugee-Hosting Countries in 2016 as Applied from UNHCR Global Trends (2016).

In Europe, at 2016 year-end, the total number of refugees was around 5.2 million. Turkey accommodated the largest number of refugees (2.9 million, mostly from Syria) while the rest of European countries hosted 2.3 million refugees. (UNHCR Global Trends 2016.) The major refugee-hosting countries in the year 2016 are depicted in Figure 1. In Finland, the number of people seeking asylum increased on the year 2015. During this year, a substantial number of refugees numbering to more than 32000 arrived at the tiny nation and applied for asylum, most of whom were of Iraqi origins. Of the total number of asylum applicants, a staggering amount of 26424 were men (Figure 2) from which the majority are young adults aging from 18-34 years old (Finnish Immigration Services 2017b.) Although the majority of the asylum applications have already been processed, a substantial number of those waiting for Finnish Immigration decision for granting refugee-status still live in various reception centers across Finland. To add up, newcomer asylum seekers are continuously arrive to Finnish frontiers.

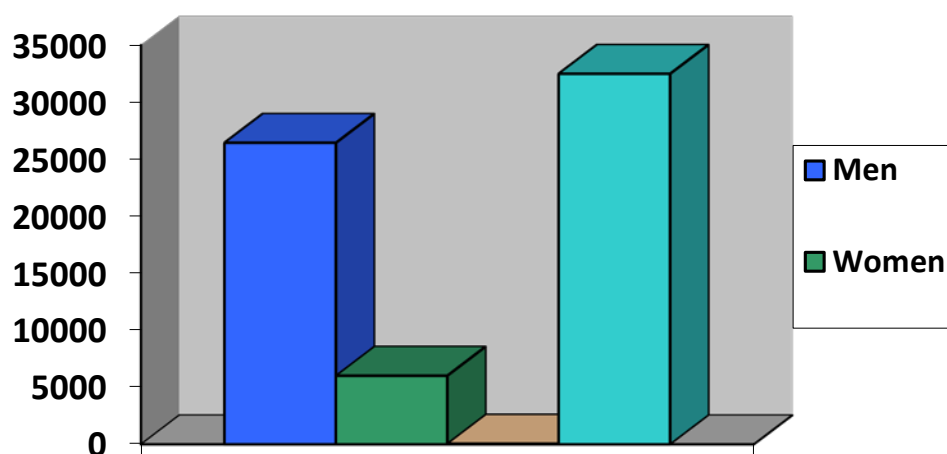


Figure 2: Asylum Seekers by Gender, Year 2015. Applied from Finnish Immigration Services Data (2017).

### 2.3 Health Services for Asylum Seekers in Finnish Reception Centres

The Finnish population is generally well protected to communicable diseases such as measles, diphtheria and tuberculosis (Finnish National Institute of Health and Welfare 2018). Asylum seekers coming from different countries are screened for such kinds of diseases after their arrival to Finland. The migrant reception centers, under the guidance of Finnish Immigration Services, operate and provide services for asylum seekers. The services include but are not limited to accommodation, translation services, monthly monetary allowances as well as health care. The department of social health and services normally purchased services from private companies to meet the needs of the asylum seekers. (Ministry of Social Affairs and Health 2018.) Minor asylum seekers are generally entitled for the basic healthcare access. Moreover, asylum seekers that are considered vulnerable such as pregnant women, old people, people with disability as well as those traumatized receive the necessary healthcare



they need. In addition, children under the age of seven receive proper care and developmental screening at children clinics. Vaccination of children against certain diseases is provided. (Ministry of Social Affairs and Health 2018.) However, their adult counterparts only have access to emergency healthcare services. After arrival to Finland and their accommodation to a designated reception center have been established, the asylum applicants undergo basic health status examination as well as laboratory tests to screen for infectious diseases. Tuberculosis, measles, poliomyelitis, diphtheria and sexual infections such as syphilis are among the diseases screened during the initial health checks. According to the National Institute of Health and Welfare (2018) some of the common health issues among asylum seekers are dehydration due to the long journey they had to embark before arriving in Finland, acute respiratory infections and diseases such as measles, varicella, influenza and gastroenteritis that easily spread in dense population and especially if there is poor hygienic condition. (Finnish National Institute for Health and Welfare 2018.) Further, the agency provided guidelines for healthcare services in reception centers related to infection prevention (Table 1).

In relations to the sexual health investigation of the asylum seekers, the reception center nurse conducts an initial interview that asked for questions such as possible prior exposure to sexually transmitted diseases (STD's) like syphilis and the deadly Human Immunodeficiency Virus (HIV). Symptomatic investigation of certain health issues that could be associated with STD's, present medications and inquiries about having the same gender sexual activities are also included in the initial interview. Laboratory examination for viral hepatitis as well as HIV is conducted. Furthermore, HIV testing is done for asylum seekers who are coming from countries that have a high occurrence rate of HIV or whenever an asylum seeker wishes to undergo the test. (Finnish National Institute for Health and Welfare 2018.)

Nurse's Initial Interview	Diagnostic and Laboratory	Referral
<ul style="list-style-type: none"> <li>&gt;places and conditions where the applicant stayed prior to entering Finland (e.g. country of origin, refugee camp)</li> <li>&gt; Current symptoms, especially cough, expectoration, bloody sputum, pain, weight loss, fever, loss of appetite, diarrhea, night sweats.</li> <li>&gt; Vaccination history, the presence of BCG vaccination scar in children under seven years</li> <li>&gt; Prior illnesses and treatments, e.g. measles, tuberculosis, HIV, syphilis</li> <li>&gt; Possible exposure to infectious diseases, e.g. close proximity to tuberculosis, intravenous drug use, unprotected sex between men, imprisonment, prostitution</li> <li>&gt; Current medications</li> <li>&gt; Height and weight (children)</li> <li>&gt; For screening subjects, requesting consent for the tests to be performed</li> </ul>	<ul style="list-style-type: none"> <li>&gt;Chest X-ray for:               <ul style="list-style-type: none"> <li>a.) A person who has symptoms (cough, expectoration, bloody sputum) and has arrived from a country with a high tuberculosis incidence or a conflict area (e.g. Syria or Iraq), or has stayed in a refugee camp, should be quickly referred to examination and treatment.</li> <li>b.) A person who does not have symptoms and has arrived from a country with a high tuberculosis incidence or a conflict area (e.g. Syria or Iraq), or has stayed in a refugee camp, should have a chest radiograph taken at the time of the initial interview or in group screening afterwards. Note: pregnant women without symptoms should only have a radiograph in the last month of pregnancy</li> </ul> </li> <li>&gt;Laboratory tests such as HIV test, Hepatitis, Tuberculin test, test for intestinal infections (children), Treponema Pallidum test (if testing for HIV and Hepatitis)</li> </ul>	<ul style="list-style-type: none"> <li>&gt;If notable symptoms and infectious disease on asylum seekers</li> <li>&gt;children, disabled, child-bearing</li> <li>&gt;abnormal laboratory findings.</li> </ul>

Table 1. Guidelines for health care services related to infection prevention. (Finnish Institute for Health and Welfare 2018).

### 3 Sexual Health

#### 3.1 Defining Sexual Health and Sexuality

The definition of sexual health, sex and sexuality is still nowadays a dynamic process as it requires a complex understanding about human health, human behaviour and other factors. The WHO defined sexual health as a state of physical, emotional, mental and social well-being in relation to sexuality and not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and

maintained, the sexual rights of all people must be respected, protected and fulfilled. (WHO 2006.) In addition, the WHO further stated that sexual health is fundamental to the physical and emotional health and well-being of individuals, couples and families, and to the social and economic development of communities and countries. When viewed affirmatively, sexual health encompasses the rights of all people to have the knowledge and opportunity to pursue a safe and pleasurable sexual life. (WHO 2010.) The concept of sexual health and sexuality are interrelated as one affects the other. The definition of sexual health cannot be realized or made operational without a wide consideration of sexuality, which undermines important attitudes and results related to sexual health. Furthermore, the idea of sexuality and sexuality itself is an important aspect in human life that encompasses sex, gender roles and identities as well as sexual orientation, eroticism, pleasure, reproduction and intimacy. Thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships are ways to express and experience individual sexuality. Although sexuality can include all of these dimensions, not all of them are always expressed or experienced rather sexuality is further influenced by the interaction of social, psychological, biological, economic, legal, political, cultural, historical, religious and spiritual factors. (WHO 2006.)

Sexual health entails a delicate one understanding about different factors in human lives. Moreover, it requires a multi-sectoral approach as actions towards the betterment of peoples' sexual health happens in different settings. A framework for international human rights and the affirmation of a human rights-based approach in sexual health has been foregrounded by the WHO. The aforementioned framework included social determinants such as education, laws and policies, human rights, society and culture, economics and health systems. Crucial in introducing health intervention as well as protecting human rights and guaranteeing promotion, protection and provision of sexual health information and services are the legal mechanisms in one state. Furthermore the laws and policies can help prevent discrimination related to sexual lifestyle and sexuality (Sathyanarayana, Gopalakrishnan, Kuruvilla & Jacob 2012.)

Although the WHO outlined and defined the term 'sexual health', the search for its meaning seems to be a progressive process. Edwards and Coleman (2004) conducted a study of the historical events that shaped up the definition of sexual health in an attempt to review the contexts of these definitions and the contributions they played in the development in the understanding about sexual health. The study enumerated eight definitions (Appendix 7) from organizations and other researchers of sexual health and sexuality. On their paper, the WHO and Pan American Health Organization's World Association of Sexology appeared to have quite the same understanding about sexual health which nowadays reflect the WHO's official definition of the term. Further, definitions gathered for this study had at some point common similarities and focus on the important aspects of human health with regard to sexuality. It can be concluded that the definition of sexual health has been dynamic in recent years and

the focus areas included not only the physical component of human sexuality but also psychological and social aspects.

Much has been made to figure out the definition of sexual health since the World Health Organization has published its original definition in 1975. The similarities within these definitions and the various concepts referred to demonstrate a common starting point. The inclusion of responsibility, psychological health and the significance of human rights for sexual health has marked the most significant improvement. (Edwards & Coleman 2004.)

### 3.2 Sexual Health Information Sources among Men

In similarity with the complexity in defining sexual health is the question from where young people, particularly young men, get their information about sexual health. As it is essential to promote better sexual health to people especially young adults who are vulnerable to sexual-ill health, it is necessary to establish reliable sources of sexual health information. A study by Litras, Latreille and Temple-Smith (2015) conducted in Australia argued that young men are more vulnerable to the poor sexual health outcome than women. It also stated that effective first-hand prevention of sexual health problems in young people involves empowering adolescents to make informed decisions. Moreover, access to significant and accurate sexual health information is an essential element in this endeavor. However, currently meager is known about where young men obtain their sexual health knowledge or of their patterns of behavior in relation to sexual health information and advice seeking. Furthermore, the research suggested a need for a handy private readily- accessible information sources and advices that can be accessed whenever needs arise and that young men need to be aware of these sources beforehand or know how to use them. Further, although the internet is commonly used as medium for searching sexual health information it does not provide the active user interface where one can be able to ask privately.

Another research conducted in Catalonia region of Spain support earlier studies claiming the vulnerability of men with issues regarding sexual health. The study by Margañón, Margañón, Navarro and Garcia (2004) which aimed to reflect the presence of women sexual health programs in Catalonia but the lack of the same for men found out that women have a clear figure in the health system in matters concerning their sexual health while men on the other hand, choose alternative resources such as the internet which was one of the frequently used options in surfing for sexual health information among men. It was suggested that primary healthcare should encourage men to make use of their services by including programs in men's sexual health since ignoring men is congruent to leaving out significant part of the populace thereby generating a possible public health risk.

In Finland, several channels are used in accessing sexual health information. The attitudes in Finland about sexual education are mainly positive and several agencies such as social and welfare services, churches, schools and media provide sex education. Public health centers, family planning clinics and school healthcare provides information about sex and sexuality as part of their health counselling. (Väestöliitto 2018.) Moreover, a number of information channels tackling immigrants' sexual health are also available. For instance, recent projects such as Mauste- a development project that provides information about sexual health and safe sex practices to migrants as well as to healthcare professionals working with them- aims to narrow the gap between the local and immigrant population's health inequity by providing information about sexual health and related issues (Mauste 2018). These different kinds of data source provide opportunity for young people to access data about sexual health in Finland.

### 3.3 Social Determinants of Sexual Health

The framework for identifying opportunities and challenges has been developed by the WHO. The said framework recognized the necessity for the adaptation and contextualization of cultural contexts for the promotion and access of appropriate and affordable sexual health policies (WHO 2010b: Developing Sexual Health Programmes: A Framework for Action). Moreover, the organization pressed a wider context to sexual health that does not only tackle fertility and reproduction but also includes sexuality, sexual dysfunction, sexual disability and sexual violence. Furthermore, it has foregrounded the framework within international human rights and affirmed to a rights-based approach to sexual health. (Sathyanarayana, Gopalakrishnan, Kuruvilla & Jacob 2012.) The framework has listed and argued for the social determinants of sexual health that includes human rights, policies and laws, education, society and culture, economics and health systems.

Pivotal to the development and support of effective sexual health policies are the legal interventions. Legal frameworks are important in introducing health interventions, promoting sexual health services and in guaranteeing the protection of human rights (WHO 2010; Sathyanarayana et. al 2012). The ratification of policies and laws can be a fast and powerful means of alleviating the adverse effects of discrimination and preconception in relation to sexual health. In addition knowledge and information about sexual health through sexual health education is necessary if the populace is to be sexually healthy. Providing essential education about sex and an intimate personal relationship is a key to make certain that young generation learn and apply healthy sexual behaviors and limit their vulnerability in acquiring sexual-ill health such as contracting sexually transmitted diseases and Human Immunodeficiency Virus. (WHO 2010b: Developing Sexual Health Programmes: A Framework for Action.)

The World Health Organization (2010) in a publication mentioned that societal and cultural aspects played important roles in determining peoples' access to sexual health services and sexual information. Furthermore, it asserted that familial and societal roles as well as the community contributes an important part in molding an individual's sexual life. Therefore, any intervention to improve the sexual health of population should be agreed and well comprehended by the community. Moreover, the correlation between sexual health and financial status is well-founded. Destitution is often the cause of high-risks sexual behaviors and lifestyles (WHO 2010b: Developing Sexual Health Programmes: A Framework for Action). The monetary need is interrelated with poor reproductive health outcomes including maternal survivals, early pregnancy, unsafe abortions and child mortality. Sathyanarayana et al. (2012) argued that understanding about economic issues and poverty is critical in developing effective interventions into sexual health.

Sexual health services should be available to everyone regardless of their sexuality and marital status. The WHO framework stated that professionals in the healthcare field must be trained to deliver promotive, preventive, curative and referative services with a non-discriminatory, confidential and private approach. The framework further added that sexual health services could be given as part of primary healthcare and should address the most important sexual health concerns of the populace. Healthcare professionals could benefit from the shift towards education and training into a more comprehensive outlook to sexual health rather than merely focusing on a disease-centered training such as HIV, family planning, sexually transmitted diseases and cancer prevention and management. Furthermore, sexual health technique could benefit healthcare service providers by increasing the efficiency and effectivity of patients' visits and by creating an inclusive and nonjudgmental clinical environment. (Ford, Barnes, Rompalo & Hook III 2013.)

### 3.4 Non-Governmental Organizations Roles in Refugees' Sexual Health

#### 3.4.1 Finnish Red Cross (FRC)

The Finnish Red Cross plays a significant role in matters concerning refugees and asylum seekers. The organization have a long withstanding reputation of being a representative of vulnerable people with the employment of human rights and acknowledgement of human dignity in their operations. Moreover, it provides support to the Finnish authorities in receiving asylum seekers and refugees, and plays a role in maintaining and managing several reception centres and branches in different parts of Finland. Upon the request of Finnish Immigration Services, FRC establishes reception centers across parts of Finland. The centers are provided with trained staff and volunteers. Reception center personnel and volunteers have an important role on the day-to-day activities of asylum seekers. Such activities include cooking clubs, women's group and Finnish conversation clubs. (Suomen Punainen Risti SPR 2018.)

With regard to sexual health matters, newly arrived asylum seekers are thoroughly screened from possible diseases including sexually related infection. This happens in the reception centers about two weeks after they are relocated to their respected asylum reception centers. (Finnish National Institute for Health and Welfare 2018.) In addition, while accommodating in reception places, asylum seekers are brief about sexual health and sexuality in Finland (Finnish Immigration Services 2016b.) The Finnish Red Cross being the major operator of almost half of the Finnish reception centers (SPR 2018) is in close cooperation with the Finnish Immigration Services on matters concerning asylum seekers, this includes health related issues such as sexual health. Recently, the Finnish Immigration Services partnered with a mobile learning service provider in launching an information package for asylum seekers about sexual equality and sexual health rights as a mobile service. By using their mobile phones, asylum seekers in reception centers could access important topics such as the Finnish legislation about sexuality, relationships, and the act of having sex, sex education, sexual harassment and violence as well as taking care of sexual health. The aim of the course is to provide asylum seekers information about equality and sexuality, general rights and obligations as well as legislation and manners in Finland. (Finnish Immigration Services 2016b.) This mobile learning platform is to be used in conjunction with the education being provided in the reception centers such as those maintained by Finnish Red Cross.

#### 3.4.2 The Finnish HIV Foundation/Hivpoint

Established in 1986, Hivpoint has a humane purpose of preventing HIV infections, supporting people living with HIV and people who worry about a possible HIV infection as well as their families. Further, the foundation promotes the human and basic rights of people living with HIV. Hivpoint aims at preventing new HIV infections and improving sexual and reproductive health and rights through developing novel testing, counselling and support services and through national and international advocacy efforts (Hivpoint 2018.) The foundation provides information and support to migrants and refugees living with HIV in Finland. Migrants and refugees living with HIV have the opportunity to receive individual support and crisis help from Hivpoint. They can arrange home visits, either individually or with family members of a person living with HIV. All services provided by Hivpoint are free of charge, anonymous and confidential. Services are currently offered in Finnish and English and the use of an interpreter is also possible in some cases. In addition, the foundation also has support and peer group organized several times a year to support the needs of people living with HIV. The foundation offers counselling, multicultural workshops and adaptation training courses. The multicultural and professionally guided support group come together once a month for a meeting in Helsinki where they discuss in confidentiality different themes related to health and well-being, culture and family relationships according to the group's need and wishes (Hivpoint 2018.)

### 3.4.3 Seksuaalinen tasavertaisuus (Seta) Finland

Founded in 1974, Seta is a human rights-based non-governmental organization that aims for a society of equality and individual welfare that includes everyone regardless of sexual orientation, gender identity or gender expression. It has 24 member organisations around the country, ranging from local branches to national thematic organizations such as the Rainbow Families and elderly Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI) people's organisations. The Transgender Support Center is a special unit providing free support and advice related to gender identity and expression.

Seta and its member organizations gather and share information on sexual orientation and gender identity to help and support people and to influence the society. It wishes to eradicate prejudice and discrimination against LGBTI people in the Finnish legislation as well as in all fields and structures of society. The organization has an important role in the sexual health and sexuality of immigrants, refugees and asylum seekers who belong to the sexual minority in Finland. Particular sexual health support for asylum seekers has been established by the organization via the sub-classification HeSeta (Helsinki LGBTQI Rights group) that facilitates group meetings for sexual and gender minorities, counselling and training on LGBTQI issues. HeSeta is based in Helsinki and operates in the Uusimaa area. A subgroup for supporting LGBTQI asylum seekers was specifically established to promote and protect sexual health of this vulnerable group. TOGETHER is a peer supportive community for LGBTQ\*-people who are seeking an asylum in Finland or with the refugee background. The aim is to support well-being, strengthen social networks and offer information about rights and services in Finland. The organization welcomes newly arrived asylum seekers as well as those waiting for their application decision to joining the group to meet new people from different backgrounds and enjoy a safe and friendly atmosphere. TOGETHER activities are for LGBTQI people over 18 years old. In the meetings they speak English and most of the times have volunteers assist Arabic speakers. Some of the meetings are held in Russian, Farsi, Dari and Kurdish. All the participants are met in private, meetings before joining the group to ensure safety and give more detailed information to all participants.



## 4 Methodology

The qualitative research method with individual theme interviews as the data collection method incorporating discussion with the participants and transcription of voice recorded data was used in this study. The use of a qualitative approach has been favoured in research for reflecting on the potentially unethical practices of other methods that may objectify marginalised groups (Benzon & van Blerk 2017). Data gathered was analysed through content analysis to answer the research question: what are the views of male asylum seekers about sexual health. The preset themes were embedded in the study questionnaire and includes demographic information, sexual health definition, sexual health determinants and channels in deriving sexual health information. The researcher utilized an inductive approach analysing data. Inductive content analysis is used in cases where there are no previous studies were concerned with the phenomenon or when it is fragmented (Elo & Kyngäs 2018).

### 4.1 Thesis Setting

Data was collected from the respondents of two Finnish reception centres. One of the reception centres is located in Helsinki. The reception center has more than 100 beds and offers services to asylum seekers living in private accommodations. As of the time, a total number of registered residents is 246, all of which are above 18 years of age. The number of men accommodating in the said reception center is 100. (Finnish Immigration Services 2018; Uusitalo 2018. Personal Communication.) The other reception center is located in the region of Hämeenlinna. It also has more than 100 beds and accommodates 120 male residents. The reception center also renders services to asylum seekers living in private accommodations.

### 4.2 Individual Interview

The original plan of this study was to utilize semi-structured group interviews. However, due to the small number of participants and the sensitive nature of the topic, the researcher decided to use individual interview as the data collection method. Thereby, this study was made by utilizing individual interviews using open-ended questions with the participants. Saturation of data collected is commonly used criterion for when sampling should cease in qualitative studies, the premise of descriptive saturation is that the researcher finds no new categories, codes and themes are emerging from the analysis of the data (Rebar, Gersch, Macnee & McCabe 2011; Corbin & Strauss 2015.) Samples were chosen by utilizing the snowball sampling method. Snowball sampling is a well-known nonprobability method of survey sample selection that relies on referrals from initially sampled respondents to other people believed to have the characteristic of interest (Johnson 2014). In rounding up participants for the individual interview the respondents must be male within 18-39 age group and their English language level must be at least level 1. The interviews were conducted in English. To assess the level of respondents' English proficiency, with the help of various

personnel of the asylum reception centers, the researcher sent an invitation letter for the interview in English. Given that the content of the interview invitation letter was fully understood, respondents were considered eligible for the research participation. The respondents are asylum seekers living or signed-in on two reception centers in Finland. The researcher analysed the extensive data gathered and organized these according to their relevance to the study.

The interviews were conducted in between June to September 2018. The reason for this wide timeframe was because of the researcher doing full-time work as well as the informants' availability for the interview. Potential respondents were mapped with the help of reception center staff and other asylum seekers sharing the same reception center. They were sent an invitation for participation (Appendix 1) containing some general information and informed consent (Appendix 2). The interview took place either in the reception centres' designated common/counselling room or the respondents' private accommodation. The researcher offered an alternative venue for the interview but the informants were comfortable in using their accommodations for interview execution. The estimated length of the interviews was at twenty-five minutes to an hour. Interview questions were open-ended until saturation is reached. The interview guide is as follows:

1. Opening Questions
  - Would you want to tell me your background such as your age, educational background, marital status and how long have you been living in the reception center?
2. Introductory Questions
  - What do you think about when talking about sexual health?
  - What do you think are the common topics when people discuss about sexual health?
3. Transition Question
  - How do you think improved sexual health can promote the general health of male asylum seekers in Finland?
4. Key Questions
  - Sexual Health Definition:
    - How do you define sexual health?
  - Sexual Health Determinants:
    - What are the factors that affect your sexual health?
    - What are your experiences about sex and sexuality in Finland?
    - How does your status as asylum-seeker affects your sexual health?

Sources of Information about Sexual Health:

- What are the channels you use when searching for sexual health information?

#### 5. Ending Questions

- What do you think should be done to promote the sexual health well-being of male asylum-seekers in Finland?
- Is there anything you would like to add?

Before the actual interview dates, the researcher conducted a pilot interview with three key informants. The pilot interview's aim was to test the clarity and validity of the study questions. The interview was conducted at the premises of Laurea University of Applied Sciences on May 5<sup>th</sup> 2018. The researcher was satisfied with the pilot interview results and was confident to precede to the planned interview with the actual study respondents.

#### 4.3 Data Acquisition and Data Analysis

Firstly, permissions were sought from three stakeholders namely: Finnish Immigration Services that gave the initial permission to conduct the study on reception centers in March 6<sup>th</sup> 2018. Secondly, from the management of the two Finnish Red Cross reception centers from where the participants of the study were selected. The researcher initially communicated with the two reception center management by electronic mails and telephone calls. Lastly and most importantly, from the research respondents who were informed about the nature of the study and written consent were acquired. After receiving consents, permissions and data, the analyzing process commenced.

For the analysis part, the researcher utilized content analysis. Content analysis is a technique used to objectively and systematically classify and analyze data (Hsieh & Shannon 2005; Gillis & Jackson 2002, 253). Content analysis aims to describe a phenomenon whereby the analysis of the data leads to the formation of concepts or categories describing the said phenomenon. (Kyngäs & Vanhanen, 1999 cited in Elo & Kyngäs 2008, 108).

To evaluate the data in this study, inductive content analysis was used. Inductive content analysis is normally used in nursing studies as it is deemed suitable for describing complex and sensitive phenomena in nursing. Inductive approach moves from specific to general to a way in which particular observations are combined into categories (Elo & Kyngäs 2008, 114; Tuomi Sarajärvi 2018.) Inductive content analysis is recommended if there are no previous data or knowledge about a certain phenomenon. (Lauri & Kyngäs, 2005 cited in Elo & Kyngäs 2008, 109).

The inductive content analysis approach of analyzing the data has three phases: Preparation Phase, Organization Phase and Reporting and Analyzing process and the results (Elo & Kyngäs, 2008, 109). In this study, these processes are followed. During the Preparation phase, the unit of analysis is selected. The data gathered was read through and played several times before the analyzing process begun. The reason for this is to have sufficient familiarization of the

information gathered from the subjects. In organizing and analyzing the results of this study the researcher familiarized the data through several processes: by reading through the handwritten transcripts from the researcher's notes during the interview, by listening to the voice recorded data and transcribing it and by reading and re-reading the transcribed data several times. There were a total of thirty-five pages of written and transcribed data collected from the interview. The selected units of analysis were phrases that were deemed to answer the key questions of this research. These questions were:

1. How do male asylum seekers' define sexual health?
2. What are the male asylum seekers' sexual health determinants?
  - What are the factors that affect their sexual health?
  - What are their experiences about sex and sexuality in Finland?
  - How does their status as asylum-seeker affects your sexual health?
3. What/who are their sources of information about sexual health?
  - What are the channels they use when searching for sexual health information?

The inductive approach in analyzing data does not easily come out as an easy process. As easy as it may seem, the inductive approach like any other analyzing technique possesses some setbacks. One of this setback described by Tuomi and Sarajärvi (2018) is the argument that the use of concepts, themes, applied study designs and methods has an impact on the researchers thought, thereby to the analyzing of data. This problem can be addressed by utilizing a theory-guided analysis incorporating an abductive approach. This study, although inductive was guided by the gathered theories from the literature review.

#### 4.4 Participants

In June 1, 2018 the researcher went personally to one of the subject reception center and introduced the research topic and mapped out the possible respondents of the thesis project. Communication to the other reception center was mainly by email because of its distance from the researcher's place of origin. Initially, eight potential informants voiced out their willingness in participating in the study. However, one was disqualified because he fell over the age limit set for this study. It is noteworthy that the age bracket followed for this study is 18-39 years old, the reproductive age set by the World Health Organization. The other two who initially informed to participate backed out before the interview even begun. No reasons were asked. Five male asylum seekers qualified and were interviewed for this study. The age of the respondents varied between 21-31 years old. Some of the participants live in the reception center while others are privately accommodated. All of the respondents are signed in on one of the two subject reception centers of the study. No respondents from the other reception center wanted to take part to the research although a positive feedback for commencing the study was granted by the reception center management in question.

Therefore, all of the participants of this study came from one of the subject reception centers. For confidentiality reasons, the study will not mention about which of the two reception center the respondents are signed-in. Two of the respondents are in a steady relationship while others are single men. The participants are relatively young and their educational backgrounds differ. Two of them reached university level studies while the other three have attained high school education. All of the participants were able to speak and comprehend English which was a pre-requirement to study participation. In order to protect the identities of the respondents of this research, no quote is credited to anyone and their country of origin will not be mentioned. The respondents' length of stay in Finland either in the reception center or private accommodation ranged from two to three years. All of them still seeks for a refugee-status and awaits the decision of the Finnish Immigration Services.

## 5 Results

The results of this study are reported following the main points of the research questions. Quotes from the individual interviews are used to illustrate the content of the results. To protect the privacy of each individual subject, quotes are not credited to a particular interviewee. Furthermore, the demographic data of the informants were not reported on the results. The rationale for this is for the utmost aim of protecting individual privacy and confidentiality. The informants are asylum seekers. They belong to the most vulnerable group of the society and it is for this reason that the researcher has the responsibility to protect the data by all means. This research is a small-scale study with a relatively small number of participants. Thereby, in order to assure the confidentiality of the respondents, no identification is whatsoever is used in reporting the results.

### 5.1 Definition of Sexual Health

The definition of sexual health as described by the interviewees of the study was shown in Figure 3. Sexual health definitions of by the respondents were outlined into five categories: General Health, Hygiene, Use of Condom, Feeling of Pleasure and Sex Education and Information.

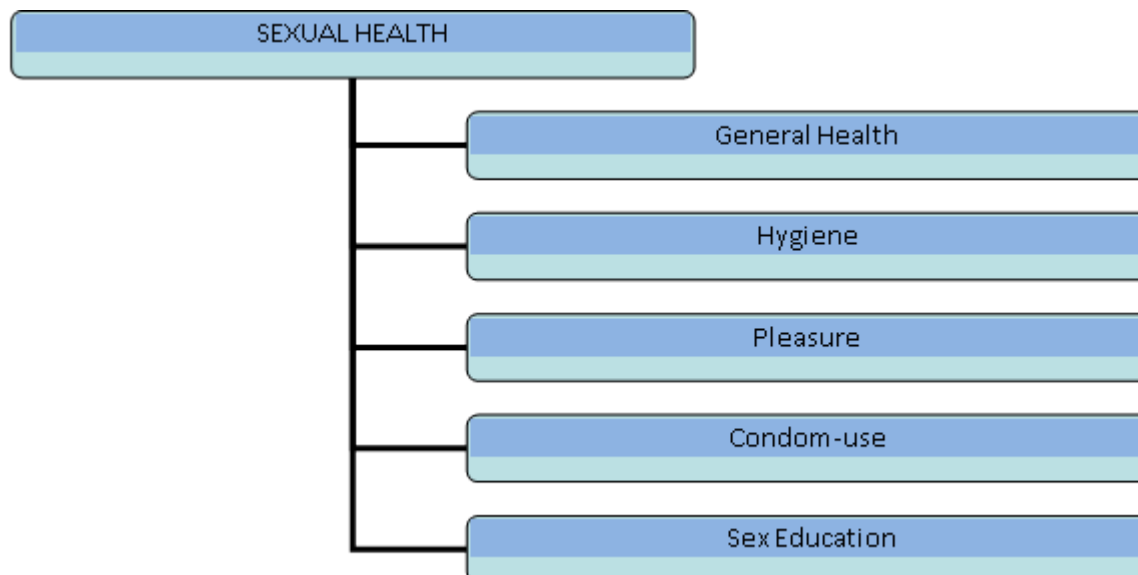


Figure 3: Sexual Health Definition

Sexual health is part of general health. All men in the study defined sexual health as an important part of well-being and as an integral aspect of one's health. General Health was mostly formulated as taking care of one's self, safe sex practices, considering others sexual health and being physically and mentally ready when practicing sex and having sexual relations.

It means taking care of yourself.

It is about yourself, not just about sex.

When someone is taking care of sexual health, he takes care of himself and the others.

If someone is not good with his sexual health, he must tell other people if he's going to make sexual relationship or something.

If you feel guilty (not ready) about having sex or if it makes you sad, that I think is part of sexual health.

In addition to sexual health as part of general health. The respondents also pointed out about the importance of being free from sexual diseases as part of their general sexual health.

...you should know if she's ok, if she is clean.

If I trust someone and she is clean why do I have to speak about diseases?.

If you have some infection, you should tell your partner.

...a very dangerous thing is HIV, AIDS.

The definition of sexual health still nowadays is being contested. Having said that, various agencies that have defined the meaning of it agreed to the definition that sexual health includes a successful intimate and interpersonal relationship and the ability to maintain positive social wellness (Appendix 7.) The importance of having developed a trustful and meaningful relationship was highlighted by the men in this study.

I can have sex with someone I want. I have the right to have sex with anyone I want.

If I trust someone...and I can build a beautiful relationship with her..

You can't have sex with anyone you know. You should know the person before..

I will not make a relationship with anyone. I am a human, I am not an animal.

The importance of hygiene and its relation to sexual health is also clearly visible. The majority of the male asylum seekers interviewed pointed out the significance of personal hygiene before having any sexual relationships and interactions. When asked about sexual health definition, hygiene stand out as one of the main important factor in achieving sexual health.

Sexual health includes education and hygiene.

...how to wash your body as well.

Use those hygienic conditioners and body wash.

...kissing is very natural. Some bacteria can be transfer from mouth as well

The pleasure of having sex and intimate relationship was also identified in this study as one of the major definition of sexual health. The act of having pleasure is not only limited to physical touch but rather includes mental and psychological aspects. The way the men interpreted pleasure in sexual health sense was mainly passionate and positively regarded.

Sexual health is everything, happiness, hug, doing sex and what she (the girl) wants.

If you are excited about sex. Your mind and body should have pleasure.

Your mind and brain can get pleasure.

...I speak about fun.

Sexual health definition goes beyond the boundaries of not having sexually acquired diseases. Moreover, sexual health is also about protecting oneself from sexual-ill health and the prevention of possible sexual health treats. The informants voiced out the importance of using a condom when practicing sex.

If you have a partner. Using condom as well in general.

Condom, you have to use it. Only this I know.

Sexual health includes using condoms.

How to have sex. Do we use condom

...condom is very important.

Although the importance of using condom was pressed by the men in this study, its use was not given so much significance in their countries of origin. Some men mentioned that the use of condom is accessible in their countries but it is either use seldomly or not at all.

Somehow we do not care about sexual health in [country of origin]. We do not use condom a lot.

It is there(condom). It is available. But who will take it?

We do not like condom.

However, the comprehension about the use of condom in Finland was highlighted.

Here (in Finland) condom is very important in sex.

Another definition of sexual health according to the respondents is that sexual health is tantamount to having knowledge and proper information regarding sex and sexuality. The men reported that possessing ample amount of knowledge about sexual health is significant part of one's well-being.

..sexual health includes education.

..we need more information from people about these topics.

Most important thing is teaching about sex and sexually transmitted diseases.

## 5.2 Perceived Sexual Health Determinants

The perceived sexual health determinants were categorized as internal and external determinants. Internal determinants are those where the respondent himself perceived to have full control of his sexual health while external determinants are the factors for which the respondent's sexual health determination is affected externally to some extent either



positively or negatively. The internal determinants are subdivided into: self-control, taking care of oneself and mental wellness. External determinants on the other hand includes: upbringing, religion, education, health systems and laws and policies (Figure 4). Self-control came up from the descriptions of preventing sexual-ill health by using condoms, respecting others personal space and considering sex partners status before starting a sexual relationship.

..if you have a partner, use condom in general.

...you cannot meet girl on the street. You should go to bar or use internet to make good relationship.

...you should know if your partner is clean. I mean no sexual diseases.

While taking care of oneself is also a sexual health definition as outlined by the men in this study, it is noteworthy that they consider it as an important internal determinant of their sexual health. In addition to taking care of personal hygiene, the respondents determined that as a part of general wellness, sexual health includes taking care and being precautionous on sexually related events.

You must keep yourself safe from dangerous sex.

..it means taking care of yourself.

This device (reproductive organ) is important. It has to be clean.

Mental wellness was also identified as one of the important factor of the men's sexual health. Being ready for intimate and the sexual relationship is paramount to maintaining their sexual health. In addition, a stress-free mind greatly affects the mood and general sexual well-being of the men interviewed for this study.

If you feel guilty (not ready) about having sex or if it makes you sad, that I think is part of sexual health.

I think in general, if sex makes you sad and makes you guilty.

I should be excited about that (intimate relationship).

External sexual health determinants were classified in this study as the factors that affect the respondents' sexual health in which they have little or no control. These factors are either affecting their sexual health directly or indirectly.

The men's upbringing tells about their understanding of sexual health, relationship and sexuality. Upbringing came from the informants' description that has to do with the culture in their country of origin, their significant others such as parents, relatives and friends. Most of the men mentioned the reluctance of their home countries in talking about issues with regard to sexual health and sexuality.

We do not talk in our country about sexual health...

In [country of origin] nobody tell you about sexual health...

Nobody tell you what to do if you have sexual disease.

However, the men consider Finland as a good country when acquiring knowledge about health in general, including sexual health. They regarded Finland as an “open society” when it comes to tackling sensitive issues like sexual health.

About health in general, I think Finland is one of the top countries.

Here (in Finland) when we see people. I should be honest. If I have sexual issues I should talk about it.

Nothing special....here it's more freedom.

Significant others play important roles in the development of one's sexual health and sexuality. The men interviewed in this study pointed out their parents' and friends' role in their understanding about sexual health and sexually related issues. Although some of them are contrasting familial values when it comes to tackling sexual health issues, it is visible that parental influence affects their understanding about sexual health.

In our family, we are open. I talk to my parents about it.

It depends which kind of family you have...

Also, friends contribute to the men's determinant factors of sexual health and relation.

I'm talking to my friends, but we do not talk so much about it.

With friends..We talk about sex.

I have heard some things from other asylum seekers.

In addition to the upbringing as one of a sexual health determinant factor, religion also came up as an important aspect of the men's sexual health determination.

You cannot talk because that uhm..our religion does not talk about sex a lot.

Unfortunately our area is Islamic area, Middle East. They have Islamic laws.

The provision of necessary education plays a significant role in developing a successful sexual relationship and in achieving a safe and satisfying intimate life. Providing information about sexual health and related topics reduces the vulnerability to sexual-ill health. The asylum seekers outlined education as a determinant factor of their sexual health. However, while acknowledging the importance of their educational background, majority of the men admitted that they need more information about sexual health.

I have Bachelor, but I do not know a lot about sexual health.

I have been studying engineer..but many people there [country of origin] do not study about sexual health.

Teaching is very important in that sense.

Health systems are other important determinants in the sexual health of the asylum seekers. The study recognized two important aspects in the healthcare systems that affect the men's access to sexual health information: reluctance with the healthcare provider and own will to access. Reluctance with the healthcare provider came up from the description of feeling relaxed when accessing and/or utilizing healthcare systems in issues about sexual health. Although the men recognized the availability of hospitals and clinics in their countries, the caregiver's gender is of significant effect on their ability to talk about sexually-related health issues.

In [country of origin], most of the doctors and nurses are divided. For example if I go to hospital, if I have some problem, I couldn't talk to female doctor. The male doctor will talk to me. We have learned like that, that a male person should talk to a male doctor or male person.

We are ashamed to talk about those things to female doctors or female nurses.

I will be more relaxing if I will go to man.

In Finland, although the informants acknowledged the healthcare system as easily accessible. It is still visible that they are reluctant to voice out their sexual health issues when talking to a healthcare provider of their opposite gender.

If I have some problem about sexuality and sex. I contact with my nurse very easily. Myself, I say.

For some people maybe they are not comfortable to talk to a woman about those things (sexual health).

Maybe they are ashamed to show their body to the (female) doctor.

Notably, the last and if not the most important sexual health determinant of asylum seekers identified in this study are the laws and policies in their host country (Finland). The men did not elaborate so much about the laws in their countries' of origin but rather emphasized Finnish environment and policies in determining their general well-being including sexual health. The determinant of law and policies are subdivided into: status as asylum seeker, general environment and mistrust to authority.

Although when asked directly, a majority of the men said that their status as asylum seeker does not affect their sexual well-being and intimate relationship, it was founded out as the interview goes by that their asylum-seeker status indirectly affect their sexual health and their ability to build an intimate relationship.

When I get permit, I will marry.

When I get apartment, first time I will get married.

I am not good, nobody is with me.

People think refugees are not good...and muslims...

Some of Finns..they are afraid to have connections with asylum seekers.

Maybe if I talk to her (to a girl), maybe she don't like because I am a refugee.

General environment was derived from the descriptions of the asylum seekers that have something to do with the notion of meeting somebody they want to have an intimate relationship with, their experiences in Finland about sexuality and their perceived Finnish society's view to them as asylum seekers.

In Finland, you cannot look at the girl. That is not good. Maybe she will call the police.

We as asylum seekers feel acceptable. They want us to be part of society. If we are accepted, sexual health will rise up.

They (Finns) have bad image about asylum seekers. After they read news, their views have changed.

The men also mentioned about the general understanding of some laws in their countries with regards to sexuality and gender freedom. For instance, all of them said that homosexuality in their country is not positively regarded. However, the men's views about sexuality laws and policies in Finland are mainly positive.

wow! in [country of origin], It is really different.

Here in Finland, any sexuality is free. People are free to be bisexual, gay, lesbian or whatever. In [country of origin], no.

Gay people and lesbian people between asylum seekers, those people are not comfortable. It is really different but slowly and step by step, asylum seekers accepted them. They can live as human very free.

In addition to status as asylum seeker and the general environment as subcategories in the determinant of laws and policies, mistrust to authorities is also identified to make contributions on how the men views the laws and policies in Finland that impacts their ability to build personal or intimate relationship and connect with local people.

Police expect asylum seekers to be exactly like Finns. We expect you to teach us. And this things needs time, money to teach us.

If some people are sleeping together and the other one complained. They (police) should talk to both of them.

I don't want problem with police.

Police does not know what is sexual harassment.

In relation to mistrust to authority, the informants raised the issues of sexual harassment and sexual violence as a topic worth talking to. Basic understanding about sexual harassment is quite understood by most of them. All of them agreed that sexual harassment is in no way tolerable.

It is for animals. Really.

I do not like that (sexual harassment). It's unacceptable

Saying hello and how are you is not sexual harassment...

It will be nice if there is agree between these two people.

I put someone to do something...I want and she don't like, that is wrong.

However, the men acknowledged the need for more information about sexual health and violence. They emphasized the importance of education when it came to this sensitive issue. They hope Finland will teach them more about the topic.

What exactly is sexual harassment?..

It is very important to talk about sexual harassment.

We do not know what is it (sexual harassment).

What this? sexual violence?

What does sexual harassment mean and harassment between people?

It is very hard. I still haven't got the answer about sexual harassment. Both here and [country of origin].

Moreover, some of them hope for more time and Finland's openness and patience to teach about the topic.

They should be ready about sexual health and sexual harassment issues. Because we are different.

How to behave in society in Finland, those things we need teaching. These things are part of sex and sexuality.

Changing needs time.

### 5.3 Sources of Sexual Health Information

The usual sources of sexual health information among the men interviewed in this study are: friends, nurses from the camp, the internet. The men identified friends as important sources of information when it came to sexual health, intimate relations and sexually transmitted diseases both in their home countries and in Finland.

I'm talking to friends about sex.

With friends..we talk about sex.

I learn from anyone I meet. From camp, from friends, from anyone.

We (friends) are not shy.I know about diseases. Of course I know.

I heard it from guys. When I was in camp.

Nurses from the reception centers are also important sources of information. Having said that, some of the men mentioned their reluctance to go and asked for information from the nurse of their opposite gender.

I get information on the camp (nurse).

...i will go to the nurse first.

We are ashamed to talk about those things (sexual health related issues) to female nurse. It is a cultural thing that we are ashamed...

The internet is also a sexual health information access tool for the men. They have mentioned that internet's easy accessibility makes it easy for them to gather information. However, they also mentioned that internet-provided data are insufficient and/or sometimes are too vague. In addition, the men pointed out the lack of internet surfing skills as a hindrance in searching for sexual health information.

I just go to internet and search about it (sexual health information).

Internet will put you into messy situation...If you have small pain, internet says you have cancer.

If you have pain. Internet will make you pain in your brain.

Many people don't know how to use computer to access sexual health information.

When asked about how to better promote their sexual health, all of the men in the study pointed out the importance of teaching and providing more information about sexual health, relationship, sexually transmitted diseases and other sexual health related topics.

These things (sexual health) and in all topics, they should be patient and teach us.

They should teach us how to connect with people...with girls.

Go to the camps, to tell them more information. Maybe there is someone like me that do not know about sexual health.

....teaching about sexually transmitted diseases.

In addition, the importance of sexual health check to newcomers seeking asylum to Finland has also been suggested by most of the men in the study. They are thankful of the healthcare system of Finland but they would like sexual health issues to be tackled more.

Nobody have thought us in my home country. In Finland, I thought that they will teach us more..they are just talking about condom and HIV."

If Finns are expecting us to have sexual health knowledge, they should teach us.

There are so many black holes in this topic. First, you have to check them (asylum seekers). To protect this country, they have to check and educate.

## 6 Discussion

The result of this study vividly displays that male asylum seekers in Finland have a fair understanding about sexual health and related issues. Their definition of sexual health has identified the important aspects of sexual health, sexuality and intimate relationship. Additionally, they were able to recognize important sexual health determinants that could be useful for further research when studying about the sexual health of vulnerable populations in Finland. However, the need for more information regarding sexually related issues was also clearly visible in the results.

The asylum seekers' definition of sexual health in this study mirrored the definition provided by various agencies including the definition set by the WHO (Appendix 7). Their definition of sexual health is holistic and includes not only the physical and social sexual well-being but also the psychological aspect of it. Moreover, the men's perceived sexual health determinants in this study goes beyond the mere understanding about sexually related issues. Rather, their perceived determinants gave useful knowledge for considering in-depth studies regarding migrant sexual health in the future.

Upbringing and culture is an absolute sexual health determinant identified in this study. The norms in the respondents' home countries have effect on how they perceived sexual health issues. Their family structure, friends and relatives are their main source of sexual health

information. A study in Belgium and Netherlands about migrants' sexual health confirmed the role played by the realm of informal help of significant and powerful others which were identified as friends and upbringing (Keygnaert et al. 2014). Sexual health is a taboo topic in the informants' countries of origin thereby it was not surprising that peers from their direct environment plays significant role in developing their sexual health knowledge. Previous studies confirmed that sexual and reproductive health rights and knowledges are associated with the norms and cultural beliefs of migrants (Keygnaert et. al 2014; Carlzen & Agardh 2016). Further, taboos and shames result to a knowledge gap that emerged as a result in not being able to talk openly about sexual health issues (Carlzen & Agardh 2016).

The educational level of the asylum seekers was not a definitive determinant of their sexual health. The men acknowledged that even though one is educated in their home country, it does not necessarily mean that they are well-informed about sexual health and related topics. One study about sexual health conducted in Ethiopia concluded that to make positive impacts to sexual and reproductive health, policymakers could invest not only in providing education but also in understanding the perspective of young adults about sexual health (Ortiz-Echavarria, Greeley, Bawoke, Zimmerman, Robinson & Schlecht 2017). The level of sexual maturity of the respondents has a little to do with their educational background. It was visible in the results that even though some of the men studied a higher education degree, their level of sexual health understanding is quite limited in some sexual health aspects including but not limited to having intimate and/or sexual relations and the issue of sexual violence. Furthermore, education and information about sexual and gender based violence was found to be insufficient among the interviewed respondents. The UNHCR defined sexual and gender-based violence as an act that is perpetrated against an individual's will that is based on the unequal power relationship and includes the threats of violence and coercion that could be physical, emotional and sexual in nature (UNHCR 2018). However, the direct translations of the meaning of sexual and gender-based violence do not necessary subsist to the communities of refugees (Carrie 2014).

Religion was another determinant factor in the men's sexual health in this study. Majority of religions outline guidelines and rules around sexual behaviour including marriage, chastity, homosexuality, masturbation, personal hygiene and cleanliness (Wilson, Sanders & Dumper 2007). Religion coincides with the cultural beliefs of the informants in such a sense that they grew up in an environment where religious belief has a great influence in their sexual health and related behaviours'. Most of the men believe that their religion has had somehow indirectly affect their knowledge-base of sexual health.

Another important sexual health determinant that was found out was the role of health systems. It could be noted that health systems were also identified as a social determinant of sexual health by the World Health Organization (WHO 2010b: Developing Sexual Health



Programmes: A Framework for Action) at the literature review of this study. Although the particularity of access to the healthcare system was not tackled by the men in this research, the structure of the systems has a significant role in their access to sexual health and information. Gender-related healthcare provider issues were absolutely given importance by the asylum seekers. Their reluctance to talk with a caregiver of the opposite gender has an impact on their knowledge about sexual and sexual-ill health.

Finally, the men's status as asylum seekers plays a significant role in their sexual health. Their legal status in Finland affects their ability to build meaningful intimate and sexual relationship. Some of the men mentioned that they would build a relationship after getting their permission to stay in Finland. Moreover, although the access to care was not identified by the respondents as a factor affecting their sexual health in Finland, health information access on the other hand was clearly stated as a need for improvement in reception centres.

#### 6.1 Conclusion and Recommendation

The current study results entail that male asylum seekers are at risk of sexual-ill health and their legal status in Finland can be considered as an important determinant of their sexual health. The improved sexual health of asylum seekers cannot be singularly addressed by just occasional lectures about sexual health and sexually transmitted diseases. Rather, a continuous educational drive using different channels in providing sexual information could be beneficial. This research found out that information dissemination and access is greatly important in promoting the sexual health of asylum seekers. The use of multiple channels when providing sexual health and related issues could be employed. Moreover, a culturally-sound system in accessing care and sexual health information should be established in order to promote the sexual health of this vulnerable group. Sexual health promotion activities should be talked upon in a culturally sensitive manner and should consider the identified social sexual health determinants of this study.

Finland is a country known for its excellent human rights record. In that sense it is in the benefit of the country to provide the proper access of sexual health and sexual health related information to its potential populace. The integration of asylum seekers in the Finnish society should include the provision of information regarding sexual health, building intimate relations and sexual behaviours issues. Furthermore, the need for an improved and organized screening methods with regards to sexual-ill health is timely and relevant. As the Finnish population is becoming more mixed and migrants enter Finnish borders at an increasing pace, it is necessary to have an inquisitive inquiry of the beliefs and norms in their countries of origin and this should include sexual health beliefs and norms.

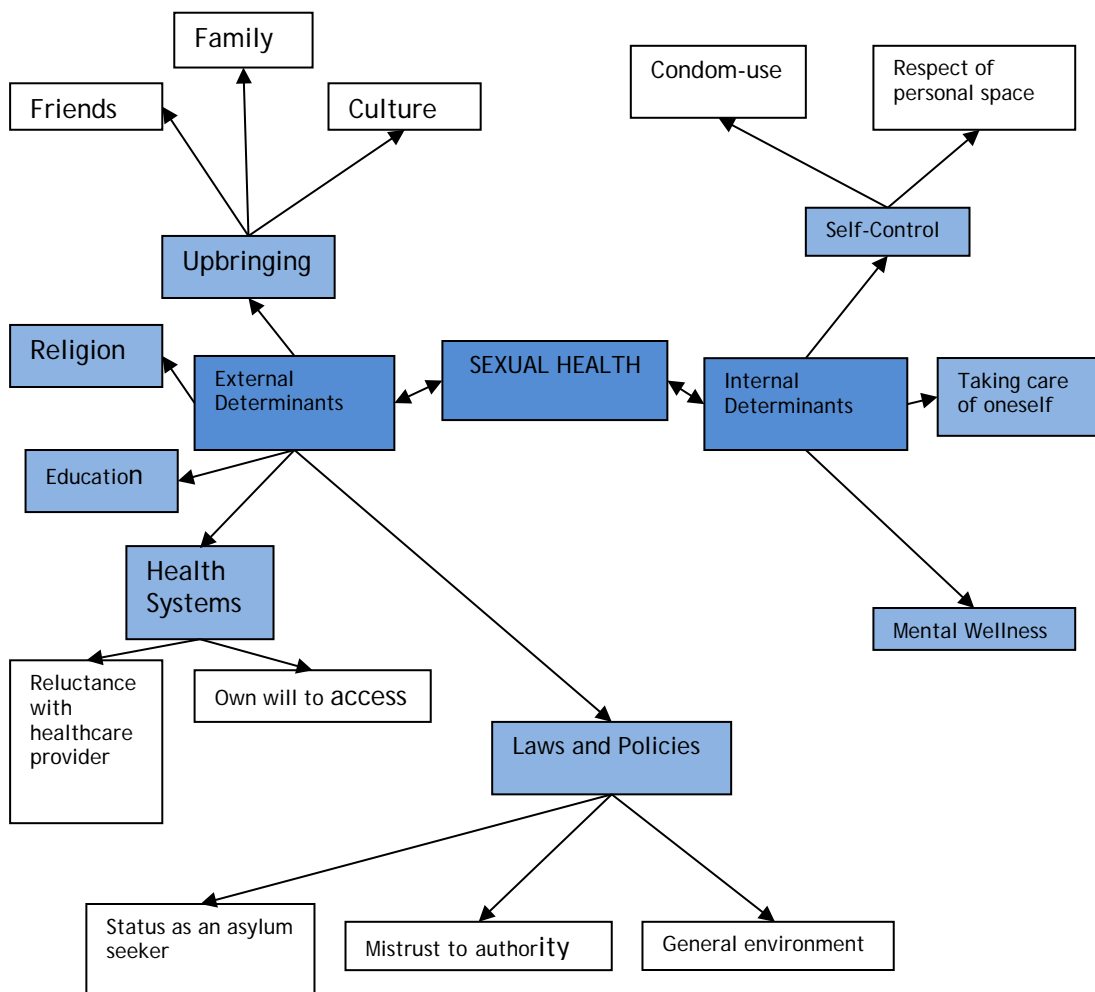


Figure 4: Web Construct of Male Asylum Seekers' Sexual Health Determinants

## 6.2 Validity

Validity in content analysis is universal (Elo & Kyngäs 2008, 112). Validity evaluates the tools of research measurement of phenomena being examined (Punch, 1998 cited in Roberts et al. 2006, 44). Validity is not an all or nothing phenomenon (Burns and Grove 2011). The validity of an instrument varies for different group area. One instrument can be valid for a certain group but is not valid to another (Burns and Grove 2011, 334). One of the threats to the validity of qualitative data is the researcher's bias (Johnson 1977, as cited in Roberts et al. 2006, 44). As previous studies about the subject were very limited, this required an extensive search for background literature regarding the subject before commencing data collection. It is noteworthy that previous researches about the subject of the study were very limited or not at all existent specifically researches about male refugees' or asylum seekers' sexual health. Moreover, the researcher's professional background as a nurse and his experience working in multicultural settings can be interpreted as both an asset as well as a risk for bias. These risks for bias were recognized while conducting the study. The researcher took the role of an active listener and refrained from commenting on the participants' experiences from a nurse's point of view. During the interview, the researcher listened attentively to the respondents' answers to the research questions. Further, elaboration was also asked when the researcher deemed necessary.

## 6.3 Limitations of the Study

This study is the first of its kind in Finland. As a pilot study about the sexual health of one hard to reach population, the researcher utilized a snowball sampling method with the courtesy of reception center staff and within the networks of the asylum seekers themselves. It is noteworthy that although the researcher sent a substantial number of invitations for study participation to the reception centers, only a few respondents agreed to take part. The reason behind the small number of participants is unknown but might be attributed to language skills as well as the sensitive nature of the topic. The study was conducted in English which is neither the researcher's mother tongue nor the native language of the informants. These elements in the study might have caused some biases in the interpretation of data but should not be taken into generalization. This research is a relatively small-scale study and addressed in particular male asylum seekers. Therefore, the results of this research cannot and should not be associated with other subgroups or cultural entities living in Finland. The researcher suggest for further research regarding the topic.

#### 6.4 Ethical Considerations

The researcher secured an ethical statement from Laurea University of Applied Sciences for the conduction of this study. The recommendations of Laurea ethical board were meticulously followed. The researcher ensured the privacy of the respondents as well as the confidentiality of all data gathered for the study. Furthermore, the Helsinki Declaration's ethical principles in conducting research was strictly followed in this study. Section 20 of the said declaration states that medical research with a vulnerable group is justified if the research is responsive to the health needs or priorities of this group. In addition, this group should stand to benefiting from the knowledge, practices or interventions that result from the research. (World Medical Association 2013.) Furthermore, the ethical considerations outlined in the Finnish Henkilötietolaki that has the sole purpose of implementing the fundamental rights of privacy and other privacy protection in the processing of personal data and in promoting the development and observance of good data processing practices were followed accordingly (Finlex Data Bank 2018.) The concept of informed consent is embedded in the two aforementioned regulations. Informed consent is an inevitable requirement prior to every research involving human being as subjects to study. Obtaining consent involves informing the subject about his or her rights, the purpose of the study, procedures to be undertaken, potential risks and benefits of participation, the expected duration of study, the extent of confidentiality of personal identification and demographic data, so that the participation of subjects in the study is entirely voluntary. (Nijhawan, Janodia & Muddukrishna et. al 2013.) The purpose and objectives of the study were thoroughly explained to the participants. Participants at any time were free to drop out from the study without any given reason.

This master thesis was not funded externally. This is a small-scale research that did not need large budgeting. The researcher took the charge of the travel expenses and interview materials. During the interview, water and snacks were provided. All expenses came from the researcher's own funding. After the interview, participants were given free brochures and five "protect pack" containing one condom and a lubricant. These complementaries are the courtesy of Hivpoint Helsinki.

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## Appendix 1. Recruitment Invitation for the Interview

### Recruitment Invitation for the Interview

Hello,

My name is Deogracias Lumba, a Registered Nurse and Master's student at Laurea University of Applied Sciences. We are looking for male interview participants who would be willing to take part on a research regarding the views of male asylum-seekers about sexual health. The interview will be conducted as individual one-on-one interview. We would like to get your perspective about your self-definition of sexual health and what determines it as well as your ideas on how to promote and improve sexual health amongst male asylum-seekers. We appreciate your interest in participating in the interview.

This research forms the basis of a Master's thesis. The permission to complete this study has been received from your reception center from which the data will be collected after positive response from Finnish Immigration Services. The recruitment for the interviews will be completed by the interviewer personally, so your participation in the interview will be confidential.

During the interview, issues about your background, experiences, opinions and information about the factors that affect your sexual health, your experiences about sex and sexuality in Finland, insights on how your status as asylum seeker affects your sexual health, your sources of information about sexual health and the channels you use when searching for sexual health information will be tackled.

Your personal details will remain confidential and will NEVER BE USED for any other purposes. After data analysis of the research, your answers will NOT be connected to your contact information. In order to protect your confidentiality, we will TEAR this form after we contacted you. All the information you give will be completely confidential.

If you know anyone who would like to join the study it would be such a great help for this study. Thank you!

If there are any questions, you can contact by email at [deogracias.lumba@student.laurea.fi](mailto:deogracias.lumba@student.laurea.fi) or by phone thru 0449712060 and/or the supervisor of the study Dr. Jorma Jokela, principal lecturer in Laurea UAS, by email at [jorma.jokela@laurea.fi](mailto:jorma.jokela@laurea.fi)

## Appendix 2: Informed Consent

**INFORMED CONSENT**

I, \_\_\_\_\_, thereby agree to take part in the interview for the Master's thesis about the views of male asylum-seekers in Finland regarding sexual health. I fully understand my role in this research and therefore grant my authorization to use the information I provided throughout the interview.

I give my consent with the understanding that I am to remain anonymous and will be treated with complete confidentiality. I further give my consent to the use of information I provide during the research in the form of voice records and transcripts, with the knowledge that these will be destroyed after the study. Moreover, I do consent with the understanding that no disclosure about my personal details including name and contact data will happen during and after the end of the research.

I am aware that my participation is entirely voluntary and that I may withdraw my permission to participate in this research study whenever I please at any time and will not be met by any consequences by so doing.

Date: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

## Appendix 3. Interview Guide

### Interview Questions:

1. Opening Questions
  - Would you want to tell me your background such as your age, educational background, marital status and how long have you been living in the reception center?
2. Introductory Questions
  - What do you think about when talking about sexual health?
  - What do you think are the common topics when people discuss about sexual health?
3. Transition Questions
  - How do you think improved sexual health can promote the general health of male asylum seekers in Finland?
4. Key Questions
  - Sexual Health Definition:
    - How do you define sexual health?
  - Sexual Health Determinants:
    - What are the factors that affect your sexual health?
    - What are your experiences about sex and sexuality in Finland?
    - How does your status as asylum-seeker affects your sexual health?
  - Sources of Information about Sexual Health:
    - What are the channels you use when searching for sexual health information?
5. Ending Questions
  - What do you think should be done to promote sexual health well-being of male asylum-seekers in Finland?
  - Is there anything you would like to add?

## Appendix 4. Permit to Conduct Research

To: Auramo Reception Center  
Lammi Reception Center  
Management Department

26.3.2018

Re: Master thesis permission

To whom it may concern,

My name is Deogracias Lumba, a student of Master's Degree in Global Development and Management in Health Care at Laurea University of Applied Sciences. I am planning to execute my thesis project in your respective asylum reception centers.

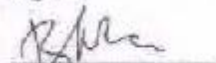
My intention is to study the views of male asylum seekers about sexual health in Finland with the purpose of providing recommendations on sexual health promotion to these vulnerable groups. In this context, I would like to conduct semi-structured group interviews with male asylum seekers in order to gain their perspectives on issues regarding their sexual health.

I am completing the preliminary stage of this thesis project and done the theoretical background studies to support this research. As of the moment, I need to collect data by conducting the interviews with the respondents and eventually afterwards analyze the information gathered.

To facilitate data access, I need your permission. Rest assured that data collected would solely be used for this research project. I, along with my supervisor Dr. Jorma Jokela assure that data is well secured and the confidentiality of the participants is maintained throughout the process. We also make sure that data will be treated with complete privacy and will not be used for any other purposes. The soft data will be stored to Laurea's well secured digital platform Optima and in personal computer securely if needed. The hard data will be stored in the lock. The data will be destroyed on the personal computer and voice transcripts from the interviews will be immediately deleted after data analysis.

I am looking for your support and cooperation.

Regards,



Deogracias Lumba  
Researcher  
Laurea University of Applied Sciences,  
Vantaa



Jorma Jokela  
Thesis Project Supervisor  
Laurea University of Applied Sciences

*Arto Saikku*  
Arto Saikku  
Arto Saikku

1-6-18


## Appendix 5. Criteria for Interview Participation

In order to facilitate data gathering for the Master's thesis entitled "Views of Male Asylum Seekers in Finland about Sexual Health" the following were agreed upon:

The researcher will record the interview using voice and written transcriptions. The criteria for the participants of the interview are as follows:

- a. Participant is male, aged 18-39 years old.
- b. Participant is asylum seeker awaiting decision from the Finnish Migration Authority.
- c. Participant can converse and understand English.
- d. Participant is of sound mind.
- e. Participant voluntarily accepted the invitation for the interview.
- f. Participant has signed the informed consent for the study.

The researcher will thoroughly explain the purpose of the study to the interview participants. Informed consent should be secured before any interview take place. The integrity of the data and confidentiality of participants at all times will be guaranteed. Recordings and written transcriptions will be destroyed after the study.



Desgracia Lumba  
Researcher  
Master's in Global Development and Management in Health Care  
Laurea UAS



Finnish Red Cross  
Auramo Reception Center

1-6-18



## Appendix 6. Ethical Statement



## Ethical statement

10.10.2018

## Laurea Research Ethical Board

Ethical statement for the Lumba Deogracias thesis work "Views of Male Asylum Seekers in Finland About Sexual Health"

**Donors:** Mikko Julin, Marilla Korttesalmi

**Time:** 10th October 2018

Ethical board dealt with the ethical statement request of the thesis work Lumba Deogracias "Views of Male Asylum Seekers in Finland About Sexual Health".

The thesis aims to determine on how sexual health of male asylum seekers' can be promoted and to provide culturally sound recommendations on promoting the sexual health of this vulnerable population.

The thesis is a nature of qualitative research method with semi-structured group interviews as the data collection method. The discussion with participants are voice recorded and transcribed to indentify the key themes. The work will take place on two different Finnish Red Cross reception centers. Thesis plan indicates that three stakeholder 's permissions will be asked. However, the thesis plan is missing the details or appendix of how this will be done in real life. Will there be any other stakeholder that needs to be informed? The permissions must be in order before starting with the thesis process on the reception centers.

As the nature of the thesis work is highly sensitive, in many ways, a clear data management plan is mandatory. At the moment such a document is missing. On the recruitment invitation there is a short discussion of the privacy issues, but this should be opened and well prepared in details on the thesis plan as well. How the data is handled, stored, used and destroyed? The recruitment invitation is lacking of the explanation of why this thesis is justified and how the results will be published. Before starting the data collection, the data management issues must be clear and well described for the stakeholders.

The thesis deals with very personal and sensitive issues. How has it been considered that there might be a need of further aid, discussion etc. with the participants? Is there a plan or information available of how and where this would be possible? This should be considered and prepared before the data collection.

The data analysis is well described on the thesis plan. On the informed consent, which is clear and informative enough, is a statement that indicates data handling issues. This is correct, but needs to be opened on the plan. The privacy of the participants is also one of the key elements. It is important to understand that there are many other ways to reveal personality besides the name of the participant e.g. from the voice or language expressions. And absolute care must put on the privacy issues during the whole thesis process.

Overall this thesis plan is interesting and ambitious. 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 Korttesalmi

Appendix 7. Chronological Review of Definitions of Sexual Health as Compiled by Edwards and Coleman (2004).

Source	Definition
WHO Technical Reports Series (1975)	Sexual health is the integration of the somatic, emotional, intellectual and social aspects of sexual being, in ways that are positively enriching and that enhance personality, communication and love.
SIECUS (1995)	Sexual health encompasses sexual development and reproductive health, as well as such characteristics as the ability to develop and maintain meaningful interpersonal relationships; appreciate one's own body; interact with both genders in respectful ways; and express affection, love and intimacy in ways consistent with one's own values.
Pan American Health Organization, World Association of Sexology (2001)	Sexual health is the experience of the ongoing process of physical, psychological and social-cultural well-being related to sexuality. Sexual health is evidenced in the free and responsible expressions of sexual capabilities that foster harmonious personal and social wellness, enriching individual and social life. It is not merely the absence of dysfunction, disease and/or infirmity. For sexual health to be attained and maintained it is necessary that the sexual rights of all people to be recognized and upheld.
Lottes (2000)	Sexual health is the ability of women and men to enjoy and express their sexuality and to do so free from the risk of sexually transmitted diseases, unwanted pregnancy, coercion, violence and discrimination. In order to be sexually healthy, one must be able to have informed, enjoyable and safe sex, based on self-esteem, a positive approach to human sexuality, and mutual respect in sexual relations. Sexually health experiences enhance life quality and pleasure, personal relationships and communication, and the expression of one's identity.
Satcher, Surgeon General's Report (2001)	Sexual health is inextricably bound to both physical and mental health. Just as physical and mental health problems can contribute to sexual dysfunction and diseases, those dysfunctions and diseases can contribute to physical and mental health problems. Sexual health is not limited to the absence of disease or dysfunction, nor is it important confined to just the reproductive years. It includes the ability to understand and weigh the risks, responsibilities, outcomes and impacts of sexual actions and to the practice abstinence when appropriate. It includes freedom from sexual abuse and discrimination and the ability to integrate their sexuality into their lives, derive pleasure from it, and to reproduce if they so choose.
The National Strategy for Sexual Health and HIV (2001)	Sexual health is an important part of physical and mental health. It is a key part of our identity as human beings together with the fundamental human rights to privacy, a family life, and living free from discrimination. The essential elements of good sexual health are equitable relationships and sexual fulfillment with access to information and services to avoid the risk of unintended pregnancy, illness or disease.

Robinson et al. (2002)	Sexual health is defined as an approach to sexuality founded in accurate knowledge, personal awareness, and self-acceptance, where one's behavior, values, and emotions are congruent and integrated within a person's wider personality structure and self-definition. Sexual health involves ability to be intimate with a partner, to communicate explicitly about sexual needs and desires, to be sexually functional (to have desire, become aroused, and obtain sexual fulfillment), to act intentionally and responsibly, and to set appropriate sexual boundaries. Sexual health has a communal aspect, reflecting not only self-acceptance and respect, but also respect and appreciation for individual differences and diversity, and a feeling of belonging to and involvement in one's sexual culture(s). Sexual health includes a sense of self-esteem, personal attractiveness and competence, as well as freedom from sexual dysfunction, sexually transmitted diseases, and sexual assault/coercion. Sexual health affirms sexuality as a positive force, enhancing other dimensions of one's life.
World Health Organization (2002)	Sexual health is a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.